

CERTO

Council Meeting Materials

March 26, 2026



**College of Respiratory
Therapists of Ontario**

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

The CRTO Land Acknowledgment



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

Before we begin,

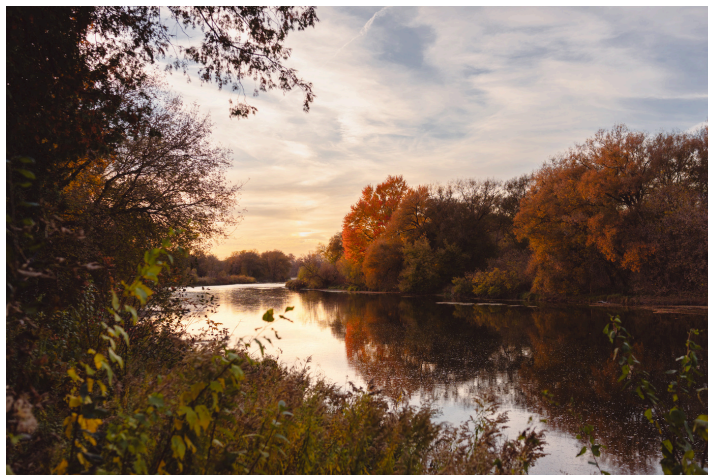
I'd like to take a moment to acknowledge the land where the work of the College of Respiratory Therapists of Ontario takes place. Our office is in Toronto, on the traditional territory of the Anishinaabe, the Haudenosaunee, and the Huron-Wendat, and covered by Treaty 13 with the Mississauga's of the Credit.

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

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

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

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



Council Motion

AGENDA ITEM # 4.0

Motion Title:	Approval of Council Agenda for March 26, 2026
Date of Meeting:	March 26, 2026

It is moved by _____ and seconded by _____ that:

The Council approve the meeting agenda for the March 26, 2026 meeting.

CRTO Council Meeting Agenda

March 26, 2026

AGENDA ITEM # 4.0

9 a.m. to 3 p.m.

In-Person Meeting

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

Time	Item	Agenda	Page No.	Speaker / Presenter	Action	Strategic Focus
0900	1.0	Welcome & Introductions	1	Lindsay Martinek		
	2.0	Land Acknowledgement	2	Lindsay Martinek		
	3.0	Conflict of Interest Declarations	--	Lindsay Martinek		Governance & Accountability
	4.0	Approval of Council Agenda	3-5	Lindsay Martinek	Decision	Governance & Accountability
	5.0	Approval of Consent Agenda				
	5.1	Approval of Minutes from Dec. 12, 2025	7-14			
	5.2	Executive Committee Report	15			
	5.3	Registration Committee Report	16-18			
	5.4	Quality Assurance Committee Report	19			
	5.5	Patient Relations Committee Report	20			
	5.6	Inquiries, Complaints and Reports Committee Report	21-22	Lindsay Martinek	Decision and Information	Governance & Accountability
	5.7	Discipline Committee Report	23			
	5.8	Fitness to Practise Committee Report	24			
	5.9	CRTO Update Report	25-28			
	5.10	Investment Portfolio	29-37			
	5.11	Risk Register Update	38-45			
	5.12	Council Evaluation Framework Update	46			
	5.13	Council Meeting Action Items	47			
	6.0	Strategic and Operational Issues				
	6.1	Q4 Financial Statements	48-50	Carole Hamp	Information	Core Business Practices
	6.2	Draft 2026/27 Budget Presentation	51-54	Carole Hamp	Discussion	Core Business Practices
11:30	6.3	Investment Presentation	--	RBC Management Team		Core Business Practices

CRTO Council Meeting Agenda

March 26, 2026

6.4	Strategic Direction & Key Performance Indicators Report	55-84	CRTO Staff	Information	Governance & Accountability
6.5	2026-2030 Strategic Plan Presentation	--	Carole, Shaf & Ania	Decision	Governance & Accountability
6.6	Use of AI Policy (New)	85-91	Ania Walsh	Decision	Core Business Practices
6.7	Confidentiality Policy (Revised)	92-102	Carole Hamp	Decision	Core Business Practices
6.8	Privacy Policy (Revised)	103-115	Carole Hamp	Decision	Core Business Practices
6.9	Procurement of Goods & Services (Revised)	116-123	Carole Hamp	Decision	Core Business Practices
6.10	<i>In Camera</i> Session (Personnel Matter)	--	Lindsay Martinek	Decision	Governance & Accountability
7.0	Committee Items Arising				
	Registration Committee				
7.1	RC Terms of Reference and Action Plan	124-130	Kelly Munoz	Decision	Governance & Accountability
7.2	Entry-to-Practice Assessment Policy (Revised)	131-135	Kelly Munoz	Decision	Enhancing Professionalism/ Public Protection
	Quality Assurance Committee				
7.3	QAC Terms of Reference and Action Plan	136-141	Jeffrey Dionne	Decision	Governance & Accountability
7.4	PDP Report	142-150	Kelly Arndt	Information	Core Business Practices
	Finance & Audit Committee				
7.5	FAC Terms of Reference and Action Plan	151-164	Shaf Rahman	Decision	Governance & Accountability
8.0	Legislative and General Policy Issues				
8.1	Revised Professional Misconduct Regulation	165-197	Shaf Rahman	Decision	Enhancing Professionalism/ Public Protection
8.2	Revised Draft Supervision Policy	198-204	Kelly Arndt	Decision	Enhancing Professionalism
9.0	Other Business				
9.1					
10.0	Adjournment				
	Open Forum				

[Council Self-Evaluation Survey](#)

1300 – Brent Arnold – INQ Law – AI in Professional Self-Regulation

Council Motion

AGENDA ITEM # 5.0

Motion Title:	Approval of Council Consent Agenda
Date of Meeting:	March 26, 2026

It is moved by _____ and seconded by _____ that:

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

- 5.1 Approval of Minutes from December 12, 2025
- 5.2 Executive Committee Report
- 5.3 Registration Committee Report
- 5.4 Quality Assurance Committee Report
- 5.5 Patient Relations Committee Report
- 5.6 Inquiries, Complaints and Reports Committee Report
- 5.7 Discipline Committee Report
- 5.8 Fitness to Practise Committee Report
- 5.9 CRTO Update Report
- 5.10 Investment Portfolio
- 5.11 Risk Register Update
- 5.12 Council Evaluation Framework Update
- 5.13 Council Meeting Action Items

Draft Minutes from December 12, 2025

Agenda Item #:	5.1
Item:	Draft Minutes from December 12, 2025

Meeting Minutes December 12, 2025

CRTO Council Meeting Minutes

Scheduled on December 12, 2025, from 9:00 am to 1:00 pm

Location: Zoom Videoconference

PRESENT: Lindsay Martinek, RRT, President
Jeff Dionne, RRT, Vice-President
Allison Chadwick, RRT
Carrie Dyson, Public Member
James Butler, Public Member
Jeffrey Schiller, Public Member
Jennifer Gadioma, RRT

Kelly Munoz, RRT
Kim Morris, Public Member
Laura Van Bommel, RRT
Pappur Shankar, Public Member
Sam Gennidakis, RRT
Sandy Fodey, RRT
Sheena Lykke, RRT

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
Constanza Pérez, Registration Coordinator
Janessa Gazmen, Communications Manager

Kelly Arndt, RRT, Quality Practice Manager
Lisa Ng, Registration Manager
Misbah Chaudhry, Investigations and Monitoring Team Lead
Peter Laframboise, Professional Conduct Manager
Stephanie Tjandra, Finance & Office Manager
Temeka Tadesse, IT Manager

GUESTS: Kevin McCarthy, The Regulator's Practice
Sola Joseph, OFC
Vivian Pang, Policy Analyst from MOH

REGRETS: Carmine Francella, Public Member

Draft Minutes from December 12, 2025

1.0: WELCOME & LAND ACKNOWLEDGEMENT

The meeting was called to order at 9:02 a.m. Carole Hamp, RRT, made introductions and read the land acknowledgement.

2.0: CONFLICT OF INTEREST DECLARATIONS

There was no conflict of interest declared.

3.0: EXECUTIVE ELECTIONS

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

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

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

4.0: APPROVAL OF COUNCIL AGENDA

Council reviewed the meeting agenda, with the addition of Agenda Item 8.4 - New Position Statement on Respiratory Therapists Working in Medical Spas for the December 12, 2025, meeting.

MOTION 4.0 MOVED BY, Jeffrey Schiller, and SECONDED BY, Sam Gennidakis, RRT, that Council approve the agenda for the December 12, 2025, meeting with the amendments.

MOTION 4.0 CARRIED.

5.0: APPROVAL OF CONSENT AGENDA

Council reviewed the Consent Agenda. Items 5.13 through 5.15 have been newly added to the Consent Agenda List.

MOTION 5.0 MOVED BY, James Butler, and SECONDED BY, Kim Morris, that the following Consent Agenda items be approved and/or received for information by Council:

Draft Minutes from December 12, 2025

- 5.1 Approval of Minutes from Sept. 25, 2025
- 5.2 Executive Committee Report
- 5.3 Registration Committee Report
- 5.4 Quality Assurance Committee Report
- 5.5 Patient Relations Committee Report
- 5.6 Inquiries, Complaints and Reports Committee Report
- 5.7 Discipline Committee Report
- 5.8 Fitness to Practise Committee Report
- 5.9 Finance & Audit Committee Report
- 5.10 CRTO Update Report
- 5.11 Investment Portfolio
- 5.12 Risk Register Update
- 5.13 Strategic Direction & Key Performance Indicators Report
- 5.14 Council Evaluation Framework Update
- 5.15 Council Meeting Action Items

MOTION 5.0 CARRIED.

6.0: STRATEGIC AND OPERATIONAL ISSUES

6.1 Q3 FINANCIAL STATEMENTS

Carole Hamp, RRT presented the financial statements for March 1, 2025, to October 31, 2025.

6.2 DRAFT 2026/27 BUDGET

Carole Hamp, RRT presented the Draft 2026/2027 Budget. The budget will be presented to Council for final approval in March 2026.

Draft Minutes from December 12, 2025

6.3 BY-LAW REVISIONS (FINAL APPROVAL)

Ania Walsh presented the By-law 3 Revisions for final approval. The proposed revisions authorize the CRTO to charge fees for specific committee or program activities that directly affect individual Members or applicants. For example, Members referred for a practice assessment as a result of non-compliance with the Professional Development Program may be required to pay an associated fee. This change will help the CRTO cover costs that would otherwise be shared by all Members.

MOTION # 6.3 MOVED BY, Jeffrey Schiller, and SECONDED BY, Kelly Munoz, RRT, that the Council approve the draft revised CRTO By-law 3: Membership.

MOTION # 6.3 CARRIED.

6.4 REVISED FEE SCHEDULE

Ania Walsh presented the Revised Schedule of Fees - Quality Assurance Program Fees. The proposed updates introduce the following new Quality Assurance Program fees to help the CRTO recover costs that would otherwise be absorbed by all Members:

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

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

MOTION # 6.4 MOVED BY, Jeffrey Schiller, and SECONDED BY, Sam Gennidakis, RRT, that the Council approve the revised Schedule of Fees for the 2026-2027 Fiscal Year (effective March 1, 2026).

MOTION # 6.4 CARRIED.

6.5 2026-2030 STRATEGIC PLAN PRESENTATION

Carole Hamp, RRT outlined the Draft 2026 – 2030 Strategic Plan. The plan defines the desired

Draft Minutes from December 12, 2025

outcomes for 2030, and the key strategic imperatives required to achieve them.

Kevin McCarthy from The Regulators Practice presented the Strategic Planning Session Outputs Presentation.

MOTION # 6.5 MOVED BY, Pappur Shankar, and SECONDED BY, Jennifer Gadioma, RRT, that Council approves the 2026 – 2030 Strategic Plan.

MOTION # 6.5 CARRIED.

7.0: COMMITTEE ITEMS ARISING

QUALITY ASSURANCE COMMITTEE

7.1 REVISED PROFESSIONAL DEVELOPMENT POLICY (FINAL APPROVAL)

Jeff Dionne, RRT presented the Update to Professional Development Program (PDP) Policy developed under the Quality Assurance Regulation. The QA Committee previously approved the policy on October 6, 2025. These changes clarify when a Member may be referred for practice assessment and the amount of fees that will apply to QAC-mandated practice assessments. In addition, the revised policy includes two new additional fees under the Professional Development Program.

If approved by Council, the policy change will be published on the CRTO website and Members will be notified.

MOTION # 7.1 MOVED BY, Kim Morris, RRT, and SECONDED BY, James Butler, that Council approves the revised PDP Policy.

MOTION # 7.1 CARRIED.

8.0: LEGISLATIVE AND GENERAL POLICY ISSUES

8.1 REVISED CRTO STANDARDS OF PRACTICE (FINAL APPROVAL)

Carole Hamp, RRT presented the Revised Standards of Practice. The Standards set out the minimum expectations and professional obligations that Members must follow in their daily practice. The last update to the document was in September 2019. Since then, the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB) formed a working group to develop a national standard based on the CRTO's framework. This work was completed in May, and the resulting modifications were presented to Council.

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

MOTION 8.1 MOVED BY, Allison Chadwick, RRT, and SECONDED BY, Laura Van Bommel, RRT, that the CRTO Council approves the revised Standards of Practice document.

MOTION 8.1 CARRIED.

8.2 REVISED COMMUNITY RESPIRATORY THERAPY PRACTICE PPG (FINAL APPROVAL)

Kelly Arndt, RRT presented the Revised Community Respiratory Therapy Practice PPG. The PPG outlines the responsibilities and expectations of Respiratory Therapists practicing in community settings. Last revised in 2018, the document has now been reviewed and updated.

While the content has been refreshed, the format and overall intent remain unchanged. All information available in other PPG's was removed and referenced rather than repeated to ensure concise and easily accessible information. Other changes were made to improve readability and to ensure consistency with other CRTO documents.

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

MOTION 8.2 MOVED BY, Sandy Fodey, RRT and SECONDED BY, Pappur Shankar, that Council approves the revised Community Respiratory Therapy Practice PPG.

MOTION 8.2 CARRIED.

8.3 REVISED PROFESSIONAL MISCONDUCT REGULATION (FOR CONSULTATION)

Shaf Rahman presented the Draft Revisions to the CRTO Professional Misconduct Regulation. This regulation outlines the specific types of conduct that constitute professional misconduct and these provisions allow the CRTO to hold Members accountable to its Standards of Practice and policies.

Following advice from CRTO's legal counsel and the requirement for amendments to several regulations under Ontario's "As of Right" legislation, the CRTO conducted a thorough line-by-line review of the Professional Misconduct Regulation. This review aimed to update the language for greater clarity, provide improved guidance for Members and the public, and more accurately address the nuanced areas of practice within which Respiratory Therapists are involved.

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

Draft Minutes from December 12, 2025

MOTION 8.3 MOVED BY, Sheena Lykke, RRT, and SECONDED BY, Allison Chadwick, RRT, that Council approves that the draft revisions to the Professional Misconduct Regulation are circulated for public consultation.

MOTION 8.3 CARRIED.

8.4 RESPIRATORY THERAPISTS WORKING IN MEDICAL SPAS POSITION STATEMENT

Carole Hamp, RRT presented the Respiratory Therapists Working in Medical Spas Position Statement. CRTO's new position statement addresses the increasing number of inquiries about Respiratory Therapists working in medical spas. As of March 1, 2026, RTs must ensure they receive delegation for all controlled acts they perform in any out-of-hospital medical spa setting (e.g., Medspa, aesthetic, cosmetic, wellness clinic, etc.). This includes the controlled acts authorized to RTs under the Respiratory Therapy Act (RTA, s. 4), such as administering a substance by injection or inhalation.

The Position Statement will be sent out in the upcoming ebulletin and posted on the CRTO website. In addition, the 6 Members who identified to the CRTO that they are working in some capacity in a medical spa will be contacted directly.

The Council recommended the development of a guidance document to accompany the Position Statement. CRTO staff will begin drafting this document once the Position Statement has been released.

MOTION 8.4 MOVED BY, Kim Morris, and SECONDED BY, Allison Chadwick, RRT, that the CRTO Council approves the Respiratory Therapists Working in Medical Spas Position Statement.

MOTION 8.4 CARRIED.

9.0: OTHER BUSINESS

9.1 2026 COUNCIL DATES

Carole Hamp, RRT presented the 2026 Council meeting dates.

MOTION 9.1 MOVED BY, Jeff Dionne, RRT, and SECONDED BY, Sheena Lykke, RRT, that the CRTO Council approves the 2026 Council meeting date

MOTION 9.1 CARRIED.

Draft Minutes from December 12, 2025

10.0: ADJOURNMENT

Adjournment

The December 12, 2025, Council meeting adjourned at 11:50 a.m.

DRAFT

Committee Report Items

AGENDA ITEM # 5.2

EXECUTIVE COMMITTEE REPORT – CHAIR’S REPORT TO COUNCIL

December 12, 2025 – March 25, 2026

Since the last Council meeting, the Executive Committee has held one meeting on March 12, 2026. The following items were address at that meeting::

- CRTO Update Report
- Financial Statements for March 1/25 – February 28, 2026.
- Investment Portfolio
- Draft 2026/27 Budget
- Council Meeting Evaluation Summary
- DRAFT March 26, 2026 Council Agenda

Respectfully submitted,

Lindsay Martinek, RRT
Executive Committee Chair

Committee Report Items

AGENDA ITEM 5.3

REGISTRATION COMMITTEE REPORT – CHAIR’S REPORT TO COUNCIL

December 12, 2025 – March 25, 2026

Since the last report, the Registration Committee (RC) has met on February 13, 2026. In addition, Panels of the RC met on the following dates:

- December 17, 2025
- February 17, 2026

Referral Summary

Reasons for Referral	
One application was referred to the Panel of the RC for consideration of an applicant’s request for a Graduate Certificate of Registration. The applicant had completed an RT program outside of Canada, and at the time of completion, the program was not approved by the RC.	The Panel of the Registration Committee directed the Registrar to issue a Graduate Certificate of Registration with the standard GRT terms, conditions, and limitations (TCLs). The Panel also required the applicant to complete a minimum number of supervised practice hours before requesting approval to remove or vary the TCLs on their certificate. The Panel also required applicant to complete the courses it specified prior to registration.
One application was referred for consideration of a General Certificate of Registration; the applicant held existing TCLs with another regulated jurisdiction in Canada.	The Panel of the RC directed the Registrar to issue a General Certificate of Registration, subject to TCLs that align with those imposed in the other jurisdiction.
Two applications were referred to the RC Panel for consideration due to currency requirements.	The Panel of the RC approved both applications for a General Certificate of Registration with TCLs.
Three applications were referred to the Panel of the RC to consider whether it is in the public interest to approve these applications based on the applicants’ entry-to-practice assessment results. All applicants completed the three stages of the entry-to-practice assessment.	In each case, the Panel directed the Registrar to issue a Graduate Certificate of Registration with the required TCLs. In some cases, the Panel also required Applicants to complete the courses it specified prior to registration.

Committee Report Items

February 13, 2026, Registration Committee (RC) Meeting Report Highlights:

- **Registration Committee Orientation** – CRYPTO staff delivered the annual orientation and training session for RC members. The session highlighted the updated registration requirements, decision-making processes (including the new currency tool), human rights considerations, and the roles of both the Health Professions Appeal and Review Board (HPARB) and the Office of the Fairness Commissioner (OFC).
- **RC Terms of Reference & Action Plan for 2026-2027** – The RC reviewed the Terms of Reference and Action Plan for 2026–2027. Updates were made to include new policy references and to reflect anticipated reviews of the Registration Regulation and the Entry to Practice Assessment Policy. This item will be reviewed under 7.1 on the agenda.
- **RC Panel Appointments** - The RC Chair appointed members of the RC to two panels (Panel A and Panel B) to consider referrals from the Registrar. The appointments remain unchanged from the previous year, as the committee composition has not changed. This approach streamlines the panel appointment process for the year.
- **CRYPTO Update Report** – Carole Hamp, Registrar & CEO, provided the RC with an update on several CRYPTO initiatives, including:
 - Registration renewal
 - New CRYPTO database and website
 - CRYPTO/RTSO Joint Scope of Practice Review
 - AI-Use Framework
 - National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB)
- **Internationally Educated Health Professionals (IHEP)** – Staff provided an overview of the assessment process and updated the RC on the applicants who are currently undergoing the Entry-to-Practice Assessment. There are 31 active IEHP applications in various stages of the assessment process. Additionally, there are 17 files referred from other provinces that the CRYPTO is conducting assessments on behalf of.
- **Office of the Fairness Commissioner** – Staff provided an overview of the role of the OFC and the CRYPTO’s responsibilities under the Fair Access legislation, which includes the submission of an annual Fair Registration Practices Report and the Risk-Informed Compliance Framework (RICF). The next submission deadline is on March 31, 2026, and a copy of the report will be presented to the RC for information at its next meeting.
- **Currency Requirement Procedure** – The RC reviewed the Applications for Registration or Reinstatement – Currency Requirement Policy and its procedure, including recent amendments allowing the Registrar to approve low-risk reinstatement applications where currency gaps pose minimal concern. The assessment tool was updated to improve clarity and consistency, incorporating a new RT practice and experience assessment matrix and

Committee Report Items

revised Registration Options for General and Graduate Certificates. The RC also used the updated tool on a mock scenario to support its implementation.

- **Fleming College Graduate Terms, Conditions and Limitations (TCLs)** – On August 25, 2025, the RC approved a process allowing staff to review and vary TCLs for the April 2025 cohort. Between November 25, 2025, and February 13, 2026, three applications were reviewed and approved. A list of these applications was presented to the RC on February 13, 2026.
- **Entry-to-Practice Assessment Policy** – This policy outlines the process for applicants who have not graduated from an approved respiratory therapy program to demonstrate that they meet the national competency standards required for entry to practice. The policy, last approved in December 2024, has been revised following a recent RC Panel review to clarify its application to graduates of international Respiratory Therapy programs accredited by Accreditation Canada. This item will be reviewed under 7.2 on the agenda.
- **Approved Respiratory Therapy Programs** – The RC approved the Respiratory Therapy Programs for 2026 based on the program’s accreditation status with Accreditation Canada. The list is posted on the CRTO’s website.
- **Health Professions Testing Canada (HPTC) Exam Results** – The RC reviewed the overall failure rate for Ontario RT programs and the exam results from the January 2026 sitting. CRTO staff will continue to monitor exam success rates for graduates of Ontario RT programs and report this information to the Committee.
- **Revised Entry-to-Practice Exam Procedure** – The RC reviewed the revised draft procedure, in particular the delegation and approval process for study plans submitted by applicants seeking to challenge the exam for a fourth attempt.

Respectfully submitted,
Kelly Munoz, RRT
Registration Committee Chair

Committee Report Items

AGENDA ITEM # 5.4

QUALITY ASSURANCE COMMITTEE REPORT – CHAIR’S REPORT TO COUNCIL

December 12, 2025 – March 25, 2026

Since the last Council meeting, the Quality Assurance Committee (QAC) held one orientation and panel meeting on February 11, 2026. In addition, four QAC panels were conducted via email vote on December 16, 2025, and on February 3, February 23, and March 3, 2026. The following is a summary of that meeting and those email vote decisions:

QAC Orientation 2026

The Committee reviewed the QAC mandate, applicable legislation and associated responsibilities as part of the 2026 orientation session.

Terms of Reference and Action Plan 2026

The QAC reviewed and approved the 2026 Terms of Reference and Action Plan.

Revised PDP Assessors and Mentor Fact Sheet

The PDP Assessors and Mentor Fact Sheet has been revised to include the new practice assessment for Members with late PDP requirements. The QAC approved this amended fact sheet for publication.

New Applicant to the PDP Peer Assessors and Mentors Group

The QAC approved the addition of Andréa-Rayé Ladouceur, RRT, to CRTO’s Peer Assessor program.

Failure to Complete Launch RT Jurisprudence Assessment

The QAC referred a newly registered Respiratory Therapist to the Inquiries, Complaints, and Reports Committee (ICRC) regarding allegations of professional misconduct for failure to complete the Launch RT Jurisprudence Assessment.

Quality Assurance Evaluation Report

The QAC reviewed the CRTO’s Quality Assurance Program Evaluation Report 2014 – 2024.

Portfolio Deferral Requests

Four panels of the QAC reviewed fourteen deferral requests for PORTfolio 2026. One request was denied and thirteen were approved based on the information provided.

Respectfully submitted,
Laura Dahmann, RRT
Quality Assurance Committee Chair

Committee Report Items

AGENDA ITEM # 5.5

PATIENT RELATIONS COMMITTEE – CHAIR’S REPORT TO COUNCIL

December 12, 2025 - March 25, 2026

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

Respectfully submitted,
Katherine Lalonde, RRT
Patient Relations Committee Chair

Committee Report Items

AGENDA ITEM 5.6

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

December 12, 2025 - March 25, 2026

ICRC Deliberations:

Since the last Council meeting, the ICRC held two (2) meetings via Zoom. One (1) meeting involved the review of two investigations related to employer reports. The remaining ICRC meeting was for the purpose of ICRC orientation.

Employer Reports:

1. In May of 2024, the CRTO received an employer report of termination relating to concerns about the Member taking unauthorized lengthy breaks.

In January of 2025, the CRTO received an additional employer report of termination relating to concerns about the Member not disclosing to the employer the existence of an agreement the Member had signed with the CRTO.

Both employer reports along with issues concerning the Member's failure to comply with the requirements of the agreement they had signed with the CRTO were investigated. Both investigations were reviewed by the Panel at the same time.

After a careful review of the investigation reports and the Member's submissions, the Panel was of the opinion that the information supported concerns regarding the Member's conduct and judgment. The Panel decided that requiring the Member to appear for an oral caution and complete a SCERP would best address these concerns and protect the public interest.

ICRC Orientation Meeting:

The meeting consisted of the following topics:

- a) A presentation by legal counsel that included a brief overview of the ICRC's role, recent court decisions, prosecutorial viability assessments and interim orders.

Committee Report Items

- b) An overview of the Professional Conduct Department of the CRTO. The presentation included a walkthrough of the CRTO Professional Conduct Department from initial receipt of a complaint/report until the matter is ready for an ICRC Panel's review and deliberation.
- c) A review of the ICRC Frivolous and Vexatious process with respect to a complaint.
- d) A review CRTO Alternative Dispute Resolution Process, the ICRC's terms of reference and the ICRC expense process.
- e) Options available to the ICRC when ordering a SCERP.

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

New Matters:

Since the last Council meeting, the CRTO received 16 new matters. The new matters are comprised of 2 complaints and 14 reports.

Seven (7) of the Reports are currently under review by the Registrar. Five (5) of the reports were resolved at the Registrar level. Two (2) of the reports were referred to the ICRC. The two (2) complaints have been referred to the ICRC.

Policy Framework:

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

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

Committee Report Items

AGENDA ITEM # 5.7

DISCIPLINE COMMITTEE – CHAIR’S REPORT TO COUNCIL

December 12, 2025 - March 25, 2026

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

Respectfully submitted,
Tracy Bradley, RRT
Discipline Committee Chair

Committee Report Items

AGENDA ITEM #5.8

FITNESS TO PRACTISE COMMITTEE – CHAIR’S REPORT TO COUNCIL

December 12, 2025 - March 25, 2026

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

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

CRTO Update Report

AGENDA ITEM # 5.9

March 26, 2026

From:	CRTO Staff
Topic:	CRTO Update Report
Purpose:	For Information
Strategic Focus:	Governance & Accountability

ADMINISTRATIVE

Daily Banking

The CRTO has recently been engaged in key administrative process improvements, including migrating our daily banking operations from CIBC to RBC. We recently had an in-person meeting with our Relationship Manager at RBC and have been quite impressed so far by their ongoing support and accessible customer service. In addition, initiatives aimed at streamlining our HR processes have recently included implementing an online absence management system (Time Off Management) that tracks and manages staff absences (e.g., vacation and sick leave entitlements). This tool provides clear visibility of staff availability while supporting equitable application of entitlements outlined in our employment policies.

CURRENT INITIATIVES

Internal

Staffing

Posted a position for the **Executive Assistant to the Office of the Registrar**. The individual in this role will provide administrative support for all the organization's operational functions. The recruiter received 321 applicants, and interviews for the five selected candidates are currently underway.

To more clearly define the roles and responsibilities of the Professional Conduct team members, **Misbah Chaudhry's** title has been changed from Coordinator, Professional Conduct to **Investigations & Monitoring Team Lead**. This highlights the CRTO's intentional shift to conducting more investigations in-house. To further increase our capacity, **Anastasia Kokolakis**, our Professional Conduct Officer, has undertaken specialized training in reason and decision writing. These changes are expected to enhance the efficiency of our PC processes further.

CRTO Update Report

Registration Renewal

The deadline for the CRTO's annual renewal was February 28, 2026. As of March 5th, approximately 140 renewals were left outstanding. Suspension notices will be sent out on March 10th. Also, 328 overdue notices have been sent out to those members who did not complete the relevant e-learning module by the February 28th deadline.

CRTO/RTSO Joint Scope of Practice Review

The joint proposal is scheduled for submission to the Ministry of Health (MOH) very soon. In the meantime, the Government Relations (GR) firm that the Steering Committee retained has been pitching our proposal to individuals at various levels of the MOH. They have also been assisting us in arranging for a "Queen's Park Day" in the fall to meet with provincial legislators and other government officials at the Legislative Assembly and discuss our proposal.

AI-Use Framework

With the assistance of legal counsel, the CRTO developed a principle-driven, risk-based operational policy for the use of AI by staff, Council, and Committee members, as well as all contracted personnel (e.g., assessors, mentors) and external vendors. The guiding principles of the framework are privacy, confidentiality and public protection. Also, this initiative regarding AI use impacts the CRTO's Confidentiality, Privacy and Procurement of Goods and Services Policy. These policies will be coming to the March Council meeting for review and approval. Also at the March Council meeting, Brent Arnold, a partner at INQ Law, will be providing a high-level presentation on AI.

DEI Initiatives

CRTO staff have recently participated in workshops hosted by the Health Professions Regulators of Ontario (HPRO) and the Canadian Network of Agencies for Regulation (CNAR) to inform our ongoing diversity, equity, and inclusion efforts. In addition, the CRTO is now part of the Canadian Centre for Diversity and Inclusion's (CCDI) Employer Partner Program. This provides us with access to their extensive DEI online library of toolkits, research reports, learning modules, webinars and live events. Our membership also provides us with assistance from a dedicated Partner Relations Manager.

Communication Strategy

CRTO enhanced access to core practice resources by improving microsites for PPGs, CBPGs, and Standards of Practice, eliminating duplicate PDFs and introducing print-friendly functionality to support clearer, more user-friendly access.

Social media performance remains strong. LinkedIn continues to show steady growth, high engagement, and increased click activity, with content featuring clear calls to action performing best. Paid advertising will resume in March to amplify priority initiatives and

CRTO Update Report

extend reach beyond organic audiences. BlueSky maintains a small but engaged audience, indicating strong content resonance. YouTube is showing increased impressions and video views, signalling growing interest in video content and supporting its continued use for key updates and educational resources.

Email communications continue to perform exceptionally well, with strong open and click-through rates. A refreshed, more accessible design introduced in February reinforced *The Exchange* branding and contributed to increased engagement.

CRTO is expanding its video content strategy, planning a balanced mix of animated and editorial-style videos that are engaging, informative, and cost-effective. In parallel, welcome journey communications are being strengthened through the *Acknowledge, Explain, Invite* approach, making messaging more accessible, transparent, and member-centred, and supporting stronger engagement and trust.

External

National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB)

The NARTRB held its Executive Committee meeting this past week. The Alliance's action plan for the upcoming year includes:

- Engaging a new audit firm
- Establishing a national RT Code of Ethics
- Developing an MOU on Remote Practice
- Establishing an agreement on the registration of University of Doha Science and Technology graduates
- Updating the NARTRB website
- Meeting with Accreditation Canada to discuss evaluation concerns
- Establishing a regular communication framework with the CSRT
- Extending a membership invitation to CAHPPEI (RT PEI regulator) and BCRT (once their regulation process is completed).

The next Board meeting of the NARTRB will be held in Whistler, BC, just prior to the Canadian Society of Respiratory Therapists (CSRT) annual conference in May.

CRTO Update Report

College of Physicians & Surgeons of British Columbia (CPSBC)

The CPSBS is expected to begin regulating Respiratory Therapists in British Columbia on November 29, 2027. BC chose to have the CPSBC regulate respiratory therapists as part of a broader restructuring of professional regulation, which reflects a deliberate shift away from many small, single-profession colleges toward fewer, larger “umbrella” regulators.

The CPSBC recently requested a meeting with the CRTO, primarily to learn more about our IEHP Entry-to-Practice (ETP) assessment program and to determine whether the CRTO could assess their international applicants. They were also quite interested in the status of the University of Doha Science & Technology RT program, the CRTO exam and study plan policy.

Government of Saskatchewan

The Director of Saskatchewan’s International and Program Development Unit requested a meeting with the CRTO and a couple of other Canadian RT regulators to discuss establishing a bridging program for our profession. They wanted to know whether they could integrate the CRTO’s ETP Assessment framework into a bridging program for international applicants. They agreed that such a program would be useful for Canadian-trained RTs needing to address competency gaps. They plan to conduct the entire program remotely, which, of course, presents significant logistical challenges for the clinical skills assessment. They have sent us a number of follow-up questions, and we will continue to assist where we can with this endeavour.

Government of Nova Scotia

The Nova Scotia Ministry of Health and Wellness wishes to begin assessing RT graduates from educational programs in Jordan with the aim of bringing them to practice in their province. They wish to utilize the CRTO’s IEHP ETP Assessment Program. One of the challenges is that they plan to conduct all assessment phases in Jordan because immigration barriers prevent candidates from coming to Canada for the evaluations.

To first determine if this initiative is feasible, the CRTO has offered to conduct a program review of the Jordan University of Science & Technology’s Bachelor of Science in Respiratory Therapy.

Council Briefing Note

AGENDA ITEM # 5.10

March 26, 2026

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

PUBLIC INTEREST RATIONALE:

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

ISSUE:

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

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

BACKGROUND:

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

According to Statistics Canada, as of January 2026, the Consumer Price Index is 2.3%, a decrease of 0.3% since last Council meeting.

ANALYSIS:

Asset Allocation Analysis:

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

As compared to the investment update provided at December 2025 Council, asset allocation to fixed income and cash and cash equivalents has decreased by 3.5% and now comprises 47.62% of the portfolio, while Equity holdings increased by 3.5% and now comprises 52.38% of the portfolio.

As market performance strengthened in early 2026, the decision to shift to a more aggressive portfolio allocation—by increasing equity holdings by 3.5%—has resulted in an increase of \$62,115 in the value of the CRTO portfolio since the last Council meeting.

Here is the current breakdown of the asset allocation:

- Fixed Income: \$750,997 – 39.09% of portfolio
- Cash and Cash Equivalents: \$ 163, 777 – 8.53% of portfolio
- Equity: \$1,006,352 – 52.38% of portfolio

Benchmark Analysis:

- As discussed in the Background section of this briefing note, the initial outcomes sought by the CRTO in investing with the RBC team was to ensure that the CRTO's investment accounts grew to keep pace with the rise in the Canadian Consumer Price Index (CPI). Based on Statistics Canada, at the conclusion of the 2024/25 fiscal year (March 2025), the CPI was 2.9%. Although numbers have not been released by government of Canada regarding the CPI for March 2026, the latest information indicates that as of January 2026, the CPI had decreased to 2.3%. This represents a 0.6 % decrease in the CPI over a one-year period. In comparison, the current one-year return for the CRTO's portfolio is 12.37%. The RBC team continues to meet the directions provided to them by the CRTO Council.

In addition, at Council's direction, the RBC team developed and presented a customized benchmark at the March 2025 Council meeting. This benchmark serves as a reference point for assessing the CRTO's investment performance and was constructed using weighted combinations of market indices that reflect the CRTO's asset allocation. As of December 31, 2025, the benchmark had outperformed the CRTO portfolio by 1.58%. Since inception, however, the CRTO portfolio has outperformed the benchmark by

0.66%. A detailed breakdown of the benchmark components and the CRTO portfolio's performance relative to the benchmark is provided in Appendix B.

RBC Investment Update:

- At March 2026 Council, 3 members of the RBC team will be attending to provide a full fiscal year summary of the CRTO's investment portfolio. This presentation will include an analysis of the portfolio's performance over the last fiscal year and the outlook for the CRTO's investment portfolio for the upcoming fiscal year in the context of global affairs that are currently affecting the financial markets in Canada.

APPENDIX A:

Overview of RBC Investments:

Total Value
+1,921,125.45 CAD
 +1,408,606.46 USD

Total Book Cost ⓘ (excluding Cash)
+1,590,337.99 CAD
 +1,161,261.82 USD

Unrealized Gain/Loss ⓘ
+311,302.18 CAD
 +19.57%

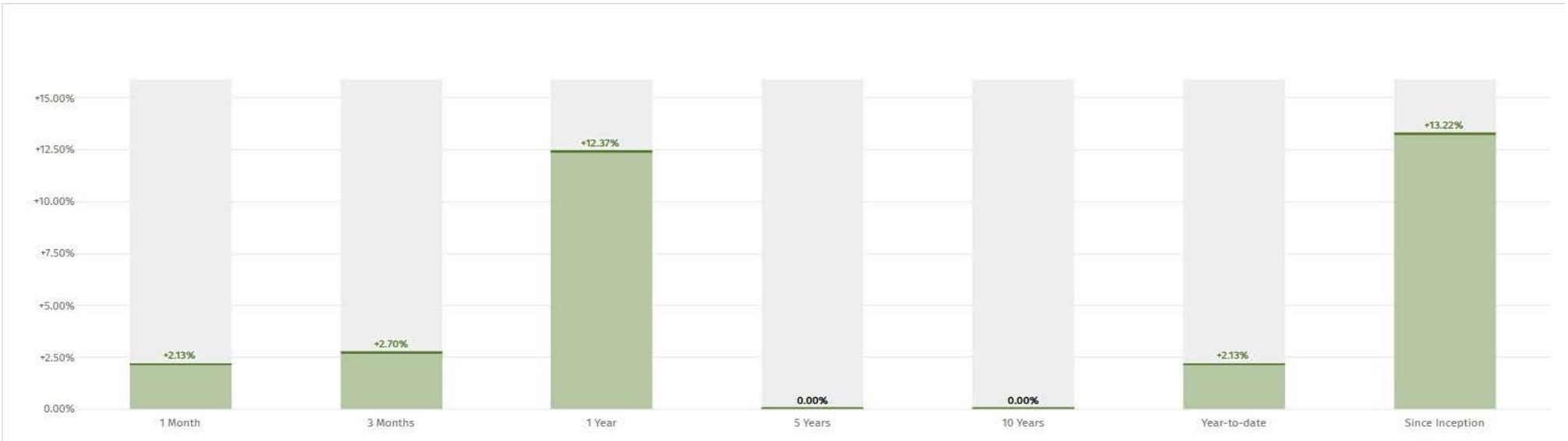
Exchange Rate : 1 USD = 1.36385 CAD |

Cash and Investment Balances

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Currency	AFT	Cash	Investments	Total Value	Book Cost	\$ Unrealized Gain/Loss	% Unrealized Gain/Loss
CAD	-	-14,922.56	1,191,617.31	1,176,694.75	1,063,137.87	+123,117.07	11.58%
USD	-	21,296.68	524,533.66	545,830.34	381,747.87	+142,785.79	37.40%

Performance Evaluation as Compared to Mile Markers:

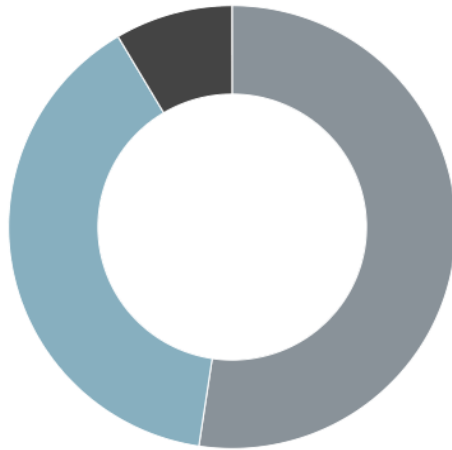


Tracking Since Jun 04, 2023

1 Month	3 Month	1 Year	5 Year	10 Year	Year-To-Date	Since Inception
+2.13%	+2.70%	+12.37%	0.00%	0.00%	+2.13%	32 +13.22%

RBC Investment Portfolio Asset Mix:

Asset Mix



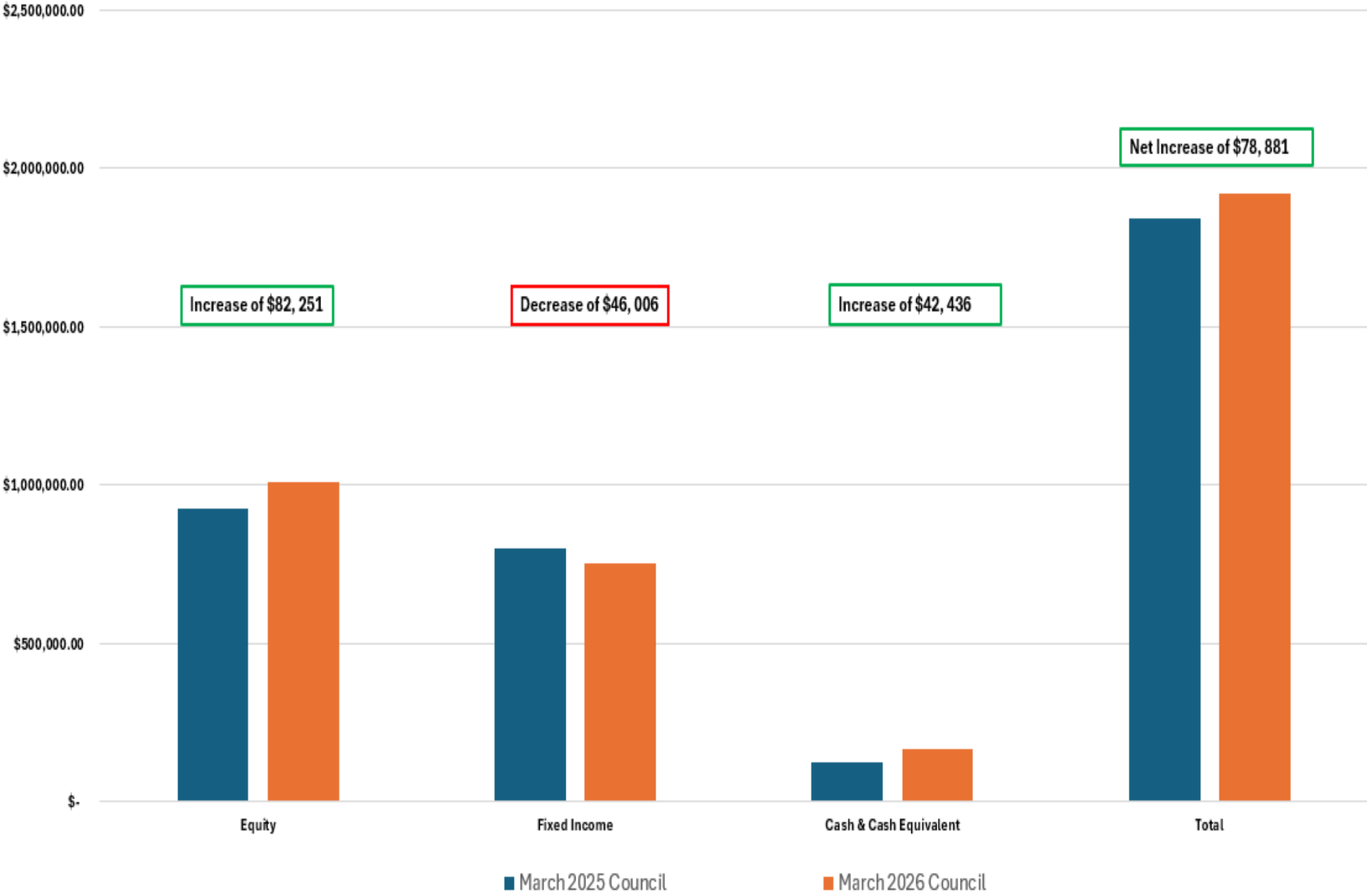
Asset Class	Total Value	Currency	% Allocation
Cash and Cash Equivalents	163,776.82	CAD	8.53%
Fixed Income	750,996.72	CAD	39.09%
Equity	1,006,351.92	CAD	52.38%

Summary of Types of Holdings:

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Product Type	Total Value	Book Cost	\$ Unrealized Gain/Loss	% Unrealized Gain/Loss
Common Shares	971,533.97	689,099.80	+282,434.17	40.99%
ETFs	16,020.55	10,271.81	+5,748.74	55.97%
Fixed Income	787,983.40	758,962.41	+23,658.62	3.12%
Mutual Funds	112,667.22	114,288.60	-1,621.38	(1.42%)
Trust Units (includes REITs)	18,797.40	17,715.37	+1,082.03	6.11%

Comparison: March 2025 Council vs. March 2026 Council



Portfolio Performance

Annualized Returns with Benchmarks

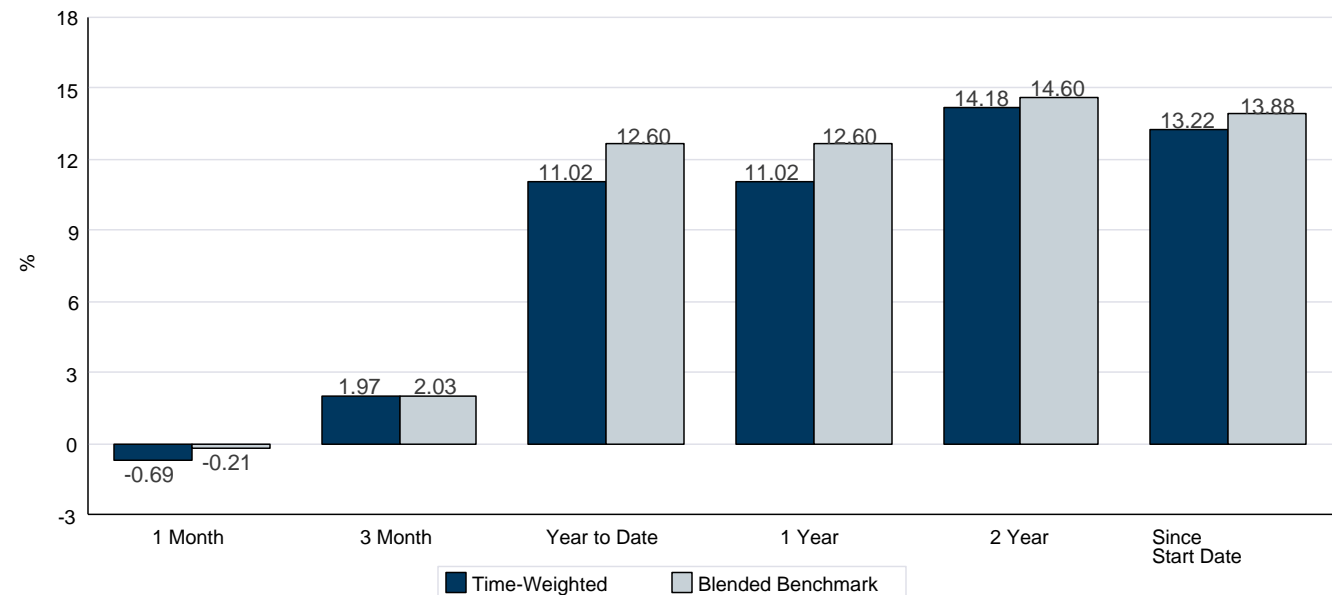
As at December 31, 2025

% Rate of Return / Benchmark		1 Month	3 Month	Year to Date	1 Year	2 Year	Since Start Date
Time-Weighted	Jun 04, 2023	(0.69)	1.97	11.02	11.02	14.18	13.22
Blended Benchmark		(0.21)	2.03	12.60	12.60	14.60	13.88

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.

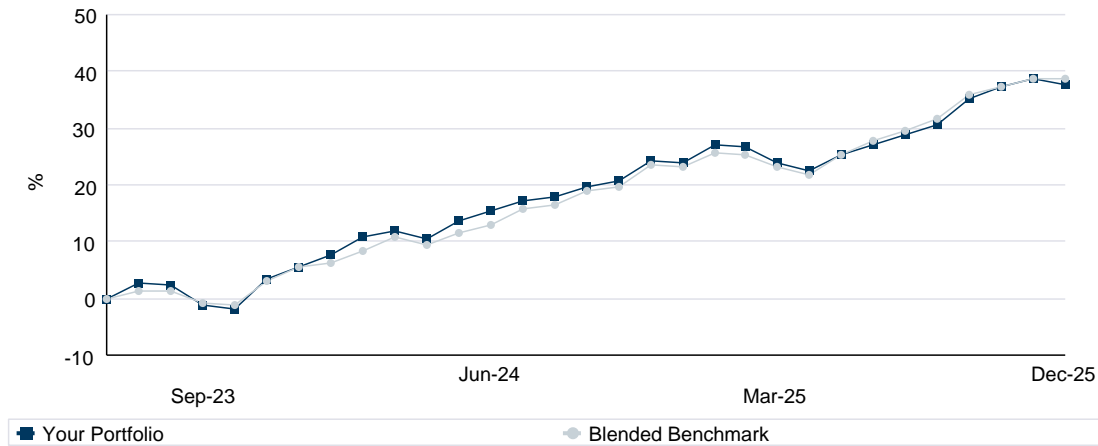
Portfolio Performance

CRTO Investment Portfolio w/ Benchmarks

Cumulative Returns (Time-Weighted)

June 4, 2023 to December 31, 2025

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	1.32	
	August	(.49)	2.35	.05	1.37	
	September	(3.45)	(1.19)	(2.07)	(.73)	
	October	(.59)	(1.78)	(.44)	(1.16)	
	November	5.32	3.45	4.39	3.17	
	December	2.09	5.61	2.20	5.44	
	2024	January	1.98	7.70	.86	6.34
		February	2.84	10.76	2.09	8.57
		March	.95	11.81	2.03	10.77
		April	(1.04)	10.65	(1.25)	9.39
		May	2.88	13.84	2.09	11.67

Period	Portfolio		Benchmark			
	ROR	Cumulative	ROR	Cumulative		
2025	June	1.35	15.37	1.01	12.80	
	July	1.73	17.37	2.70	15.85	
	August	.55	18.02	.57	16.50	
	September	1.40	19.67	2.01	18.85	
	October	.76	20.58	.60	19.56	
	November	3.03	24.24	3.46	23.70	
	December	(.14)	24.06	(.54)	23.03	
	2025	January	2.38	27.02	2.19	25.72
		February	(.21)	26.76	(.27)	25.38
		March	(2.36)	23.76	(1.75)	23.18
		April	(1.12)	22.38	(1.17)	21.74
		May	2.44	25.36	2.91	25.29

Portfolio Performance

CRTO Investment Portfolio w/ Benchmarks

Annual Benchmark

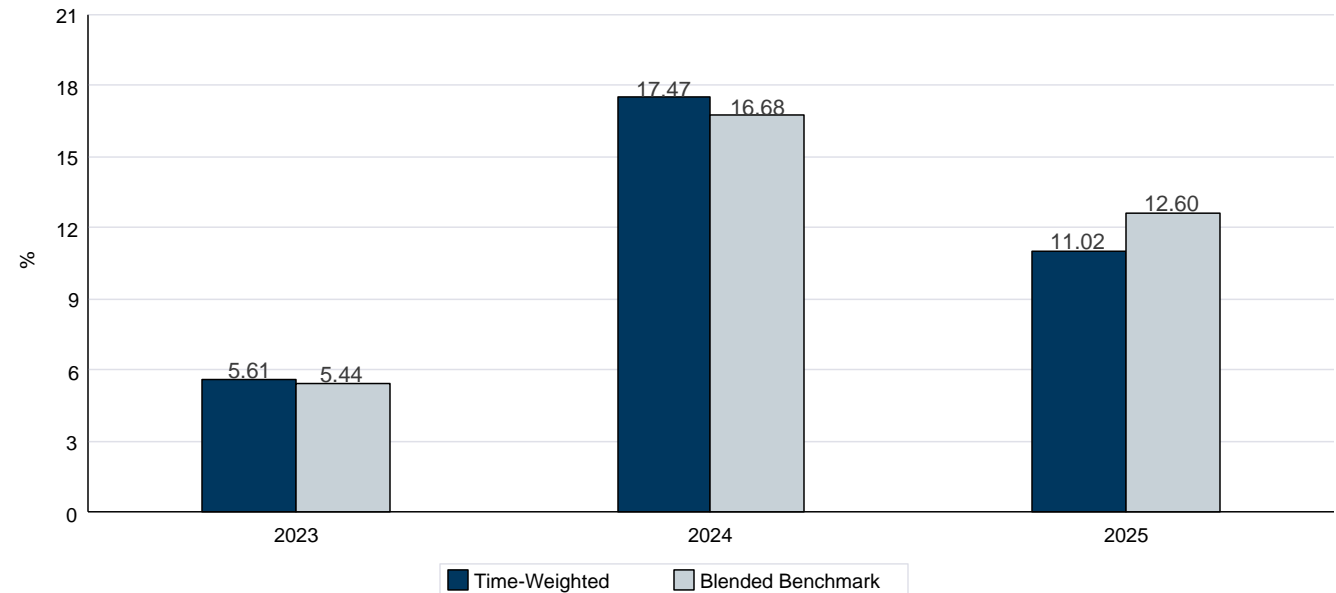
As at December 31, 2025

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

BENCHMARK COMPOSITION

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

Annual Returns



- Rate of Return is calculated net of fees.
- Information regarding Performance Methodology can be found on the Statement of Terms page.
- ° Actual return over partial year.

Council Briefing Note

AGENDA ITEM #5.11

March 26, 2026

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

PUBLIC INTEREST RATIONALE

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

ISSUE

The CRTO’s [Risk Management Framework](#) articulates how the CRTO integrates risk management into its strategic planning, project management, operations management, and reporting. As outlined in the framework document, Council is ultimately responsible for overseeing the CRTO’s risk management strategy. This includes monitoring the CRTO’s activities and maintaining oversight of risks that could impact the CRTO’s 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 are monitored by staff but are not included in the summary report.

Since the December 2025 Council meeting, the use of artificial intelligence (AI) tools and systems has been added to the risk register. This reflects the growing availability and use of AI, which can improve efficiency but can also create new risks related to privacy, confidentiality,

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

decision-making, and information security. This new risk has been rated as medium and is included in the summary report (Risk no. 11).

There have been no changes to the reported risk ratings for previously identified risks. Updates to risk descriptions, controls, and treatment plans are marked in blue font in the summary report.

The last page of the report includes a table tracking the risk rating for current and prior reporting periods, as well as our anticipated risk outlook.

NEXT STEPS

Staff will continue to provide quarterly risk management reports, updating the Risk Register as required and reporting on the implementation of the action plan items.

CRTC Risk Register (Summary)

March 26, 2026

Id	Risk Category	Risk Description/Sources of Risk	Potential Impact on CRTC Objectives	Controls/Risk Mitigation	Risk Rating	Treatment/Action
02	Organizational Operations	<p>Sudden/unexpected substantial increase in expenses and/or decrease in revenue</p> <ul style="list-style-type: none"> • Cost/expense escalations (e.g., significant increase in investigation expenses) • Increase in resignations, suspensions, etc., decrease in new registrations • Sudden loss of investment funds due to market volatility (e.g., due to geopolitical tensions) • Potential additional costs due to delays in new database development 	<p>Budget Adherence Member Relationships</p> <ul style="list-style-type: none"> • Deviation from budget; depletion of reserves • Disruptions in the daily functioning of the College • Insufficient resources to maintain essential College functions 	<p>Reserve Funds and Investments Policies Finance and Audit Committee oversight as needed External audit Fees Assessment Tool used annually to consider the adequacy and appropriateness of the CRTC's membership fee structure Investment advisor monitoring all CRTC investments, including quarterly written updates and annual presentation updates regarding the status of investments and economic outlook Comprehensive finance/admin operating procedures developed and updated on ongoing basis Mid-Year financial projections presented at Sept. 2025 Council Draft 2026/27 Budget to be presented at the December Council</p>	Medium	<p>Ongoing monitoring Draft 2026/27 Budget to be presented at the March Council for approval Investment Portfolio Summary and future outlook to be presented at the March Council by Investment Management team</p>
03	Organizational Governance	<p>Disruption in the effectiveness of Council</p> <ul style="list-style-type: none"> • Loss of a public member on Council; delays in government public members' appointments 	<p>Member Relationships Compliance Reputation Public Protection</p> <ul style="list-style-type: none"> • Delays in Council decision-making 	<p>Proactive approach with government to ensure we have sufficient public members Relationship building through collaboration between staff and Council Competency-based committee appointments</p>	Medium	<p>Increased utilization of HPRO as a government relations advocate Ongoing engagement with Council/committee members Review and update election communication materials</p>

Id	Risk Category	Risk Description/Sources of Risk	Potential Impact on CRTO Objectives	Controls/Risk Mitigation	Risk Rating	Treatment/Action
		<ul style="list-style-type: none"> • Potential deterioration or dysfunctionality of the relationship between staff and Council • Gap in compensation between public and professional Council members 	<ul style="list-style-type: none"> • CRTO non-compliant with statutory requirements • Decrease in member engagement 	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 New Governance Manual Support for Council Members' attendance at annual HPRO Governance Workshops Conducted annual committee orientation sessions		Some staff and Council members to attend the HPRO's Governance Conference in May 2026 Collaborate with system partners that provide respiratory therapy care, to advertise to their patients & staff the opportunity to be a public committee appointee.
04	Organizational Operations	IT infrastructure disruption and/or compromise of data integrity <ul style="list-style-type: none"> • Phishing • Ransomware attacks • Denial-of-service attacks • Unauthorized disclosure of personal/confidential information • Implementation of new database and website 	Member Relationships Compliance Reputation <ul style="list-style-type: none"> • Potential service disruption • CRTO non-compliant with statutory requirements • Negative media attention • Concerns/complaints from interested parties 	3rd party systems monitoring Cyber-audits and white-hat simulation of attacks Staff training Built-in scanning on USBs for all computers Cyber insurance Multi-Factor Authentication for access to systems is in place Regular patch compliance Increased email security/protection Internal IT communication template(s) for use in the event of cyberattack Comprehensive IT operating procedures developed and updated on ongoing basis	High	Verification of cybersecurity of key 3rd party vendors Developing a detailed cybersecurity plan, including mapped steps and procedures for suspected cybersecurity incidents Staff training on the use of the new database before deployment

Id	Risk Category	Risk Description/Sources of Risk	Potential Impact on CRTO Objectives	Controls/Risk Mitigation	Risk Rating	Treatment/Action
				Implemented an endpoint management solution for endpoint security and compliance enforcement		
06	Organizational Compliance	<p>Misalignment with regulatory requirements</p> <ul style="list-style-type: none"> Changes in technology (e.g., new database, new online application system) Legislative changes Increase in reporting requirements Potential increase in applications from graduates of unapproved programs Staffing changes 	<p>Compliance Public Protection</p> <ul style="list-style-type: none"> Potential delays in application processing and/or complaints and reports processing 	<p>Ongoing monitoring and regular reporting of registration and professional conduct processing timelines</p> <p>Comprehensive policies and procedures in place</p> <p>Staff cross training</p> <p>Ongoing communications with developers regarding system needs, continued use of iMIS as a contingency plan</p> <p>Collaboration with third-party organizations</p> <p>Implementation of Registrar’s Directives to speed up internal processes</p>	Medium	<p>Finalize the review and update policies in response to the new Registration Regulation, including implementation of the new currency condition for the 2026/27 renewal</p> <p>Continued review and development of internal standard operating procedures</p> <p>Implementation of Registrar’s Directives to speed up the internal processes</p> <p>Staff training on the use of the new database before deployment</p> <p>Continue development and revision of the RC decision-making tools</p>
07	Regulatory Professional Practice	<p>Insufficient/out-of-date practice information</p> <ul style="list-style-type: none"> Changes in practice expectations/scope Changes in regulatory requirements (e.g., reporting, infection control, etc.) New currency condition 	<p>Public Protection Member Relations</p> <ul style="list-style-type: none"> Members’ non-compliance with statutory requirements Concerns/complaints from interested parties 	<p>Regular checks on the quality of practice guidelines</p> <p>Policy Framework – review cycle</p> <p>Staff positioned well to respond quickly to changing practice expectations/scope</p> <p>Ongoing monitoring and regular reporting on practice-related inquiries</p> <p>Developed a new currency condition webpage</p>	Medium	<p>Regular legislative and regulatory scans (HPRO working group)</p> <p>Closely monitoring all inquiries related to the new currency condition</p> <p>Pending comprehensive PDP review</p>

Id	Risk Category	Risk Description/Sources of Risk	Potential Impact on CRTO Objectives	Controls/Risk Mitigation	Risk Rating	Treatment/Action
		<ul style="list-style-type: none"> Increasing failure rates in the Launch Jurisprudence exam 		<p>Increased Ongoing presentations with RT schools now beginning in the second year</p> <p>New Welcome video to support new GRTs entering practice</p> <p>New/updated Standards of Practice now posted on the CRTO website</p> <p>Completed comprehensive review of the PDP</p>		
08	Regulatory	<p>Unauthorized Practice</p> <ul style="list-style-type: none"> Impact of the “As of Right” initiative New unaccredited RT programs in Ontario 	<p>Public Protection</p> <ul style="list-style-type: none"> Increase in unauthorized practice concerns/reports received 	<p>Ongoing monitoring of unauthorized practice complaints/reports</p> <p>Process in place to respond to unauthorized practice complaints/reports</p> <p>New webpage for Employers to address “As of Right”</p> <p>Developed a new communication strategy ‘Check Before You Hire,’ focused on protecting the public through registration verification</p>	Medium	<p>Continue to monitor unauthorized practice complaints/reports</p>
10	Regulatory	<p>Health Human Resources</p> <ul style="list-style-type: none"> Insufficient number of RTs to meet the demands of the healthcare system New unaccredited RT programs in Ontario 	<p>Public Protection</p>	<p>Emergency Class of Registration</p> <p>Emergency Registration Policy</p> <p>Streamlined registration processes and efficient processing timelines</p> <p>Comprehensive IEHP assessment ensuring safe, competent healthcare workers succeed in the process</p> <p>Scope of Practice Review</p>	Medium	<p>Continue to monitor Member demographic data</p> <p>Ongoing engagement with other regulators and system partners (e.g., through HPRO)</p> <p>Continued monitoring of government initiatives related to health human resources</p> <p>Preliminary discussions re utilizing the Limited</p>

Id	Risk Category	Risk Description/Sources of Risk	Potential Impact on CRTO Objectives	Controls/Risk Mitigation	Risk Rating	Treatment/Action
						Certificate of Registration for select IEHP applicants
11	Organizational Operations	<p>Use of Artificial Intelligence (AI) Tools and Systems</p> <ul style="list-style-type: none"> Unauthorized use of AI tools resulting in privacy, confidentiality, or intellectual property breaches Potential inaccuracies or biases in AI-generated outputs leading to operational or regulatory errors Over-reliance on AI tools without sufficient human validation Insufficient internal policies or controls governing appropriate and safe use of AI Increased cybersecurity exposure if unvetted AI systems are used 	<p>Compliance</p> <p>Member Relationships</p> <ul style="list-style-type: none"> Reputational damage <p>Core Business Practices</p>	<p>Internal guidance outlining safe and appropriate use of AI tools – Employee Handbook</p> <p>Staff training on responsible AI use, including privacy, bias, and verification requirements</p> <p>Ongoing monitoring of evolving federal/provincial AI governance frameworks</p> <p>CRTO’s Privacy and Confidentiality Policies</p>	Medium	<p>Finalize and implement the new Use of AI Policy</p> <p>Conduct periodic audits of AI usage across the organization to ensure compliance with policy</p> <p>Review and update IT procurement processes to include AI-specific privacy and security considerations</p> <p>Monitor emerging best practices, legislation, and regulatory expectations regarding AI in the public and regulatory sectors</p> <p>Update existing policies (e.g., Privacy and Confidentiality) with references to AI</p> <p>Provide training to Council and committee members on responsible use of AI</p>

Risk Register/Outlook

Risks		Risk Assessment		Risk Outlook	Notes
Category	Risk Description	Prior Quarter	Current Quarter		
Organizational Operations	01 Significant staff turnover &/or loss of key leadership Loss of critical organization knowledge				The risk continues to be monitored but has been removed from the Risk Register Summary report above, which focuses on risks rated as high or medium.
Organizational Operations	02 Sudden/unexpected substantial increase in expenses and/or decrease in revenue				
Organizational Governance	03 Disruption in the effectiveness of Council				
Organizational Operations	04 IT infrastructure disruption and/or compromise of data integrity.				
Organizational Operations	05 Ineffective communications				The risk continues to be monitored but has been removed from the Risk Register Summary report above, which focuses on risks rated as high or medium.
Organizational Compliance	06 Misalignment with regulatory requirements (Registration)				
Regulatory Professional Practice	07 Insufficient/out-of-date practice information				
Regulatory	08 Unauthorized Practice				
Organizational 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				

Council Briefing Note

AGENDA ITEM # 5.12

March 26, 2026

From:	Carole Hamp, RRT – Registrar & CEO
Topic:	December 2025 Council Meeting Evaluation Summary
Purpose:	For Discussion
Strategic Focus:	Governance & Accountability

PUBLIC INTEREST RATIONALE

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

ANALYSIS

Following each Council meeting, Council members in attendance will complete an anonymous online Meeting Evaluation survey. After the December 12, 2025, Council meeting, 13 Council members (up from nine for the previous meeting) completed the survey. The feedback received is as follows:

- Were the briefing notes and supporting documents sufficiently clear and concise to support your decisions?
 - 100% Yes.
 - Comment – need more details on consent agenda.

- Did discussions remain focused on governance, strategy, and oversight (vs. organizational operations)?
 - 100% Yes

- Did you feel your contributions were valued?
 - 100% Yes

- Please share any suggestions you have for Council education.
 - Compassionate Regulation
 - Member Engagement
 - Professional vs. Public Governance
 - Financials of a not-for-profit entity
 - Cultural Safety, Equity & Regulation

Council Meeting Action Items — December 12, 2025

Item	Responsibility	Action	Status/Timelines
BY-LAW REVISIONS Council approved the revised By-law 3: Membership	CRTO Staff	The revised By-law 3 has been posted on the CRTO website.	Completed
REVISED SCHEDULE OF FEES Council approved the revised Schedule of Fees for the 2026/2027 fiscal year	CRTO Staff	The revised Schedule of Fees has been posted on the CRTO website.	Completed
2026 – 2030 STRATEGIC PLAN Council approved the Strategic Plan for 2026-2030	CRTO Staff	The 2026-2030 Strategic Plan has been posted on the CRTO and communicated to Members and system partners. A detailed work plan and key performance indicators have been drafted.	Completed In progress
REVISED PROFESSIONAL DEVELOPMENT POLICY Council approved the revised PDP Policy	CRTO Staff	The revised PDP Policy has been posted on the CRTO website and implemented in the QA processes.	Completed
REVISED CRTO STANDARDS OF PRACTICE Council approved the revised Standards of Practice	CRTO Staff	The revised Standards of Practice document has been posted on the CRTO website and communicated to Members.	Completed
REVISED COMMUNITY RESPIRATORY THERAPY PRACTICE PPG Council approved the draft revised Community Respiratory Therapy Practice PPG	CRTO Staff	The draft revised Community Respiratory Therapy Practice PPG has been posted on the CRTO website and communicated to Members.	Completed
REVISED PROFESSIONAL MISCONDUCT REGULATION Council approved the revised Professional Misconduct Regulation for consultation	CRTO Staff	The draft revised Professional Misconduct Regulation has been posted on the CRTO website for consultation.	Completed

Council Briefing Note

AGENDA ITEM 6.1

March 26, 2026

From:	Carole Hamp, RRT - Registrar & CEO
Topic:	Financial Statements – March 1, 2025, to February 28, 2026
Purpose:	For Information
Strategic Focus:	Core Business Practices: Clear financial alignment with strategic priorities.
Attachment(s):	Appendix A: Balance Sheet Summary Report Appendix B: Income Statement Summary Report

PUBLIC INTEREST RATIONALE:

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

ISSUE:

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

BACKGROUND:

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

ANALYSIS:

Balance Sheet Summary Report

- When compared to this same time in the previous fiscal year, there is a slight decrease in total assets of \$43,205.28, along with a reduction in total liabilities by \$159,074.09.

Income Statement Summary Report

- Total revenue higher than budgeted by \$88,156.71 due to slightly higher than anticipated increased in membership and decrease in attrition.
- Total expenses are less than budgeted by \$59,315.
- Most significant variance is in Consulting due to higher-than-anticipated expenses associated with the strategic plan.
- There is only \$7,400 remaining in the Scope of Practice fund (\$1,400 as of March 1st).

Appendix A: Balance Sheet Summary Report

Total Liabilities & Equity	\$ 4,187,929.69	\$ 4,231,131.47
Balance Sheet Summary		
	As of February 28, 2026	As of February 28, 2025
Assets		
<i>Current Assets</i>		
Cash and Cash Equivalent	\$ 2,196,500.65	\$ 2,330,398.20
Accounts Receivable	\$ -	\$ -
Prepays	\$ 58,728.83	\$ 52,086.25
Total Current Assets	\$ 2,255,229.48	\$ 2,382,484.45
<i>Non-Current Assets</i>		
Property, Plant and Equipment	\$ 127,936.74	\$ 123,054.54
Investments	\$ 1,804,759.97	\$ 1,725,592.48
Total Assets	\$ 4,187,926.19	\$ 4,231,131.47
Liabilities		
Accounts Payable	\$ 338.19	\$ 7,215.28
Accrued Liability	\$ 103,395.87	\$ 102,642.87
Deferred Revenue	\$ 2,238,325.00	\$ 2,391,275.00
Total Liabilities	\$ 2,342,059.06	\$ 2,501,133.15
Net Assets		
General contingency reserve fund	\$ 500,000.00	\$ 500,000.00
Reserve for funding of therapy	\$ 20,000.00	\$ 20,000.00
Reserve for Fee Stabilization	\$ 150,000.00	\$ 150,000.00
Reserve for investigations and hearings	\$ 150,000.00	\$ 150,000.00
Special projects reserve fund	\$ 270,000.00	\$ 300,000.00
Total Restricted funds	\$ 1,090,000.00	\$ 1,120,000.00
Retained Earnings	\$ 609,998.32	\$ 379,444.90
Profit for the Year	\$ 145,868.81	\$ 230,553.42
Total Equity	\$ 1,845,867.13	\$ 1,729,998.32
Unrestricted Reserves	\$ 755,867.13	\$ 609,998.32

Appendix B: Income Statement Summary Report

Code	Income statement summary	Total Budget 2025/26 FY	YTD Budget	YTD Actual	Variance YTD actual - Budget YTD Over / (Under)	Variance % (=F/D)	Actuals FY25 (March-Feb25)
0	Revenue	\$ 2,843,350.00	\$ 2,843,350.00	\$ 2,900,006.71	\$ 56,656.71	1.99%	\$ 2,833,731.17
0.5	Competency Assessment Income	\$ 36,000.00	36,000.00	67,500.00	31,500.00	87.50%	51,500.00
	Total Revenue	\$ 2,879,350.00	2,879,350.00	2,967,506.71	88,156.71	3.06%	2,885,231.17
0.6	Competency Assessment Expense	\$ 57,000.00	57,000.00	70,121.14	13,121.14	23.02%	47,520.61
1	Wages and benefits	\$ 1,815,570.00	1,815,570.00	1,828,950.12	13,380.12	0.74%	1,651,259.82
2	Occupancy costs	\$ 70,000.00	70,000.00	49,592.89	(20,407.11)	-29.15%	235,055.40
3	Professional services	\$ 91,000.00	91,000.00	91,971.19	971.19	1.07%	101,448.05
4	Investigation and hearing expense	\$ 175,000.00	175,000.00	145,091.96	(29,908.04)	-17.09%	155,370.34
5	Technology / Website	\$ 187,000.00	187,000.00	167,715.56	(19,284.44)	-10.31%	184,603.85
6	General operating expenses	\$ 129,530.00	129,530.00	98,736.85	(30,793.15)	-23.77%	132,976.06
7	Credit card and Paypal fees	\$ 111,400.00	111,400.00	136,408.18	25,008.18	22.45%	108,308.32
8	Membership and dues	\$ 53,250.00	53,250.00	41,222.07	(12,027.93)	-22.59%	40,331.50
9	Quality assurance expenses	\$ 60,000.00	60,000.00	57,325.00	(2,675.00)	-4.46%	58,809.00
11	Unrealized (gains) losses	\$ -	-	-	-		(144,541.67)
12	Council and committee	\$ 95,100.00	95,100.00	74,107.68	(20,992.32)	-22.07%	71,885.27
14	Consulting	\$ 30,000.00	30,000.00	67,488.89	37,488.89	124.96%	10,634.90
99	Equipment purchased	\$ 4,500.00	4,500.00	306.37	(4,193.63)	-93.19%	618.59
	Total Expenses	\$ 2,879,350.00	2,879,350.00	\$ 2,829,037.90	\$ (50,312.10)	-1.75%	\$ 2,654,280.04
	Net Income	\$ -	-	\$ 138,468.81	\$ 138,468.81		\$ 230,951.13
	<i>Scope of Practice (from SPRF)</i>	<i>\$30,000</i>		\$ 7,400.00			
		\$ 2,909,350.00		\$ 145,868.81			

Council Briefing Note

AGENDA ITEM # 6.2

March 26, 2026

From:	Carole Hamp, RRT – Registrar & CEO
Topic:	Draft 2026/27 Budget
Purpose:	For Decision
Strategic Focus:	Governance & Accountability
Attachment(s):	Appendix A: DRAFT 2026/27 Budget
Motion(s):	<p>1. It is moved by _____ and seconded by _____ that: The Council approves the transfer of \$30,000 out of the CRTO’s Special Project Reserve Fund and into the Scope of Practice budget line.</p> <p>2. It is moved by _____ and seconded by _____ that: The Council approves the draft 2026/27 budget.</p>

PUBLIC INTEREST RATIONALE

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

ISSUE

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

BACKGROUND

Budget Presentation

Our former Finance and Audit Committee Chair, Michelle Causton, developed a budget presentation format for the CRTO to help the Executive Committee and Council understand how the College’s resources support its statutory mandate to protect the public. CRTO staff also consulted with our Auditor and reviewed budget presentations from other Colleges to establish

best practices for budget presentations for a non-profit regulatory body. Our research illustrated that the presentation should include:

- Actual Prior Year
- Approved Budget
- Proposed Budget
- Change (\$ & %)

The key considerations when reviewing the proposed budget are whether it supports:

- the College's statutory mandate of public protection?
- its Strategic Plan priorities?
- financial sustainability?
- the key operational and regulatory initiatives for the coming year?

Special Projects Reserve Fund

\$30,000 was previously moved from the Special Projects Reserve Fund to cover the costs associated with the Scope of Practice submission to the MOH. These funds have been used to retain a Government Relations firm to assist with strategic framing and messaging for our proposal. Initially, the plan was to only use the GR firm's services during the development of the proposal. However, the Steering Committee feels it would be advantageous to continue to have their support during the consultation phase, which will occur after the proposal is submitted, to help identify potential stakeholder sensitivities that may influence the Ministry's review.

In addition to the proposed transfer of funds into the Scope of Practice budget line, the following are the highlights of the 2026/27 budget:

Revenue

- **Registration Fees** – Positive revenue variance due to 50% lower attrition in 2025/26 than 2024/25. Planning for a modest increase in membership in the coming fiscal year.
- **Competency Assessment** - Revenue vs. Expenses do not align due to the timing of payments and assessments.
- **Other Income** – Amount is higher due to having moved Interest Income from Investment to this budget line on the advice of our Auditor.
- **Investment Income** - Returns performed better than it appears because the approved budget included Interest Income (as above).

Expenses

- **Wages & Benefits** – We were on budget for the past fiscal year and have added to this budget line in 2026/27 to account for the hiring of one additional full-time staff member. This will enable the CRTO to deliver its core functions more effectively, maintain timely regulatory processes, and respond to growing expectations from

government and other external agencies. Wages and benefits typically represent 60–70% of operating costs

- **Operational Expenses** – Overbudget due to higher than anticipated Consulting costs associated with the Strategic Plan.
- **Occupancy Costs** – The transition from our previous office space and the ongoing costs at our new location were less than anticipated. Therefore, we have adjusted this budget line for the coming fiscal year. In addition, we received a \$7,000 credit from our previous lease agreement.
- **Investigations & Hearings** – Not all expenses for the 2025/26 fiscal year have come in yet, so the final total for this budget line will likely be a bit higher. Nevertheless, we have adjusted to projected costs for 2026/27.
- **Database & Technology** – Costs were less than expected, but are still ongoing as we move toward the launch of our next database and added further enhancements to our cybersecurity infrastructure.
- **Payment Processing Costs** – The increased in Members means more people are paying by credit cards; therefore, higher credit card costs. While this results in higher transaction costs, it improves payment efficiency, reduces administrative processing, and aligns with Members’ expectations for secure and convenient online payment options.
- **Governance** – Includes many of the costs incurred by the CRTO to remain engaged with its system partners (e.g., HPRO, Accreditation Canada, CNAR, RT educational programs, member outreach).
- **Quality Assurance Expenses** – Actual aligned with budget. Implementation of the Professional Development Program evaluation is not expected to result in increased costs, as most of the recommended revolve around enhanced communication.
- **Council & Committee Expenses** – Increase in allocation of funds to support two in-person Council meetings.

ANALYSIS

Executive Budget Overview

- **Projected Total Revenue** - \$2,934,700.00
- **Projected Total Expenses** - \$2,934,700.00
- **Projected Surplus/Deficit** - \$0

RECOMMENDATION

That the Executive Committee approves and recommends that Council approve the following:

- the transfer of \$30,000 out of the CRTO’s Special Project Reserve Fund and into the Scope of Practice fund; and
- the 2026/27 budget.

Appendix A: DRAFT 2026/27 Budget

	Actual 2025/26 Year End (unaudited) \$	Approved 2025/26 Budget \$	% of Total	Proposed Budget \$	% of Total	Change from Approved Budget \$	Change from Approved Budget %
Registration Fees	2,763,775	2,717,600	96.3%	2,817,700	96.0%	100,100	3.68%
Competency Assessment (net) See belo	(2,621)	(21,000)	-0.7%	(2,000)	-0.1%	19,000	-90.48%
Other Income	57,064	15,750	0.6%	59,000	2.0%	43,250	274.60%
Investment Income	79,167	110,000	3.9%	60,000	2.0%	(50,000)	-45.45%
Total Revenue	2,897,386	2,822,350	100.0%	2,934,700	99.9%	112,350	3.98%
Wages and Benefits	1,828,950	1,815,570	64.3%	2,002,800	68.2%	187,230	10.31%
Operational Expenses	211,164	200,030	7.1%	202,000	6.9%	1,970	0.98%
Occupancy Costs	42,439	64,000	2.3%	46,700	1.6%	(17,300)	-27.03%
Investigation & Hearing	145,092	175,000	6.2%	130,000	4.4%	(45,000)	-25.71%
Data Base and Technology	213,459	237,000	8.4%	218,000	7.4%	(19,000)	-8.02%
Payment Processing Costs	136,408	111,400	3.9%	136,200	4.6%	24,800	22.26%
Governance	49,972	64,250	2.3%	55,000	1.9%	(9,250)	-14.40%
Quality Assurance Expenses	57,325	60,000	2.1%	60,000	2.0%	-	0.00%
Council and Committee Expenses	74,108	95,100	3.4%	84,000	2.9%	(11,100)	-11.67%
Total Expenses	2,758,917	2,822,350	100.0%	2,934,700	100.0%	112,350	3.980%
Surplus / (Deficit)	138,469	-		-		\$ -	
Competency Assessment Revenue	67,500	36,000		61,000			
Competency Assessment Expenses	70,121	57,000		63,000			
Net Competency Assessment	(2,621)	(21,000)		(2,000)			



College of Respiratory
Therapists of Ontario

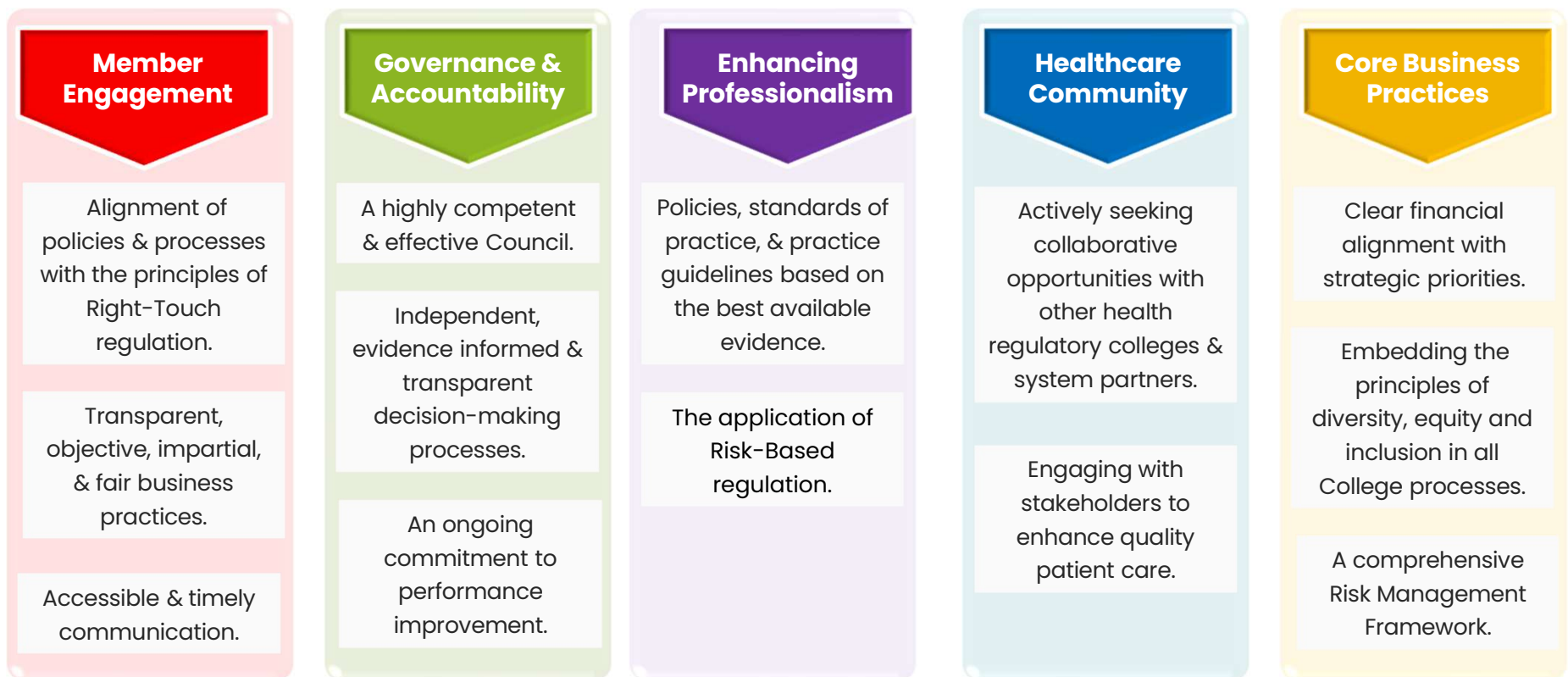
Ordre des thérapeutes
respiratoires de l'Ontario

2021 – 2025 Strategic Direction Quarterly KPIs Report

March 26, 2026

CRTO Staff

CERTO 2021 – 2025 Strategic Direction



Member Engagement
(6 Key Priorities)

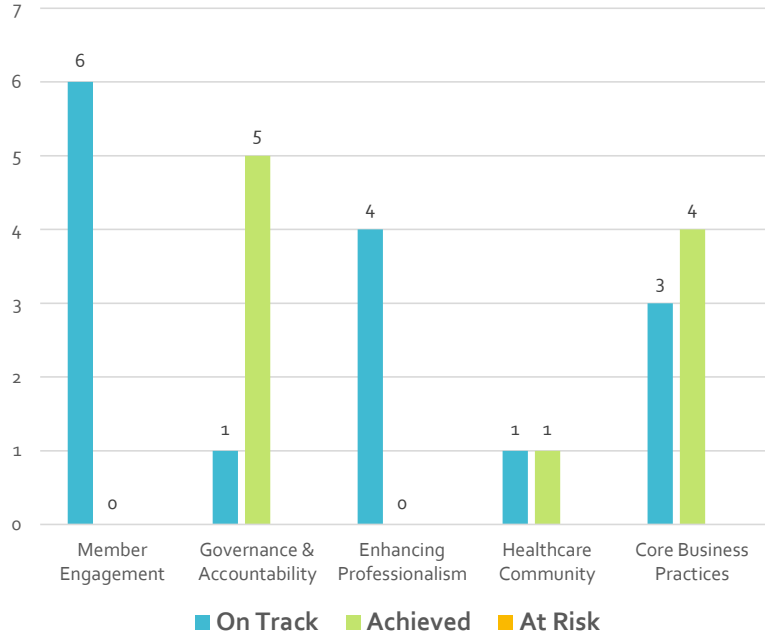
Governance & Accountability
(6 Key Priorities)

Enhancing Professionalism
(4 Key Priorities)

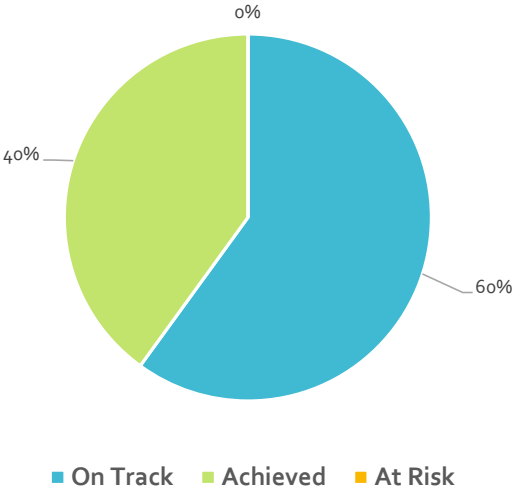
Healthcare Community
(2 Key Priorities)

Core Business Practices
(7 Key Priorities)

Key Priorities (Summary)

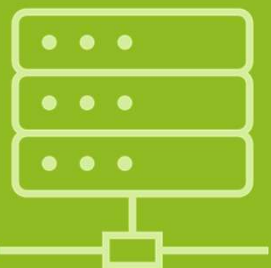


Key Priorities (Summary)



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to
performance
improvement

CORE PROGRAMS



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

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

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

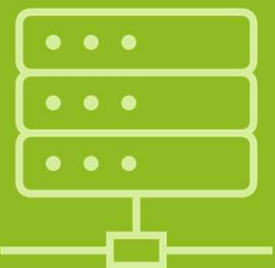
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performance
improvement

CORE PROGRAMS

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

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

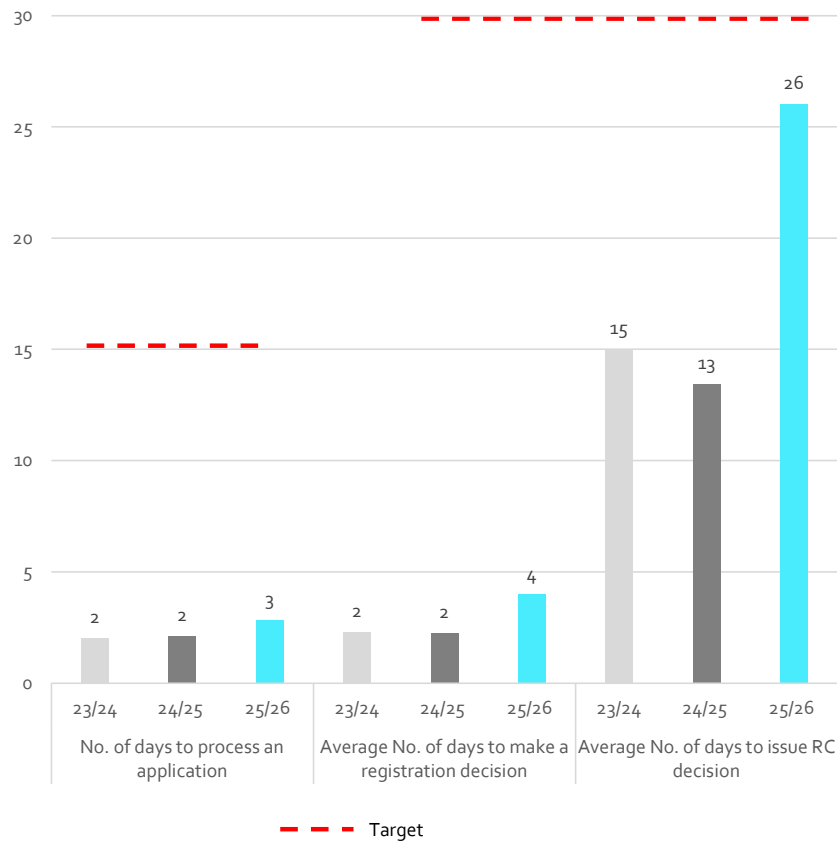
A **monitoring measure** provides information about the CRTO's performance in areas where targets have not been set. Evaluating this information may contribute to future strategic or operational planning and policy development.



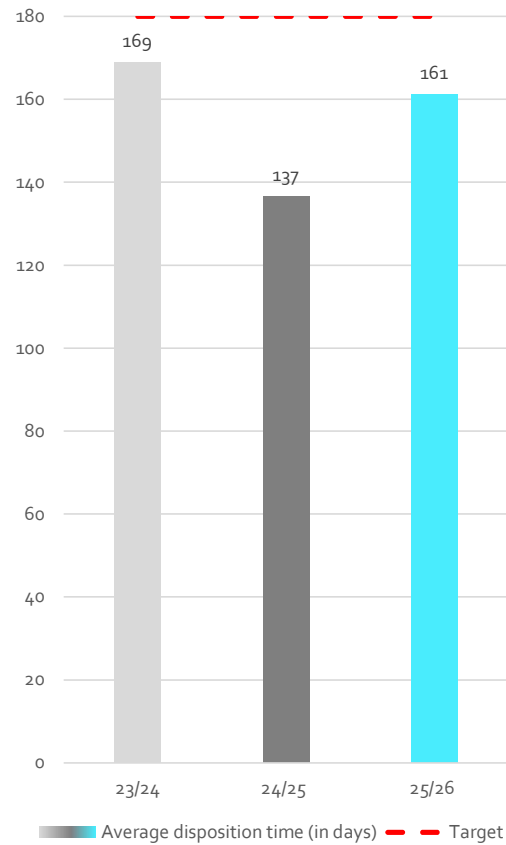
Performance Measures – Summary

Registration, Professional Conduct and Communications

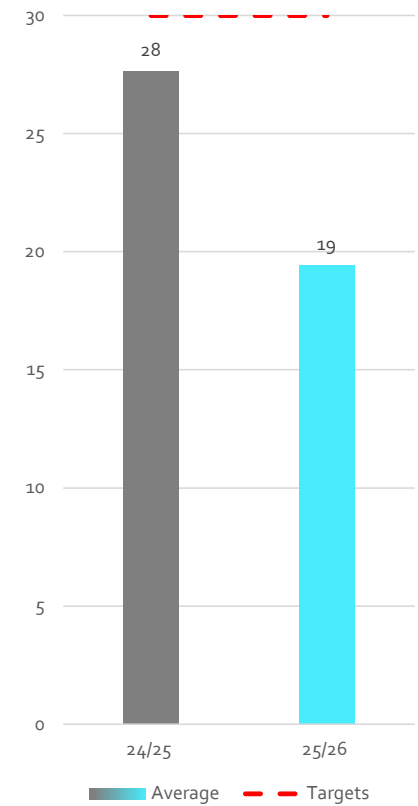
Registration



Professional Conduct



Communications Document Posting Time

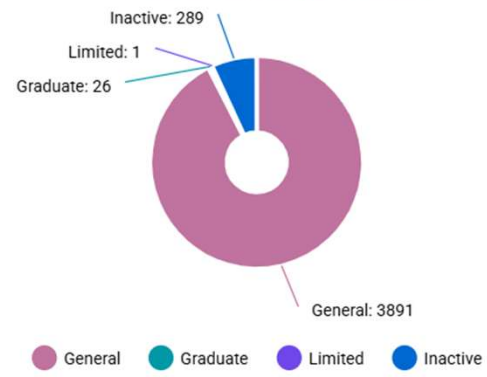


4207 Members

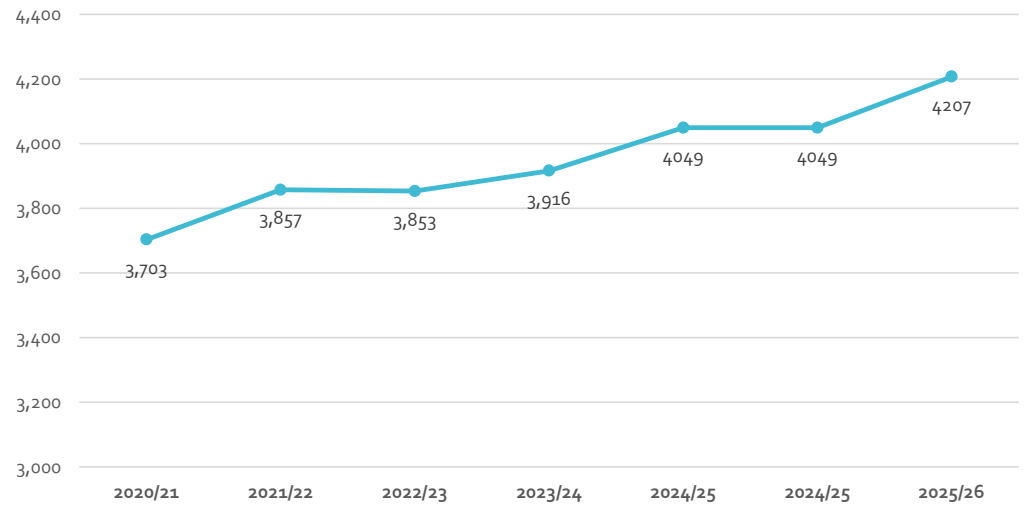


+56 Members

Membership Class



Total Number of Members

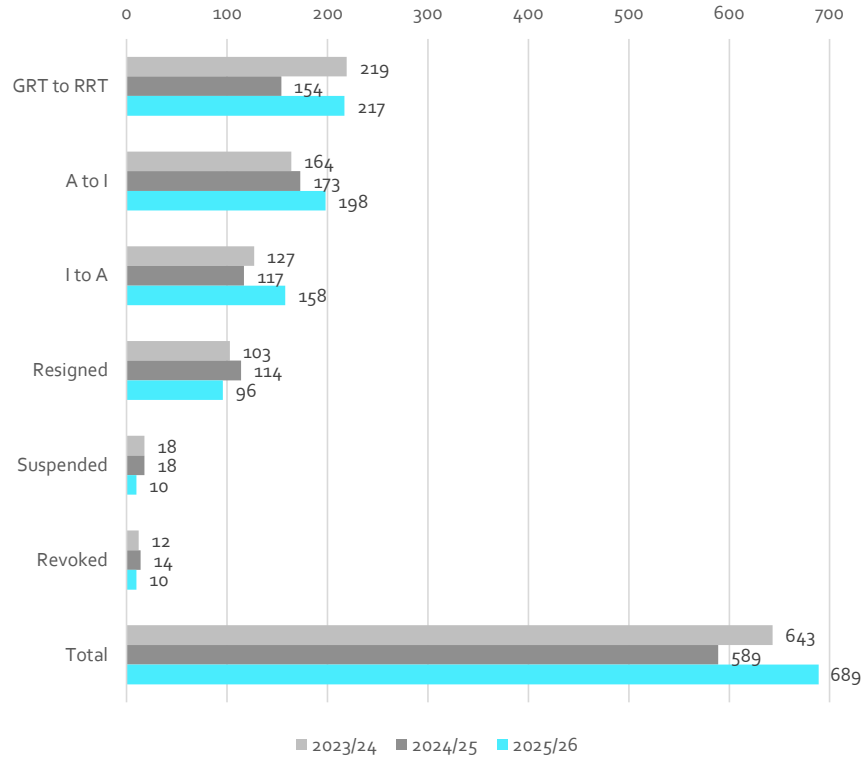


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STATUS CHANGES

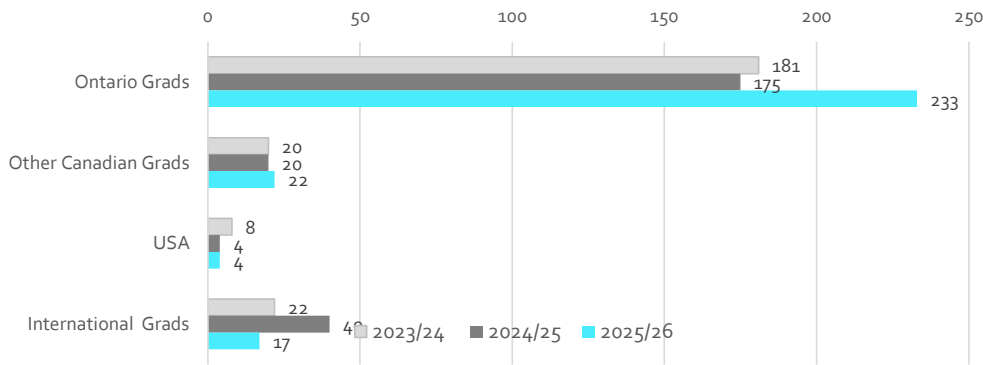
PROCESSED (2025/26)

689

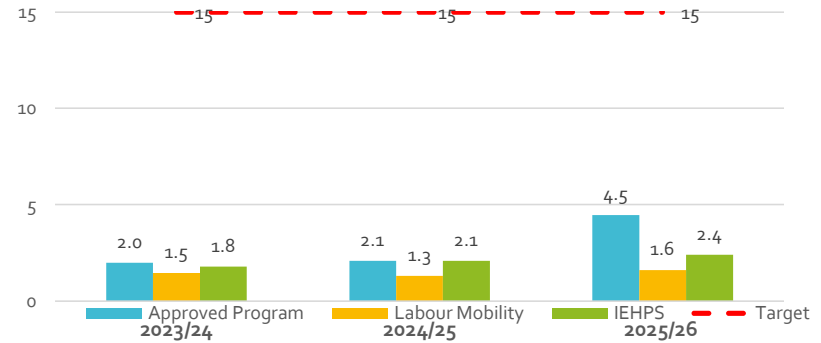


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REGISTRATION (March 2025 – February 2026)

New Applications Received

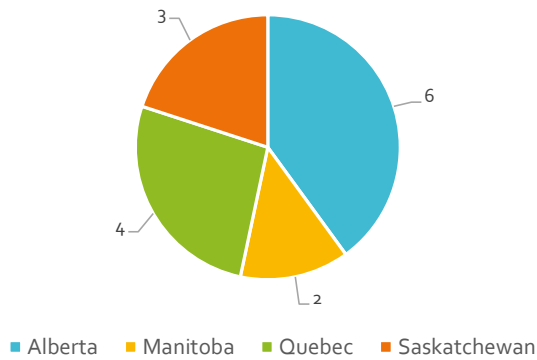


No. of days to process an application* (average)

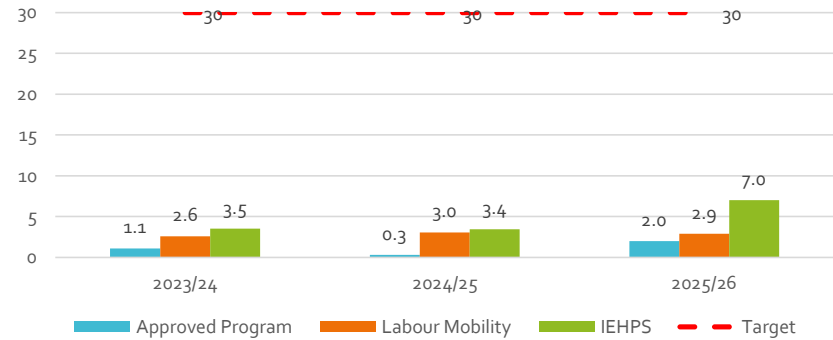


*from date of application received to "next steps" email

2025/26 Labour Mobility Applications



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



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

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REGISTRATION (as on Feb. 28, 2026)

31 ACTIVE IEHP ASSESSMENT FILES

17

IEHP applicants in the process of submitting the required supporting documentation

11

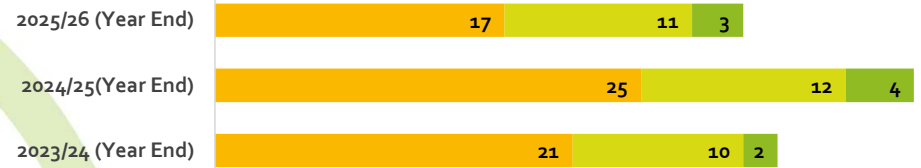
Applicants referred to the assessment who have completed or are in the process of completing the program review & interview stage

3

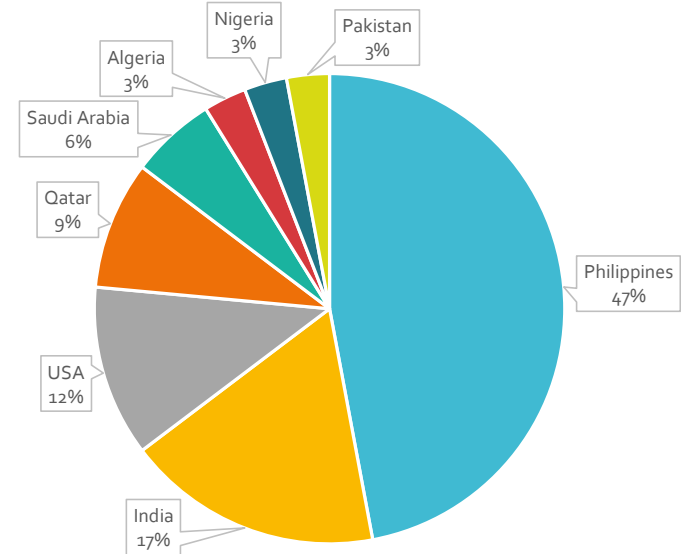
Applicants at the Clinical Skills Assessment stage (scheduled to complete or waiting for results)

ACTIVE IEHP ASSESSMENT FILES

Application Referral-BDI CSA

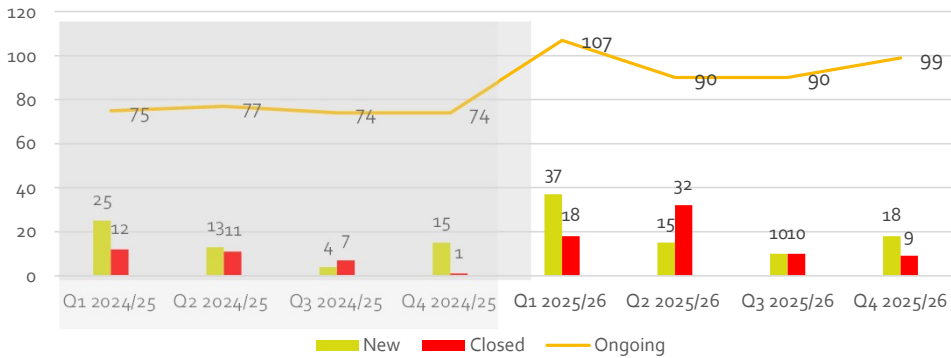


2025/26 IEHP Applicants by Country of Education

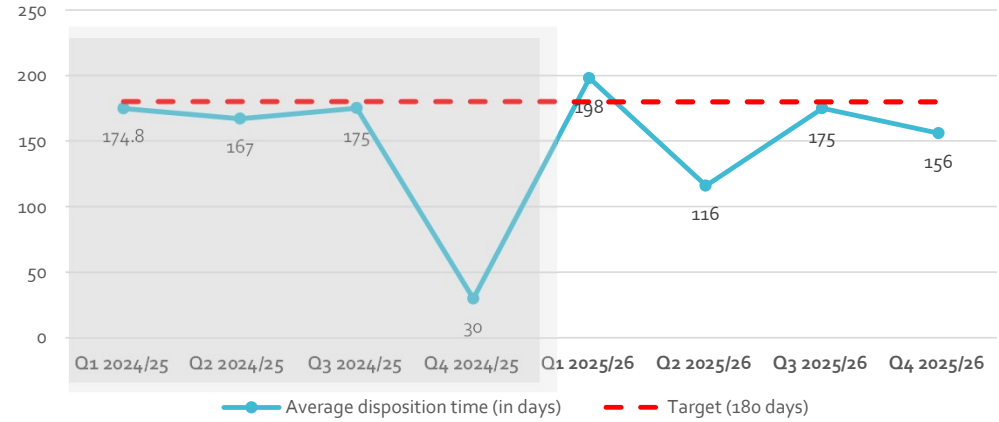


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PROFESSIONAL CONDUCT (March 2025 – February 2026)

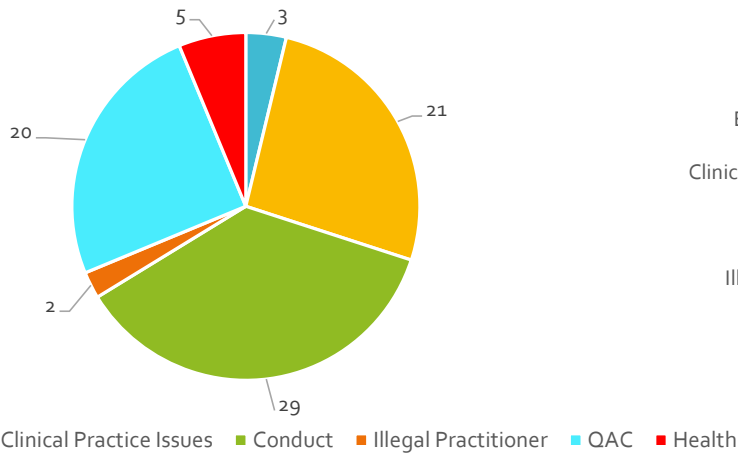
New, ongoing, closed complaints/reports files



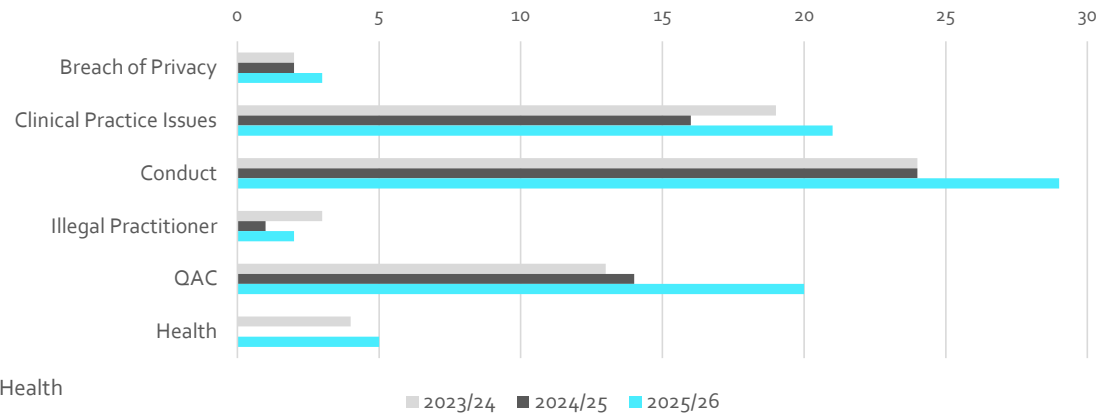
Average disposition time (in days)



New Complaints and Reports by Theme (Year End)

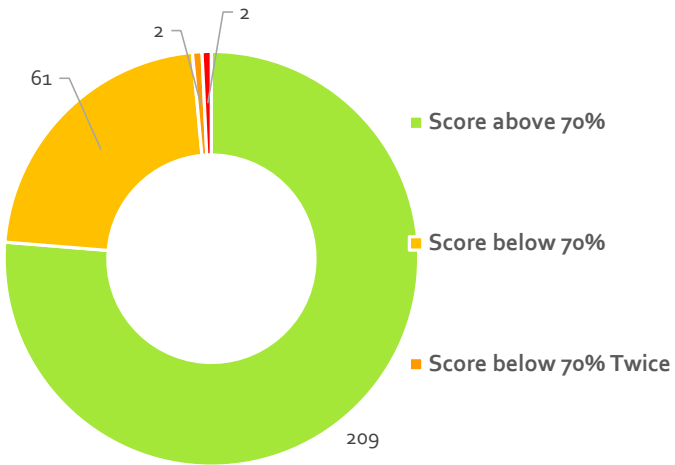


New Complaints and Reports by Theme (compared to last two years)

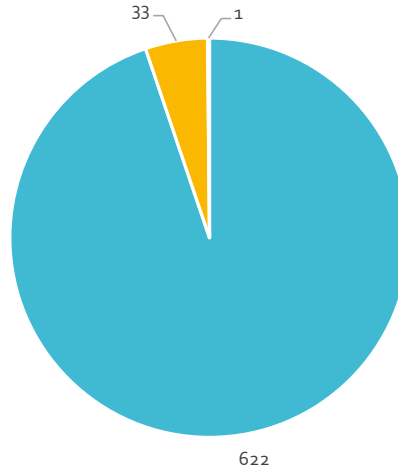


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QUALITY ASSURANCE (March 2025 – February 2026)

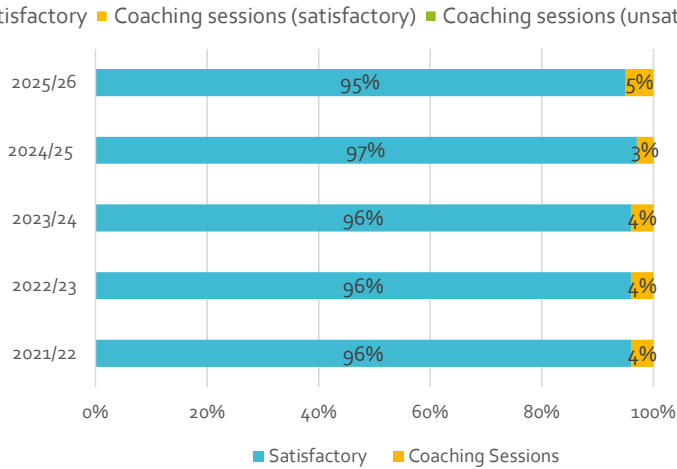
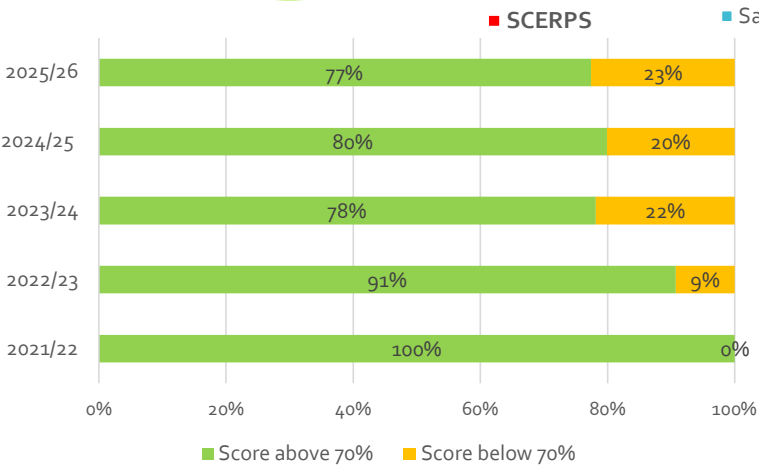
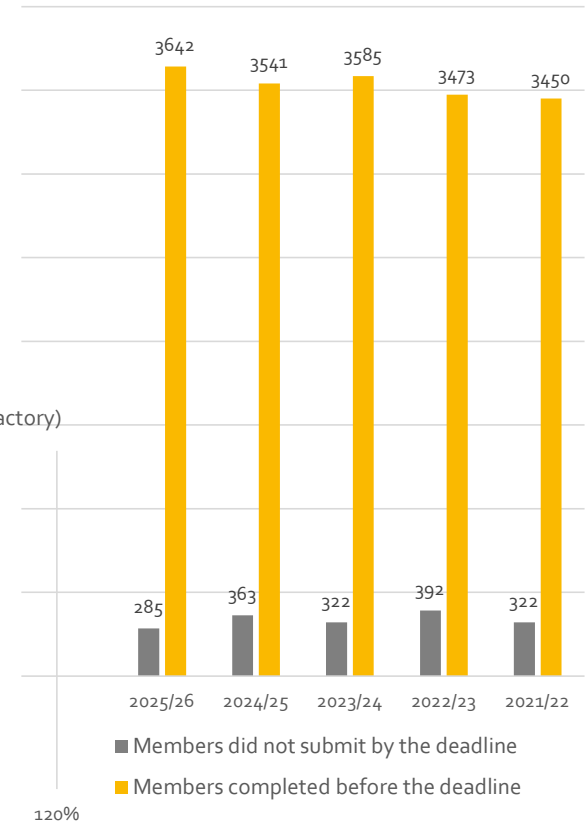
Launch RT (2025/26)



PORTfolio 2025/26

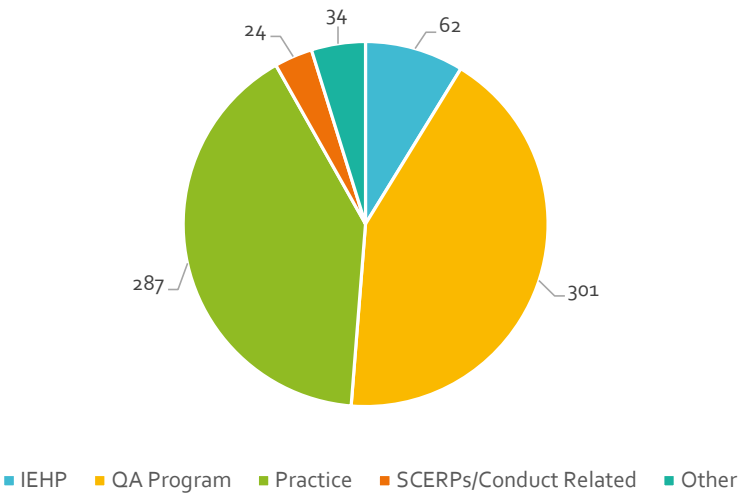


Relevant



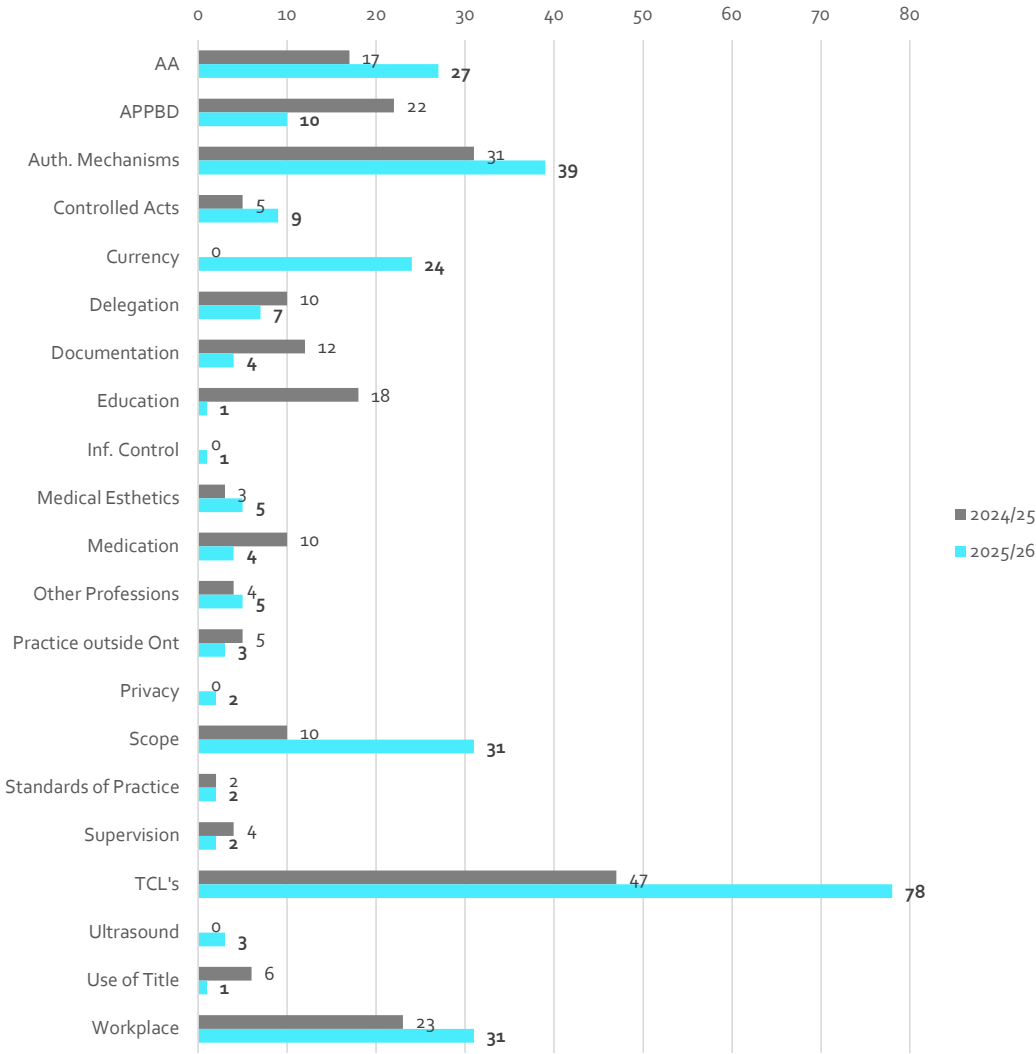
Total Number of Inquiries Received **708**

Quality Practice Inquiries by Theme (Year End)



Quality Practice Outreach – System Partner Meetings/Presentations **38**

Practice Inquiries by Theme



Accessible & timely COMMUNICATIONS (March 2025 – February 2026)

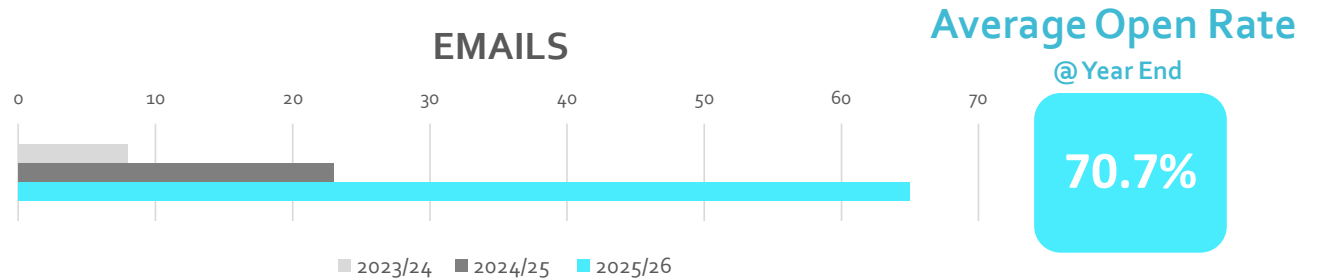


Top 3 most visited webpages:

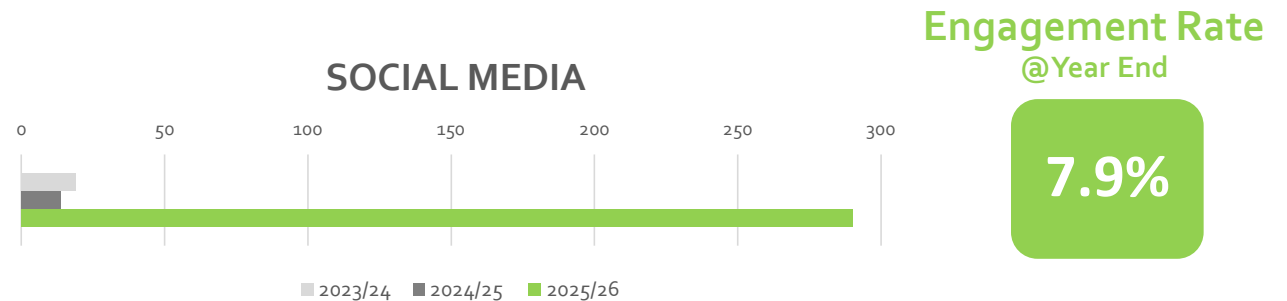
- Home Page (42K)
- Members (12K)
- Public (10K)

Where website visitors are from (top 5):

- **Canada** (32K)
 - Ontario (27K)
 - Quebec (3.1 K)
 - BC (1K)
 - Alberta (739)
- **United States** (1.8K)
- **India** (600)
- **Philippines** (263)
- **Colombia** (235)



Our emails reached a **70.7% open rate**, well above the healthcare sector average of **25–35%**.



Follower Count: LinkedIn – increased from 1,502 to 1,646; BlueSky – increased from 33 to 37.

Our LinkedIn **engagement rate of 7.9%** is notably higher than the healthcare industry average of approximately **2.8–3.3%**.

Enhancing Professionalism

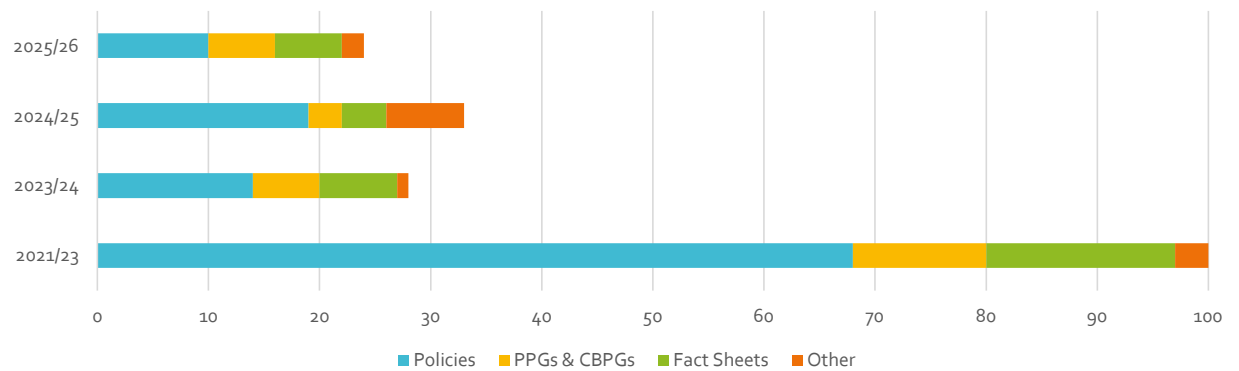
Policies, standards of practice, & practice guidelines based on the best available evidence.

The application of Risk-Based regulation.

188*

Policy documents reviewed, developed or archived under the Policy Framework

* Since the implementation of the Policy Framework in 2021



52*

 policy documents posted for consultation

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OPERATIONS – Finance

BALANCE SHEET	Feb. 29, 2024	Feb. 28, 2025	Feb. 28, 2026
Current Ratio (CR) Compares total current assets to total current liabilities to determine if an organization has sufficient resources to meet its short-term obligations (should be 1.0 or higher).	1.6	1.5	1.1
Debt Ratio (DR) Compares total liabilities to total assets to determine the level of debt held by an organization [the lower the number (e.g., < 0.5), the greater the stability of the organization].	0.6	0.65	0.55
Cash Reserve (CR) Compares cash/ cash equivalents and average monthly expenses to determine how long an organization could stay in operation just using its cash on hand.	10 months	10.3 months	10 months

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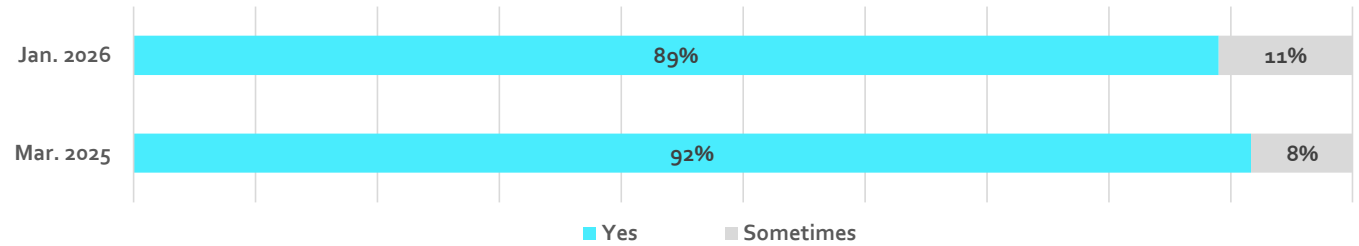
OPERATIONS – Finance

INCOME STATEMENT	Feb. 29, 2024	Feb. 28, 2025	Feb. 28, 2026
Bottom Line (BL) Compares revenue to expenses to determine if an organization has a surplus, deficit or break-even financial status.	\$86,843.95	\$73,939.25	\$229,297.38
Revenue Growth Rate % (RGR%) Compares current revenue to the revenue for the same previous time period to determine by what percentage revenue is growing.	6.1%	8.5%	2.9%
Expense Growth Rate % (EGR%) Compares current expenses to the expenses for the same previous time period to determine by what percentage expenses are growing.	2.0%	9.3%	3.1%

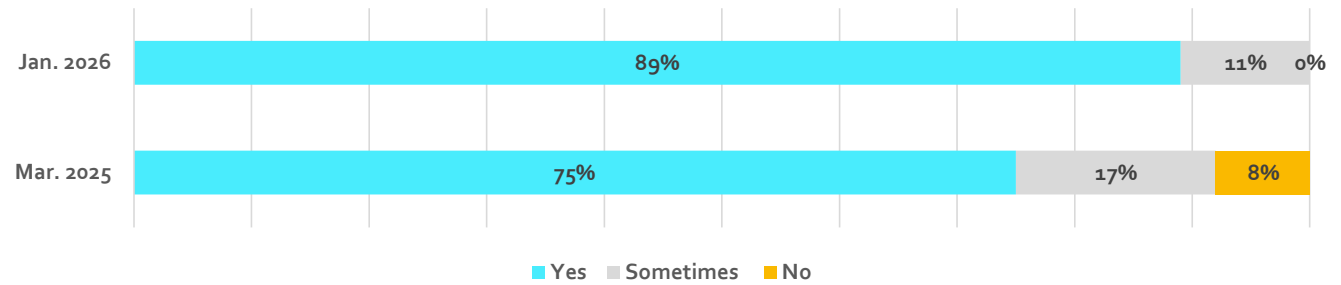
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OPERATIONS – Staff Satisfaction Survey (March 2025 and January 2026)

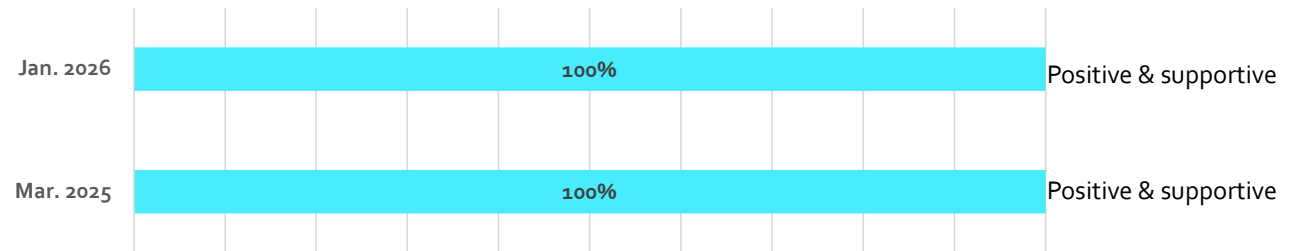
Do you believe your workplace promotes diversity and inclusion?



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



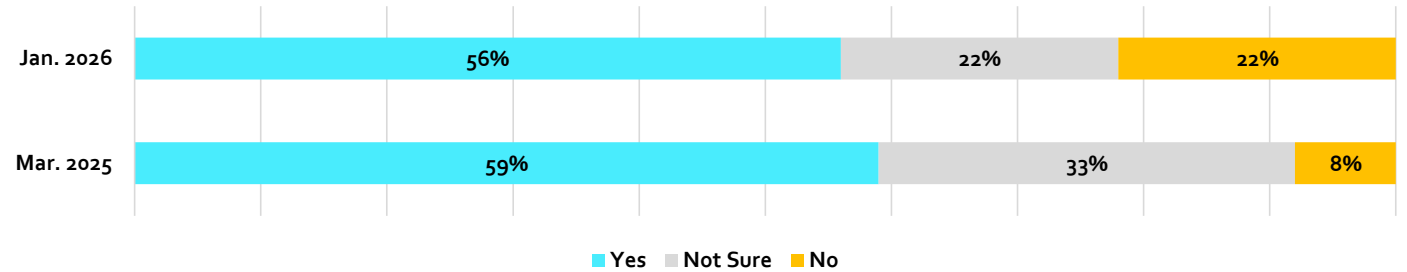
How would you describe the company culture?



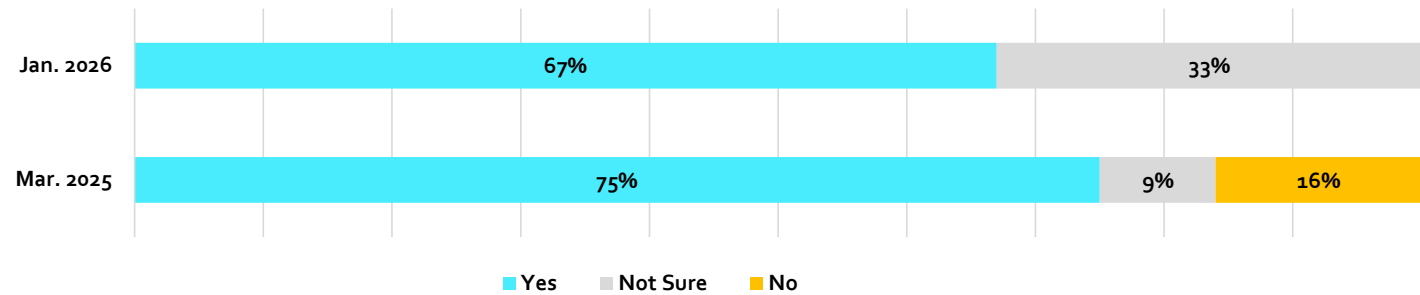
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OPERATIONS – Staff Satisfaction Survey (March 2025 and January 2026)

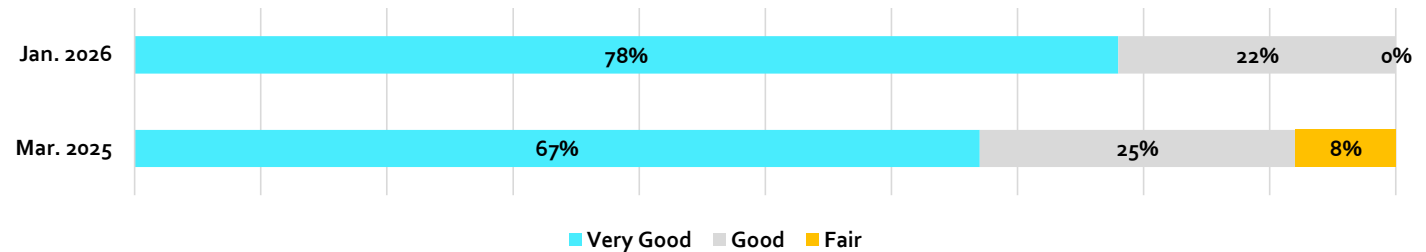
Do you believe your compensation is fair for your role and responsibilities?



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



How would you rate communication within the organization?



2021 – 2025
Strategic
Direction

Quarterly KPIs



ITEM 6.4

STRATEGIC PLAN – PROGRESS TRACKING 2022 – 2025

Updated February 2026

Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Highlights	2025-26 Highlights	STATUS
Member Engagement					
Alignment of policies & processes with the principles of Right-Touch regulation.					
Evidence-informed approach to QA selection, assessments & remediation.	<ul style="list-style-type: none"> • Professional Development Program Policy – reviewed and updated. • Began the planning phase of a full Professional Development Program Review. <ul style="list-style-type: none"> ○ Conducted a consultation process with other regulatory Colleges regarding their processes and experiences with a full Professional Development Program (PDP) review. 	<ul style="list-style-type: none"> • Professional Development Program Review – in progress. • Professional Development Program Policy – updated with references to the new Emergency Class of Registration. • Professional Development Program Deferral Policy – revised to reflect the timelines for submitting a deferral request. 	<ul style="list-style-type: none"> • Data collection regarding Launch failures has been reviewed for 2024 to investigate trends, potential causes/solutions. Schools that ranked higher in failures will be notified and opportunities to present to their students will be offered. 	<ul style="list-style-type: none"> • Expanded targeted education on commonly misunderstood topics through social media. • Completed the PDP review. • Launched a second-year student presentation series with Ontario RT programs focused on jurisprudence assessment. • Evaluated remediation effectiveness through a post-Portfolio coaching-session survey. • Added a practice assessment option to support Members with low Portfolio performance. • Continued supporting PC/RC with development of tailored remediation e-learning modules. 	<ul style="list-style-type: none"> ● ON TRACK
Framework for the prioritization of investigations, complaints, & reports.	<ul style="list-style-type: none"> • Completed an external review of all Professional Conduct (PC) processes and have begun implementing the recommendations, including developing a mechanism for tracking and reporting the status of all cases. • Ongoing refinement of PC processes to prioritize investigations, complaints, and reports. • Started gathering data on the timelines of matters resolved for an analysis of the effectiveness of the changes undertaken in the PC process. 	<ul style="list-style-type: none"> • Relying on the data obtained from a review of previously received matters, the Professional Conduct (PC) department continued to refine the PC processes, including: <ul style="list-style-type: none"> ○ Assessing options for investigations, ICRC decision reviews and accessible correspondence ○ Developing new complaints and reports process intake documents and updating current templates ○ Introducing changes to the ICRC decision writing process to expedite the disposition timelines. ○ Assessing the CRTO’s redaction procedures with the aim to reduce timeliness. 	<ul style="list-style-type: none"> • Ongoing development of a new case management database. • PC staff retained some investigations internally to provide for more timely and efficient investigation outcomes. • New reporting system by external investigators was developed with the aim of facilitating CRTO oversight of investigations and reducing timelines. 	<ul style="list-style-type: none"> • Ongoing development of a new case management database. • Continued handling select investigations internally to improve timeliness and efficiency. • Updated case records to support stronger use of precedent by the Registrar and ICRC. • Drafted select ICRC decisions internally to support more timely outcomes. 	<ul style="list-style-type: none"> ● ON TRACK

Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Highlights	2025-26 Highlights	STATUS
Transparent, objective, impartial, & fair practices.					
Clear direction regarding the registration requirements for all applicants.	<ul style="list-style-type: none"> • 9 Registration Policies reviewed and updated. • 3 Registration Fact Sheets reviewed and updated and/or developed. • Updated and reviewed the Guide to TCLs Imposed by the Registration Committee. • Retained a consulting agency to align the CRTO's approved language proficiency standards to the federally approved language proficiency tests for Canadian Immigration. • Updated the Applicants' web pages with relevant links. • Conducted a detailed review of the Registration Verification Form with members of the National Alliance. • Conducted a comprehensive review of the Registration Regulation (O. Reg. 17/12 General – Part VIII) with a plan to present it to Council for approval for circulation to our stakeholders. 	<ul style="list-style-type: none"> • Registration Regulation (O. Reg. 596/94 General – Part VIII) – conducted a comprehensive review of the Registration Regulation. Changes related to the new Emergency Class have been approved and are now in effect. Other changes are pending government approval. • Conducted a detailed review of several policy documents related to the Emergency Class and "As of Right" provisions. • Updated the CRTO website, registration guidelines and Fact Sheets with references to the Emergency Class, "As of Right" provisions and the new Clinical Skills Assessment fee. • New Clinical Skills Assessment scenario was developed by the Internationally Educated Health Professionals (IEHP) working group. • Drafted a new Vulnerable Sector Checks Policy, the draft policy was sent out for consultation. 	<ul style="list-style-type: none"> • Following approval of the new Vulnerable Sector Checks (VSC) Policy, created a new VSC webpage and updated the Application Guides and relevant webpages with information regarding the VSC requirement. • Drafted a new Emergency Registration Form and Guide. These documents will be available on the CRTO's website when the Emergency Class is open to applicants. • Developed a new Statement of Professional Standing webpage and form. • Updated the approved RT Programs webpage in response to changes in education programs accreditation status. • Reviewed and updated several registration policies, guides and webpages to ensure that they are consistent with the new Registration Regulation. 	<ul style="list-style-type: none"> • Developed a Labour Mobility Fact Sheet to replace the rescinded policy. • Continued updating registration policies and guidance to improve clarity for applicants. • Developed targeted communications (webpage and FAQs) to support implementation of the new currency condition. • The RC approved Canadian RT programs based on their accreditation status with Accreditation Canada. The CRTO's Approved RT Programs webpage has been updated accordingly. • Began a comprehensive review of registration letter templates to improve clarity and readability. 	● ON TRACK
A complaints process supported by publicly accessible policies & procedures.	<ul style="list-style-type: none"> • 4 Professional Conduct (PC) policies reviewed and updated. • Developed the Funding for Therapy and Counselling Program Fact Sheet. • Ongoing analysis for identifying a need for additional Professional Conduct policies and the development of new policies as they are identified. 	<ul style="list-style-type: none"> • Ongoing analysis for identifying a need for additional Professional Conduct policies. • The Complaints Process Guide was revised to reflect our current process. • Reviewed and updated three Fact Sheets, two related to mandatory reporting obligations and one to the Funding for Therapy and Counselling Program. 	<ul style="list-style-type: none"> • Implemented new online complaints and reports feedback survey to better understand the experience of Complainants and Members who go through the CRTO's professional conduct processes. • Updated the Alternative Dispute Resolution Fact Sheet. 	<ul style="list-style-type: none"> • Utilized a feedback form for system partners to inform our process going forward. • Revised templates and correspondence with a view to enhancing transparency and clarity in communication with system partners. 	● ON TRACK
Accessible & timely communication.					
Increase the information available on our website in written and online module format.	<ul style="list-style-type: none"> • Policy Consultation - 16 draft revised policies posted on the CRTO website for consultation with the CRTO's external stakeholders. • Updated and posted several documents on the CRTO website (microsites, or in pdf format), this includes: <ul style="list-style-type: none"> ○ The March 04, 2022, CRTO By-laws ○ 4 Professional Practice/Clinical Best Practice Guidelines (Conflict of Interest, Responsibilities under Consent Legislation, Administering and Dispensing Medications PPG & Oxygen Therapy) ○ 17 Policies 	<ul style="list-style-type: none"> • Regulatory changes – implemented several communication strategies, including social media posts, e-blasts, website updates) to address the regulatory changes introduced during the year, including the use of ultrasound in RT practice, the new Emergency Class, and "As of Right" provisions. • Elections and Council and Committees webpages – updated information regarding the Council elections process, committee appointments, Council and Committee Competency Profile and Council Evaluation Framework. 	<ul style="list-style-type: none"> • Updated and posted several documents on the CRTO website (microsites, or in pdf format), this includes: <ul style="list-style-type: none"> ○ CRTO By-laws ○ 3 Professional Practice Guidelines ○ 12 Policies ○ 1 Position Statement ○ 2024 National Competency Framework ○ 4 Fact Sheets ○ 3 reports and submissions ○ 4 Registration and Application Guides. • Policy Consultations: posted 2 PPGs for consultation. Posted a link to the government consultation on the proposed 	<ul style="list-style-type: none"> • Updated and posted several documents on the CRTO website (microsites, or in pdf format), this includes: <ul style="list-style-type: none"> ○ By-law 3: Membership ○ 6 Professional Practice Guidelines ○ 7 Policies ○ 1 Position Statement ○ 4 Fact Sheets • Policy Consultations: posted 5 policy documents for consultation. • Public Documents & Transparency <ul style="list-style-type: none"> • Published two Notices of Discipline Hearings and updated the Discipline Rules of Procedure. Added the Code of 	● ON TRACK

Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Highlights	2025-26 Highlights	STATUS
	<ul style="list-style-type: none"> ○ 2 Fact Sheets ○ Guide to TCLs Imposed by the Registration Committee. ● Added the following documents to the CRTO website: <ul style="list-style-type: none"> ○ Strategic Plan Progress Report ○ Succession Plan for Senior Leadership Policy ○ Open Forum Policy ○ Terms of Use – Website and Social Media ○ CRTO Risk Management Framework. ● The 2021 CPMF Full & Summary Reports were posted on the CRTO website. ● Up-to-date Prevention and Control information was provided on a designated webpage (e.g., COVID-19 MOH directives, resources and guidance documents). 	<ul style="list-style-type: none"> ● Policy Consultation – 9 policy documents were posted on the CRTO website for consultation. Links to the consultation surveys were also posted on the CRTO’s website homepage slider and shared through the CRTO social media accounts. ● e-learning modules –two new e-learning modules (PDKeeper and Delegation) were developed and posted on Members’ Professional Development Program platform. ● Updated and posted several documents on the CRTO website (microsites, or in pdf format), this includes: <ul style="list-style-type: none"> ○ The March 3, 2023, CRTO By-laws. ○ 5 Professional Practice/Clinical Best Practice Guidelines ○ 7 Policies ○ 3 reports and submissions ○ 7 Fact Sheets. 	<p>amendments to the Registration Regulation.</p> <ul style="list-style-type: none"> ● Several webpage updates, including: <ul style="list-style-type: none"> ○ 2024 Council elections ○ Vulnerable Sector Checks ○ Certificate of Professional Standing ○ Schedule of Fees ○ New Registration Regulation – Summary of Changes. ● Updated several policy documents and webpages to reflect CRTO's new address. ● Posted a list of Approved Certification Programs for Advanced Prescribed Procedures Below the Dermis. 	<p>Conduct for Public Observers Policy to the Discipline Hearings webpage.</p> <ul style="list-style-type: none"> ● Posted Council/Executive minutes and meeting highlights. ● Posted the updated the Schedule of Fees. ● Published the 2026–2030 Strategic Plan <p>Strategic & Regulatory Reporting</p> <ul style="list-style-type: none"> ● Published required regulatory reports, including the CPMF Report and the 2024 Fair Registration Practices Report. ● Posted the 2024–25 Annual Report and audited financial statements. ● Published an updated Strategic Plan Progress Report. ● Advanced the Scope of Practice Working Group with the RTSO (call for interest posted). <p>Registration Resources updated and published</p> <ul style="list-style-type: none"> ● Updated and published key registration resources and webpages. ● Launched “Check Before You Hire” communications to strengthen registration verification. <p>Website Updates</p> <ul style="list-style-type: none"> ● Current website continues to be updated in advance of new website launch. ● Microsites) - streamlined the user experience by removing duplicate PDF versions and introducing a print-friendly function. 	
Optimize the use of various communication platforms.	<ul style="list-style-type: none"> ● Utilized several communication strategies to ensure timely and accessible information sharing, this includes: <ul style="list-style-type: none"> ○ Monthly Practice Blogs ○ Twitter (22 tweets over this period) ○ Monthly ebulletin ○ Email communications to all members (information regarding the 2023/24 renewal period and consultations and other updates). ○ Stakeholder meetings/presentations (e.g., presentations to Members at 	<ul style="list-style-type: none"> ● Utilized several communication strategies to ensure timely and accessible information sharing, this includes: <ul style="list-style-type: none"> ○ Social Media Posts (19) ○ e-blasts (8) ○ System partner meetings/presentations (e.g., presentations to Members at their employment sites, the professional association conference, graduating students, and RT Program Advisory Committee (PAC) meetings. 	<ul style="list-style-type: none"> ● Continued to utilize several communication strategies to ensure timely and accessible information sharing, this includes: <ul style="list-style-type: none"> ○ Social Media Posts (14) ○ e-blasts (23) ○ Updated Fact Sheets (4) ○ System partner meetings/presentations (e.g., presentations to Members at their employment sites, the professional association conference, graduating students, and RT Program Advisory Committee (PAC) meetings. 	<p>Social Media</p> <ul style="list-style-type: none"> ● Realigned social channels to better support engagement goals. ● Retired X (Twitter) and launched an official Bluesky presence. ● Continued growth in content and engagement on LinkedIn and Bluesky. ● YouTube reach and engagement increased. 	● ON TRACK

Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Highlights	2025-26 Highlights	STATUS
	<p>their employment sites, the professional association conf, graduating students, and attending RT Program Advisory Committee (PAC) meetings.</p>			<p>E-blasts</p> <ul style="list-style-type: none"> Continued using email to engage Members and system partners. Email volume increased, with improved open and click-through rates. Refreshed e-blast design to improve accessibility and reinforce The Exchange branding. <p>Media Monitoring</p> <ul style="list-style-type: none"> Introduced weekly media monitoring to track key coverage and trends relevant to respiratory therapy and regulation. <p>Website Rebuild</p> <ul style="list-style-type: none"> Advanced website redevelopment, with initial planning, content mapping, and system partner-input well underway. <p>Video Content Strategy</p> <ul style="list-style-type: none"> Actively expanding video content strategy, aiming for a balanced mix of animated and editorial-style videos. <p>Welcome Journey Communications</p> <ul style="list-style-type: none"> Began redesigning email templates to strengthen engagement and improve the member “welcome journey.” 	
Governance & Accountability					
A highly competent & effective Council.					
<p>Publicly accessible Council & Committee competency self-evaluation & an online, pre-application learning module.</p>	<ul style="list-style-type: none"> ROI was sent out via HPRO on behalf of a number of other health regulatory bodies for a consultant to assist with this initiative. Draft developed for enhanced competency self-evaluation for prospective Council & Committee members. 	<ul style="list-style-type: none"> Revised the CRTO By-laws to include a new elections eligibility requirement (i.e., election candidates must complete the CRTO’s orientation online module relating to the duties, obligations and expectations of Council and Committee members prior to the date of nomination). Implemented the following governance initiatives: <ul style="list-style-type: none"> Council & Committee Competency Profile Council Evaluation Framework New elections nomination form New Committee Member Appointments webpage and application forms 	<ul style="list-style-type: none"> The Committee Competency Profile and Council Evaluation Framework implemented and posted on the CRTO website. Post-Council self-evaluation implemented and monitored to expand and improve upon. 2024 Council election candidates and committee appointees required to complete the online, pre-application learning module. 	<ul style="list-style-type: none"> The Committee Competency Profile and Council Evaluation Framework implemented and posted on the CRTO website. Post-Council self-evaluation implemented and monitored to expand and improve upon. The online orientation module relating to the duties, obligations and expectations of Council and Committees is available to all election candidates and applicants to CRTO committees. 	<p>● ACHIEVED</p>

Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Highlights	2025-26 Highlights	STATUS
		<ul style="list-style-type: none"> ○ Online orientation module relating to the duties, obligations and expectations of Council and Committee members ○ Post-Council self-evaluation implemented and monitored to expand and improve upon. 			
Framework to regularly evaluate the effectiveness of Council meetings & Council with a third-party assessment of Council (min. every three years).	<ul style="list-style-type: none"> ● Conducted a Council Effectiveness survey (BoardSource) and reported results at the May Council meeting. ● Consultant was retained to conduct a third-party assessment of the CRTO's March 2023 Council meeting. 	<ul style="list-style-type: none"> ● Retained a consultant to conduct a third-party assessment of the CRTO's March 2023 Council meeting. Summary of the third-party evaluation was presented at the May Council meeting along with an action plan to address proposed areas of improvement. The third-party evaluation report action plan continues to be monitored to expand and improve upon. 	<ul style="list-style-type: none"> ● The third-party evaluation report action plan continues to be monitored to expand and improve upon. 	<ul style="list-style-type: none"> ● The third-party evaluation report action plan continues to be monitored to expand and improve upon. ● Sent out RFPs to retain an individual to conduct a third-party assessment of the CRTO Council in 2026. 	● ACHIEVED
Ongoing training provided to Council & Committee members informed by the outcome of relevant evaluation(s) and the needs identified by Council and Committee members.	<ul style="list-style-type: none"> ● Developed three eLearning modules for prospective and current Council and Committee members: <ul style="list-style-type: none"> ○ Role of the Chair ○ Regulatory Framework ○ Committees ● Facilitated Anti-Racism & Anti-Oppression training for CRTO Council, Committee and staff. ● The Chairing a Meeting module was presented at the annual Chair's Dinner ● Council Education Day (Sept. 23rd) focused on the following: <ul style="list-style-type: none"> ○ Privacy ○ Cybersecurity ○ Virtual meetings ● Required all Council & Committee members to provide evidence that they had reviewed the educational material posted in the CRTO's portal, which includes: <ul style="list-style-type: none"> ○ Role of the Chair ○ Regulatory Framework ○ Committees ○ Language of Finance ○ Annual Financial Audit ○ Monitoring Progress ○ Meeting in a Virtual World. 	<ul style="list-style-type: none"> ● Developed new online orientation module relating to the duties, obligations and expectations of Council and Committee members. ● Provided the following additional training: <ul style="list-style-type: none"> ○ Right Touch Regulation presentation (Chairs Dinner) ○ Cybersecurity: Insurance Requirements and Implications ○ Risk Management Workshop ● Conducted new Council member orientation. ● Conducted annual training for the Registration Committee. 	<ul style="list-style-type: none"> ● Conducted the annual committee orientation sessions (ICRC, PRC, QAC and RC). ● Updated the FAC, PRC, QAC and RC terms of reference and action plans. ● Offered HPRO Governance Training to all Council members. ● Provided the following additional training to Council and Committee members and staff: <ul style="list-style-type: none"> ○ Compassionate regulation (Chair's Dinner). ○ Indigenous-led blanket exercise (Education Day) ○ Cybersecurity training (September Council). ● Conducted new Council member orientation. ● The following educational materials continue to be available throughout the year to all current Council and committee members: <ul style="list-style-type: none"> ○ Role of the Chair ○ Regulatory Framework ○ Committees ○ Language of Finance ○ Annual Financial Audit ○ Monitoring Progress ○ Meeting in a Virtual World. ● The online orientation module relating to the duties, obligations and expectations of Council and Committees is available to all election candidates and applicants to CRTO committees. 	<ul style="list-style-type: none"> ● Updated QAC and RC terms of reference and action plans. ● Delivered annual orientation for QAC and RC. ● Provided targeted governance training and resources for Council and committees (e.g., meeting reminders, duties of Council). ● Maintained the online orientation module for Council/committee applicants and election candidates. ● Developed a governance manual as a resource for Council and committee members. ● Training is being planned and developed for Discipline Committee Members. ● Continued refining Registration Committee processes and decision-making tools. ● Held a Council–staff strategy session to support development of the new Strategic Plan. ● Scheduled 2026 guest speakers on AI in regulation and strategic governance. 	● ON TRACK

Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Highlights	2025-26 Highlights	STATUS
Independent, evidence-informed & transparent decision-making processes.					
Publicly accessible Code of Conduct & Conflict of Interest Policy for Council & Committee members.	<ul style="list-style-type: none"> Revised By-laws (approved at the March 4, 2022 Council meeting) include an updated Code of Conduct and Rules of Order that have been standardized and attached as a schedule. The new online Conflict of Interest (COI) Declaration form; the form is being used for all Council and Committee meetings. 	<ul style="list-style-type: none"> The CRTO By-laws include an updated Code of Conduct and Conflict of Interest sections. The online Conflict of Interest (COI) Declaration form is being used for all Council and Committee meetings. The new elections nomination form and the committee appointees' application form include an updated conflict of interest and record of affiliations section. 	<ul style="list-style-type: none"> The CRTO By-laws include an updated Code of Conduct and Conflict of Interest sections. Developed and implemented a new governance declaration form. The online Conflict of Interest (COI) and Governance Declaration forms are being used for all Council and Committee meetings. 	<ul style="list-style-type: none"> The CRTO By-laws include an updated Code of Conduct and Conflict of Interest sections. The online Conflict of Interest (COI) and Governance Declaration forms are being used for all Council and Committee meetings. 	● ACHIEVED
An ongoing commitment to performance improvement.					
Tracking & review Key Performance Indicators (KPIs) linked to the CRTO strategic objectives.	<ul style="list-style-type: none"> One of the recommendations from the external review of all Professional Conduct processes is to enhance data collection, tracking and reporting. The Finance & Audit Committee began the development of KPIs relevant to the financial management of the CRTO. The 2021 – 2025 Strategic Direction Update Report was presented at the May 27th Council meeting. Updated QAC & ICRC Terms of Reference and Action Plans approved at the May 27th Council meeting. 	<ul style="list-style-type: none"> Developed a KPIs reporting template linked to the CRTO strategic objectives. Presented the KPIs report at the September 22, and December 1, 2023, Council meetings. 	<ul style="list-style-type: none"> A detailed KPIs report linked to the CRTO strategic objectives presented at each (regular) Council meeting. 	<ul style="list-style-type: none"> A detailed KPIs report linked to the CRTO strategic objectives presented at each (regular) Council meeting. 2026–2030 Strategic Plan - launched the new Strategic Plan, setting CRTO's regulatory priorities and measurable goals for the next five years. 	● ACHIEVED
Ongoing monitoring of the KPI dashboard.	<ul style="list-style-type: none"> Under development. 	<ul style="list-style-type: none"> Identified KPIs in all major program areas; the KPIs are being monitored and reported to Council on a regular basis. 	<ul style="list-style-type: none"> KPIs in all major program areas have been identified and are reported to Council on a regular basis. 	<ul style="list-style-type: none"> KPIs in all major program areas have been identified and are reported to Council on a regular basis. 	● ACHIEVED
Enhancing Professionalism					
Policies, standards of practice, & practice guidelines based on the best available evidence.					
Policy framework & review/revision of all policies and practice guidelines.	<ul style="list-style-type: none"> Continued the full-scale policy review under the Policy Framework. <ul style="list-style-type: none"> 28 policies updated/approved 3 PPGs sent out for consultation 4 revised PPGs approved by Council Revised CRTO By-laws approved at the March 2022 Council meeting. Draft By-Law revisions approved for consultation at the December 2023 Council meeting. Conducted a comprehensive review and drafted amendments to the Ontario Regulation 596/94 to address the new Emergency Class of Registration and other 	<ul style="list-style-type: none"> Continued policy review guided by the Policy Framework. <ul style="list-style-type: none"> 10 policies updated/developed 4 PPGs sent out for consultation 3 revised PPGs/CBPGs approved by Council Revised CRTO By-laws approved at the March 2023 Council meeting. Most of the revisions focused on Council elections and CRTO Committees. Drafted By-Law revisions to address the new Emergency Class of Registration. The draft revised By-law 3 approved for consultation at the December 2023 Council meeting. 	<ul style="list-style-type: none"> The CRTO continues its policy review guided by the Policy Framework. <ul style="list-style-type: none"> 16 policies updated/developed 2 PPGs sent out for consultation 3 revised PPGs approved by Council Revised CRTO By-laws approved at the March Council meeting. Most of the revisions focused on the new Emergency Class of Registration. The proposed amendments to the Registration Regulation have been posted for consultation on the government website. 	<ul style="list-style-type: none"> The CRTO continues its policy review guided by the Policy Framework. <ul style="list-style-type: none"> Revised 9 policies and developed 1 new policy Revised 6 PPGs Revised By-law 3 Developed 1 new Position Statement Began an internal review of Professional Conduct (PC) policies and procedures to improve clarity and efficiency. Posted proposed amendments to the Professional Misconduct Regulation for consultation. 	● ON TRACK

Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Highlights	2025-26 Highlights	STATUS
	changes related to, for example, registration requirements.	<ul style="list-style-type: none"> Revised Ontario Regulation 596/94 approved at the March 2023 Council meeting for submission to the MOH. 			
Standards of Practice & Ethical Practice documents promote Diversity, Equity, and Inclusion (DEI).	<ul style="list-style-type: none"> Began a Standards of Practice review and revision with the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB) that includes expanding the existing guidance related to DEI. 	<ul style="list-style-type: none"> Continued participation in a NARTRB Standards of Practice Working Group with the goal of developing national Standards of Practice for Respiratory Therapists, this includes expanding the existing guidance related to DEI. 	<ul style="list-style-type: none"> Continued participation in a NARTRB Standards of Practice Working Group with the goal of developing national Standards of Practice for Respiratory Therapists, this includes expanding the existing guidance related to DEI. 	<ul style="list-style-type: none"> Finalized national Standards of Practice through the NARTRB working group, including strengthened DEI guidance; approved and posted the revised Standards. 	● ON TRACK
Supporting the application of new or amended practice standards.					
Online modules to support difficult-to-understand and novel practice standards.	<ul style="list-style-type: none"> Drafted an outline for the Delegation & Authorizing Mechanisms online modules. Preparing an online module for student/graduate RTs. 	<ul style="list-style-type: none"> Finalized the Delegation e-learning module. The module is now available in PDKeeper. 	<ul style="list-style-type: none"> Developed a new e-learning module focused on Authorizing Mechanisms. 	<ul style="list-style-type: none"> Continued using targeted social media to share professional practice topics. In the process of developing content for the next e-learning video on RT responsibilities when educating/mentoring. Produced a "Welcome to the Profession" video highlighting key professional accountabilities for Graduate Respiratory Therapists (GRTs). 	● ON TRACK
The application of Risk-Based regulation.					
Formal risk assessments in all RC, QAC & ICRC decisions.	<p>PC - reviewed data obtained in the audit of all ICRC matters for the last two years. Plan to develop additional resources to highlight trends of concerns being brought to the CRTO and how best to meet the standards of practice.</p> <p>QAC - The revised Professional Development Program Policy includes a risk-based referral to the practice assessment component of the QA Program. Conducted a regulatory scan regarding PDPs, specifically risk-based QA selection by other Colleges. PDP policy has been updated to include the initial three-year review requirement for new Members of the CRTO.</p> <p>Reg - all RC panels utilize an updated risk assessment tool for making registration decisions.</p>	<p>PC - ICRC orientation included an introduction to the ICRC decision risk assessment tool. ICRC continues to employ the decision risk assessment tool in all of its dispositions of complaints and reports. Staff collaborated on the identification of risks related to complaints and reports to further inform the risk assessment process going forward.</p> <p>QA - The QAC applied risk-based approach in its review of applications for deferral of the 2023/24 Portfolio. Ongoing review of Members who require coaching sessions to provide data for a risk-based approach to Professional Development.</p> <p>Reg - All RC panels continue to utilize the risk assessment tool for making registration decisions. The annual Registration Committee orientation session included a section related to risk management.</p>	<p>PC - The ICRC continues to employ the ICRC decision risk assessment tool in all of its dispositions of complaints and reports. The project to revise the risk assessment tool has been completed. The updated tool was shared with the ICRC at its annual orientation.</p> <p>Reg - All RC panels continue to utilize the risk assessment tool for making registration decisions. The assessment tool for internationally educated healthcare professionals (IEHP) has been updated. Additionally, a new risk assessment tool has been developed to assist with the review of applications that do not meet the new currency requirements.</p>	<p>PC - The ICRC continues to employ the ICRC decision risk assessment tool in all of its dispositions of complaints and reports.</p> <p>Reg - RC continues to develop and refine its risk assessment tools for evaluating internationally educated applicants and applicants with currency gaps.</p>	● ON TRACK

Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Highlights	2025-26 Highlights	STATUS
Healthcare Community					
Actively seeking collaborative opportunities with other health regulatory colleges & system partners.					
Creation of common standards (where possible) both provincially and nationally.	<p>Participated in the following initiatives with other regulators:</p> <ul style="list-style-type: none"> • HPRO – focus on creating common standards for health regulatory bodies in Ontario, e.g., <ul style="list-style-type: none"> ○ Council Competencies Evaluation Framework ○ Information Sharing Policy ○ Anti-BIPOC Racism Working Group • NARTRB <ul style="list-style-type: none"> ○ Standards of Practice Working Group - goal to develop a national Standards of Practice for Respiratory Therapists ○ Review of the current NARTRB Jurisdictional Verification form. 	<p>Continued engagement with other regulators:</p> <ul style="list-style-type: none"> • HPRO – focus on creating common standards for health regulatory bodies in Ontario, e.g., <ul style="list-style-type: none"> ○ Council Competencies Evaluation Framework ○ Risk management • NARTRB <ul style="list-style-type: none"> ○ Standards of Practice Working Group ○ Validation survey for the revised NARTRB Entry-to-practice Competency Profile ○ Updated the Language Proficiency for Respiratory Therapy document. • CNAR <ul style="list-style-type: none"> ○ Professional regulation. 	<p>Continued engagement with other regulators:</p> <ul style="list-style-type: none"> • HPRO – focus on creating common standards for health regulatory bodies in Ontario, e.g., EDI and risk management. • NARTRB <ul style="list-style-type: none"> ○ Review of Practice Standards ○ 2024 Entry-to-practice Competency Framework ○ Updated the Language Proficiency for Respiratory Therapy document and Statement of Professional Standing Form ○ Received 8 EtP assessment referrals from other regulators. • CNAR – attended several workshops and conferences, e.g., Impactful Leadership in a Dynamic Regulatory World, AI and Technology, Annual National Conference. • CLEAR - attended several workshops and conferences, e.g., Compassion in Regulatory Complaints, Harnessing AI in Professional Regulation, Annual Educational Conference. 	<p>Ongoing scope of practice review with the RTSO.</p> <p>Continued engagement with other regulators:</p> <ul style="list-style-type: none"> • HPRO – cross-regulator initiatives, including DEI, risk management, and communications; working with on Domestic and Intimate Partner Violence response to the government. • Presentation to HPRO and IPAC on RTS working in MediSpas Position Statement. • NARTRB - participated in national working groups on practice standards and ethical practice, and governance initiatives. • Staff attended several workshops and webinars offered through CNAR and CLEAR , topics included anti-racism, DEI, entry-to-practice registration, collecting demographic data, communication competencies, and use of AI in the regulatory landscape. 	● ON TRACK
Engaging with stakeholders to enhance quality patient care.					
Demonstrate how stakeholder feedback is incorporated into the development/revision of policies, standards, and practice guidelines.	<ul style="list-style-type: none"> • The CRTO Policy Framework outlines the CRTO’s consultation process. Under the framework, draft policy documents are posted online for consultation. All survey results are reviewed by Council/respective Committees prior to approval. • 20 consultations conducted under the Policy Framework. 	<ul style="list-style-type: none"> • The CRTO Policy Framework outlines the CRTO’s consultation process. Under the framework, draft policy documents are posted online for consultation. All survey results are reviewed by Council/respective Committees prior to approval. • 9 consultations conducted under the Policy Framework. 	<ul style="list-style-type: none"> • The CRTO Policy Framework continues to guide the CRTO’s consultation process. Under the framework, draft policy documents are posted online for consultation. All survey results are reviewed by Council/respective Committees prior to approval. • 2 consultations conducted under the Policy Framework. 	<ul style="list-style-type: none"> • The CRTO Policy Framework continues to guide the CRTO’s consultation process. Posted key draft documents for consultation: General Certificate of Registration - Currency Condition Policy; By-law 3: Membership; Standards of Practice; Community Respiratory Therapy Practice Professional Practice Guideline (PPG); Professional Misconduct Regulation • Partnered with the RTSO on a comprehensive review and consultation process to assess and clarify the scope of practice for RTs. • Ongoing outreach strategy. 	● ACHIEVED
Core Business Practices					
Clear financial alignment with strategic priorities.					

Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Highlights	2025-26 Highlights	STATUS
Revised financial statement & investment portfolio presentation	<ul style="list-style-type: none"> Streamlined the financial statement reporting format to highlight how it aligns with College's strategic direction and key priorities. Developed Mid-Year Financial Report. The report was presented to the Council at its September meeting. Reviewed proposals & presentations from several financial institutions who had expressed an interest in providing the CRTO with ongoing investment management service. 	<ul style="list-style-type: none"> A subcommittee of the Finance & Audit Committee (FAC) conducted a recruitment process to identify an appropriate financial advisor for the CRTO. Based on the Committee's recommendation, the CRTO has selected a new investment firm and has begun the transfer of investments under the new investment management. 	<ul style="list-style-type: none"> Updated the Investment Policy based on financial advisor's recommendations. Reviewed and updated the investment reporting tool. Retained investment bookkeeping services to ensure accuracy and streamline the audit process 	<ul style="list-style-type: none"> Updated the Reserves Policy. Mid-Year Financial Report presented at the September Council meeting. Updated budget presentation format and formalized a Budget Executive Summary focused on 2026 - 20230 Strategic Plan. 	● ACHIEVED
Finance & Audit Committee (FAC)	<ul style="list-style-type: none"> Established the FAC Goals & Terms of Reference Assisted the Executive Committee in the review of the CRTO's 2021 – 2022 Financial Audit, the 2022 – 2023 budget, & evaluation of the External Auditor. Developed a Membership Fee Assessment Tool 	<ul style="list-style-type: none"> Implemented the Membership Fee Assessment Tool to review the CRTO's membership fee structure and make recommendations to Executive Committee. Reviewed and updated Signing Officers and Authorized Personnel-Banking & Investments Policy. Recommended new external auditor for the CRTO. Reviewed the draft budget for 2024/25. 	<ul style="list-style-type: none"> FAC met with the Financial Advisory Team. FAC continued to join the Executive Committee during the year to review the financial statements, investment portfolio, and audit plan. 	<ul style="list-style-type: none"> FAC updated its terms of reference/action plan and advanced the planned transition to an ad hoc committee. FAC reviewed financial implications of CRTO entering into a defined benefit pension plan. Council approved the CRTO's auditor for 2025-2026 fiscal year. FAC joined Executive Committee meeting to review the 2024-2025 Audit Report. FAC joined Executive Committee meeting in November, to review the quarterly Finance Statements, Investment Portfolio update. 	● ON TRACK
A policy that clearly outlines the management of financial reserves	<ul style="list-style-type: none"> Review and subsequent approval of the following policies: <ul style="list-style-type: none"> Revised Investments Policy New Reserves Policy Revised Honoraria & Expenses Policy Revised Procurement of Goods & Services Policy 	<ul style="list-style-type: none"> Reviewed and updated the Reserve Policy. The Policy has been reviewed and validated by the auditors. 	<ul style="list-style-type: none"> The CRTO's financial reserves continue to be managed and monitored as outlined in the Reserve Policy. FAC and the Executive Committee conducted the annual Auditor Evaluation. Used the Membership Fee Assessment Tool to review the CRTO's membership fee structure and make recommendations to Executive Committee. 	<ul style="list-style-type: none"> The CRTO's financial reserves continue to be managed and monitored as outlined in the Reserve Policy. Reviewed the investment strategy with RBC and confirmed the current approach remains appropriate. 	● ACHIEVED
Embedding the principles of diversity, equity, and inclusion in College processes.					
Diversity, Equity and Inclusion (DEI) training for Council, Committee & staff members	<ul style="list-style-type: none"> The CRTO's DEI Plan approved at the March Council meeting. Engaged Canadian Equality Consulting (CEC) to develop an organization DEI plan. DEI Summary Report provided by CED. CEC also conducted a survey with the membership regarding the CRTO's role in promoting DEI. A summary report of these findings was provided to the CRTO in February. 	<p>The CRTO moved into Phase 3 of its DEI Strategy:</p> <ul style="list-style-type: none"> Established a DEI Steering Committee Identified several DEI short- and long-term key performance indicators. Developed new Employee Performance Review & Compensation Policy to help ensure transparent, fair, equity-based compensation for all CRTO employees. <p>Staff training:</p>	<ul style="list-style-type: none"> Staff engaged in DEI webinars (focused on Anti-Asian Racism in Healthcare and celebrating Pride Month). Staff and Council took part in an Indigenous-led blanket exercise during Education Day. Staff attended training sessions focused on DEI offered during the CLEAR and CNAR conferences. Staff was provided with learning materials on various culturally significant days. 	<ul style="list-style-type: none"> Continued DEI work through HPRO network initiatives and internal DEI committee activities. Embedded a DEI lens into internal tools and processes (e.g., policy review checklist and inclusive recruitment resources). Expanded staff learning and development focused on systemic 	● ON TRACK

Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Highlights	2025-26 Highlights	STATUS
	<ul style="list-style-type: none"> • CRTO staff participated in HPRO's Consultations to advance equity, diversity, and inclusion (EDI) in regulatory functions. • Anti-Black Racism, Anti-Indigenous Racism, Anti-Racism/Anti-Oppression (ARAO) facilitated session attended by CRTO staff, Council and Committee members. • Indigenous Awareness module completed by staff for National Day for Truth & Reconciliation (Sept. 30). • Facilitated ARAO discussion took place involving CRTO Council, Committees and staff on Nov. 17, 2022. • <i>Navigating Canada's Complex Histories</i> e-course (in honour of National Truth & Reconciliation Day) was completed & discussed by all CRTO staff. 	<ul style="list-style-type: none"> • CNAR UnLearn and Learn Session on Addressing Anti-Black Racism • Black Excellence - Celebrating Progress, Addressing Challenges: A Webinar for Black History Month • CNAR Conference (DEI presentations) 		<ul style="list-style-type: none"> • inequities and inclusive practice (e.g., CNAR workshop series focused on DEI). • Advanced work on demographic data collection through HPRO working groups and internal planning. • Reorganized the internal DEI team to introduce new perspectives. • Began developing a member-facing consultation survey to inform future demographic data collection. • Strengthened DEI capacity through partnership with the Canadian Centre for Diversity and Inclusion (CCDI). • Incorporated DEI days of recognition into our social media communications to support awareness and ongoing education. 	
Equity Impact Assessment	<ul style="list-style-type: none"> • Council approved the use of the Ministry of Health's Health Equity Impact Assessment (HEIA) tool and workbook. • The PRC is in the process of revising HEIA to meet the CRTO's needs. 	<ul style="list-style-type: none"> • The Patient Relations Committee (PRC) reviewed an updated Equity Impact Assessment & Implementation Strategy. 	<ul style="list-style-type: none"> • Developed inclusive question bank and interview template. • Incorporated the principles of Equity Impact Assessment into a policy review checklist. • Developed an internal Recruitment & Selection Policy. The policy provides a transparent and consistent framework for employee recruitment and selection. • Continued participation with the HPRO DEI working group to develop the Equity Impact Assessment further. • Implemented a new online complaints and reports feedback survey to better understand the experience of Complainants and Members who go through the CRTO's professional conduct processes, with an additional focus on individual's DEI related experience. 	<ul style="list-style-type: none"> • Developed Policy Document Review Checklist to embed a DEI lens in the policy review process. • Potential refresh of the Equity Impact Assessment tool through HPRO DEI Network, which has established a working group on this topic. 	● ON TRACK
A comprehensive Risk Management Framework					
Formal process to identify & monitor internal & external organizational risk (e.g., financial & human resources, cyber security, etc.)	<ul style="list-style-type: none"> • IT Infrastructure Architecture review completed & process begun to implement recommendations. <ul style="list-style-type: none"> ○ Began an externally hosted security awareness program which includes phishing campaigns and general security awareness training. ○ Installed a dedicated firewall to reduce security risk and improve the organization's security posture. 	<p>The Risk Management Framework continues to guide the CRTO's risk management processes, these include:</p> <ul style="list-style-type: none"> • Risk monitoring and reporting: developed a Risk Register and a Risk Report template • Training: <ul style="list-style-type: none"> ○ Risk management workshop attended by Council, Committee members and staff ○ Staff cybersecurity training (Security Awareness, Phishing Campaign, Cybersecurity tabletop exercise) 	<p>The Risk Management Framework continues to guide the CRTO's risk management processes, these include:</p> <ul style="list-style-type: none"> • Risk monitoring and reporting: developed a Risk Register and a Risk Report template. • Training: <ul style="list-style-type: none"> ○ Ongoing phishing campaign and cybersecurity awareness training for staff. 	<ul style="list-style-type: none"> • Continued implementing the Risk Management Framework, including regular risk monitoring and reporting to Council. • Strengthened cybersecurity awareness and controls (e.g., ongoing phishing simulations/training, firewall configuration review, and continued patching/backups). • Ongoing meetings with vendor related to new database implementation. 	● ACHIEVED

Key Priorities	2022-23 Highlights	2023-24 Highlights	2024-25 Highlights	2025-26 Highlights	STATUS
	<ul style="list-style-type: none"> ○ Conducted a comprehensive review and updated the Office Security Policy and Procedure (including updates to a number of security measures, e.g., the office security camera). ● Cybersecurity presentation by ISA to Council and staff. ● Started the process of moving all members' files to a digital format. ● The CRTO Risk Management Framework was approved at the Council meeting (Dec. 2). 	<ul style="list-style-type: none"> ● Record digitalization project in progress. ● Ongoing meetings with vendor related to new database implementation. ● Adoption of the Membership Fee Assessment Tool to ensure that the CRTO has the necessary financial resources to continue regulating the RT profession in the public interest. 	<ul style="list-style-type: none"> ○ Conducted a cybersecurity training session for Council and Staff at the September Council meeting ○ Staff attended the AI in Licensing and Regulation conference. ● Developed a comprehensive cybersecurity plan. ● Firewall is being monitored and activities considered suspicious have been investigated /resolved. ● Patching and backups continue to be completed and managed. ● Ongoing meetings with vendor related to new database implementation. ● Completed records digitalization project. ● Developed a comprehensive office transition plan. ● Updated the Office Security Policy. ● Conducted simulated office evacuation exercise. ● Staff conducted a network file cleanup based on the internal audit findings. 	<ul style="list-style-type: none"> Continued testing of the public register, member and staff portals, and development of reporting and payment functionality. ● Continued updating and reviewing internal security policies and endpoint monitoring. ● Continued improving security posture through device management upgrades. ● Underwent a cloud security assessment, with remediations underway. 	
Succession plan for senior leadership	<ul style="list-style-type: none"> ● Appointment of a Deputy Registrar & creation of a new Manager of Regulatory Affairs position. ● Succession Planning for Senior Leadership Policy approved by Council. 	<ul style="list-style-type: none"> ● Ongoing work planning for key roles within the organization to provide coverage in the event of departure or illness. ● Continued review and development of standard operating procedures in core program areas. 	<ul style="list-style-type: none"> ● Ongoing work planning for key roles within the organization to provide coverage in the event of departure or illness ● Continued review and development of standard operating procedures in core program areas. ● Developed and implemented Registrar's directives in PC and Registration. 	<ul style="list-style-type: none"> ● Continued review and development of standard operating procedures in core program areas. ● Continued to develop and implemented Registrar's directives in PC and Registration. 	● ACHIEVED

Council Briefing Note

AGENDA ITEM # 6.6

March 26, 2026

From:	Ania Walsh – Director, Regulatory Affairs
Topic:	Draft Use of Artificial Intelligence (AI) Policy
Purpose:	For Decision
Strategic Focus:	Core Business Practices
Attachment(s):	Appendix A: Draft Use of AI Policy
Motion:	It is moved by _____ and seconded by _____ that: The CRTO Council approves the Use of AI Policy.

PUBLIC INTEREST RATIONALE

The College of Respiratory Therapists of Ontario (CRTO) fulfils its public interest mandate by ensuring regulatory activities are fair, lawful, and trustworthy. While the growing availability and use of Artificial Intelligence (AI)-enabled tools can improve efficiency, it also creates new and evolving risks related to privacy, confidentiality, fairness, and information security. The proposed Use of Artificial Intelligence (AI) Policy sets clear expectations and safeguards to prevent the unauthorized disclosure of confidential regulatory information and to ensure decisions affecting Members, applicants, the public, and system partners remain subject to meaningful human oversight.

ISSUE

The CRTO Council is asked to approve a new Use of AI Policy that outlines how AI may be used in CRTO work and the conditions that must be met before AI tools are adopted or used.

BACKGROUND

The Use of AI Policy is intended to guide responsible use of AI systems, including tools that support administrative work and decision-making. It permits appropriate use where it adds value, while requiring compliance with applicable legislation and CRTO privacy and confidentiality obligations.

The policy applies to individuals employed, retained, elected, or appointed to the CRTO, and to AI systems used in CRTO work. It sets guiding principles, assigns accountabilities, and establishes clear limits—including restrictions on entering personal information or confidential business information into AI tools unless the system is approved and appropriate safeguards are in place.

The policy has gone through a rigorous policy review process, including external legal review, to ensure that legislative and regulatory requirements have been met.

To support a consistent and comprehensive approach, other relevant policies (including Privacy, Confidentiality, and Procurement of Goods & Services) are also being updated to reference the expectations and safeguards set out in the AI Policy.

SUMMARY OF KEY POLICY POINTS

- AI may be used to support CRTO work where appropriate, but must protect privacy, confidentiality, security, fairness, and public trust.
- The policy applies to CRTO employees and to individuals retained, elected, or appointed to the CRTO, and to all AI Systems used in CRTO operations (internal, vendor-provided, or third-party embedded).
- Individuals are **not permitted** to input CRTO Personal Information or Confidential Business Information into AI platforms unless the tool is explicitly authorized for that purpose and safeguards are in place.
- The policy's guiding principles—transparency, privacy protection, human rights-affirming design, validity and reliability, safety, and accountability—are based on [Principles for the responsible use of artificial intelligence](#) developed by the Information and Privacy Commissioner of Ontario and the Ontario Human Rights Commission.
- AI tools may supplement but cannot replace professional judgment. Individuals remain accountable for decisions and must validate AI-generated outputs prior to use. AI-generated content should be reviewed for accuracy, quality, and bias before it is relied upon or shared.
- The CRTO will establish an internal **AI Committee** to oversee the policy, approve high-risk systems, and support ongoing monitoring and risk management. AI Systems will be subject to periodic review for accuracy, bias, performance, and compliance. Suspected or actual breaches must be reported immediately to the Registrar (or delegate).

RECOMMENDATIONS

To approve the Use of AI Policy.

NEXT STEPS

If approved, the Use of AI Policy will come into effect on March 26, 2026. The policy will be posted on the CRTO website. It will also be included in the CRTO's Governance Manual and Employee Handbook.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Use of Artificial Intelligence (AI)

Type: Policy

Origin Date:

Section: Council

Approved By Council on:

Document Number: CP-020

Next Revision Date:¹

1.0 POLICY STATEMENT

The College of Respiratory Therapists of Ontario (CRTO) recognizes AI's role in enhancing operational efficiencies, boosting productivity, and aiding decision-making. All AI use must protect privacy, confidentiality, security, fairness, and public trust. It must be transparent and retain meaningful human oversight, and comply with applicable federal and provincial laws.

2.0 PURPOSE

This policy aims to provide clear guidance for the responsible use of AI Systems within the CRTO with a strong emphasis on privacy, confidentiality, and data security, ensuring compliance with legal and ethical standards.

3.0 APPLICABILITY

This policy applies to:

- any person employed, retained, elected or appointed to the CRTO pursuant to section 36(1) of the *Regulated Health Professions Act* (RHPA); and
- all AI Systems used within the CRTO's operations, whether developed internally, acquired from external vendors, or integrated into third-party solutions.

4.0 DEFINITIONS

- **Artificial Intelligence System ("AI System")** is a machine-based system that, for explicit or implicit objectives, infers from the input it receives to generate outputs such as predictions, content, recommendations, or decisions that can influence physical or virtual environments². AI Systems also include Generative AI Systems³.
- **Business Confidential Information** means all information and data, in whatever media or form, whether written or oral, including but not limited to financial information, trade secrets, intellectual property, strategies, technical information, provided the information is either:

¹ Because of the changing nature of AI, this policy will be reviewed on an annual basis.

² Definition adapted from [Ontario's Bill 194](#)

³ Generative AI systems are systems that are trained on large amounts of data, and that display significant generality and are capable of competently performing a wide range of distinct tasks. (EU AI Act) These systems can create new content such as text, images, music, or videos based on the underlying patterns and structures of the data used to train them. Examples include Google Gemini, Microsoft Copilot, and ChatGPT.



- a. not generally known or available to the public;
 - b. marked "private" or "confidential" or otherwise marked to indicate confidentiality; or
 - c. in the absence of markings described in clause (b), information that a reasonable person would recognize as being confidential or proprietary to the organization.
- **Personal Information**⁴ is any information about an identifiable individual and may include the individual's name, contact information, birth date, educational background, work history, and any sensitive information such as financial or health data.

5.0 GUIDING PRINCIPLES

This policy is based on the following guiding principles⁵:

Transparency – The CRTO is committed to openness about how and where AI is used. Where feasible, AI systems should be visible, understandable, and auditable. Where AI systems are used to inform decisions or recommendations that affect individuals, the CRTO will strive to ensure those processes can be explained to stakeholders in clear terms.

Privacy Protective – AI systems should be used in ways that safeguard Personal Information and Confidential Business Information. The CRTO will apply a privacy-protective approach to all AI use, ensuring compliance with applicable privacy legislation and the CRTO's Privacy and Confidentiality Policies. Only the minimum necessary information should be used with AI systems.

Human Rights Affirming – The CRTO will use AI in ways that respect fairness, equity, and human dignity. AI systems should be monitored for potential bias and discriminatory outcomes, and the CRTO will take steps to identify and mitigate adverse impacts on the individuals and communities it serves.

Valid and Reliable – AI systems used by the CRTO should produce accurate, consistent, and appropriate outputs for their intended purpose. AI-generated content should be reviewed for accuracy and quality before being relied upon or shared.

Safe – AI systems should be used in ways that prevent harm or unintended harmful outcomes. Where an AI system produces unexpected or unsafe outputs, it should be suspended or discontinued until the issue is resolved.

Accountable – The CRTO will maintain human oversight throughout decision-making processes and ensure clearly defined responsibilities for the governance and use of AI systems.

⁴ Definition adapted from the [CRTO Privacy Policy](#).

⁵ Based on [Principles for the responsible use of artificial intelligence](#) developed by the Information and Privacy Commissioner of Ontario and the Ontario Human Rights Commission (OHRC)



6.0 POLICY SCOPE

All individuals employed, retained, elected or appointed to the CRTO who use AI Systems must adhere to the following guidelines:

1. **Data Privacy, Confidentiality, and Security:** The protection of privacy and confidentiality must be the top priority when using any AI System.

Individuals employed, retained, elected or appointed to the CRTO are not permitted to input Personal Information or Confidential Business Information belonging to the CRTO when using AI platforms or tools, including public generative AI services that can be accessed without organizational procurement or approval. Before entering any data into AI Systems or services, they must evaluate it in accordance with the CRTO's Privacy and Confidentiality Policies.

2. **Alignment with CRTO Values:** All uses of AI must be consistent with the CRTO's public interest mandate and core values.
3. **Individual Judgment and Expertise:** While AI Systems can be a valuable supplement, they cannot substitute for professional decision-making. Individuals employed, retained, elected or appointed to the CRTO must carefully review all AI-generated content for accuracy, appropriateness, and bias before relying on it for the purpose of fulfilling their roles with the CRTO.
4. Before implementing a new AI System or materially changing an existing one, the program area responsible for the AI System, must complete a **risk assessment**, which may include a Privacy Impact Assessment and security review, and submit it to the AI Governance Group for approval.
5. **Data minimization, de-identification and security** - Where feasible, only deidentified or pseudonymized data will be used with AI Systems. If Personal Information or Confidential Business Information is required, the system must employ strong encryption, access controls and data residency within Canada, and must comply with relevant legislation and CRTO's Privacy and Confidentiality Policies.

Prohibited Uses of AI

Individuals employed, retained, elected or appointed to the CRTO are prohibited from using AI Systems in the following manners:

- Uploading, inputting, sharing, or otherwise disclosing any Personal Information or Confidential Business Information belonging to the CRTO when using AI Systems, unless explicit authorization has been obtained and documented in accordance with CRTO policies.
- Sharing, processing, or analyzing confidential regulatory information, decisions, or deliberations.
- Making regulatory decisions without human validation and approval.
- Automating communications or interactions with stakeholders in a manner that lacks transparency, misleads, or conceals the use of AI Systems.
- To impersonate individuals (e.g., voice, image, tone, writing style) or misrepresent AI-generated content as human-generated without clear disclosures.
- To produce or disseminate harmful, hateful, violent, derogatory, discriminatory, defamatory, explicit, or otherwise inappropriate content.



- To subvert, violate, or infringe upon individuals' rights, benefits, or liberties, including through biased or unjust decision-making.
- To use manipulative or subliminal techniques that may distort individuals' capacity to make informed decisions.
- For automated profiling that leads to unjustified or disproportionate treatment based on irrelevant behavioural or personal characteristics.
- To infer emotions or sentiments of individuals in the workplace, healthcare, or educational settings.
- For any purpose that is misaligned with the CRTO's public interest mandate or that could undermine regulatory integrity or public trust.

7.0. MONITORING, AUDIT AND REPORTING REQUIREMENTS

The CRTO will establish an AI Committee, which will include representatives from the Office of the Registrar, the Privacy Officer and Information Technology. The committee will be responsible for overseeing this Policy, approving high-risk systems, and overseeing ongoing monitoring and risk management.

AI Systems will be subject to periodic review to assess performance, accuracy, bias and compliance with this Policy.

Individuals employed, retained, elected or appointed to the CRTO are required to immediately inform the Registrar or their appointed representative if they become aware of any actual or potential breach of the contents of this Policy, including any data privacy or security issues or breaches to the use of AI Systems, unauthorized access, disclosure, or misuse of information through an AI System.

8.0. RELATED DOCUMENTS

- Appendix A — Use of AI Dos And Don'ts
- Confidentiality Policy
- Privacy Policy

9.0 CONTACT INFORMATION

College of Respiratory Therapists of Ontario

www.crto.on.ca

Telephone: 416-591-7800 **Toll-Free (in Ontario):** 1-800-261-0528

Fax: 416-591-7890

General Email: questions@crto.on.ca



APPENDIX A — USE OF AI DOS AND DON'TS

DO'S

- **Use AI for low-risk tasks** like drafting internal documents, formatting content, drafting routine correspondence, summarizing publicly available materials, and internal process optimization, provided that no Personal Information or other Confidential Business Information is entered unless the tool has been specifically approved for that purpose and appropriate safeguards are in place.
- **Check** with the Registrar or their appointed representative before using AI for CRTO purposes.
- **Review all AI-generated content carefully** for accuracy, bias, and appropriateness before sharing or using it.
- **Disclose when AI was used** in creating content or recommendations. Cite use of AI where you would typically provide citations.
- **Protect privacy and confidentiality:** Only use non-sensitive, non-confidential data in AI tools.
- **Follow CRTO values and public interest mandate** when using AI.
- **Report any issues or breaches immediately** to the Registrar or their appointed representative.

DON'TS

- **Don't input personal information or confidential business data** into AI tools.
- **Don't share confidential regulatory information** (e.g., complaints, deliberations) with AI systems.
- **Don't use AI to make regulatory decisions** without human review and approval.
- **Don't allow AI to override your professional judgment**, you remain accountable for decisions.
- **Don't impersonate individuals** or misrepresent AI-generated content as human-created without disclosure.
- **Don't use AI for harmful, discriminatory, or misleading content.**
- **Don't automate communications with stakeholders** in a way that hides AI involvement.

Council Briefing Note

AGENDA ITEM # 6.7

March 26, 2026

From:	Carole Hamp, RRT – Registrar and CEO
Topic:	Revised Draft Confidentiality Policy
Purpose:	For Decision
Strategic Focus:	Core Business Practices
Attachment(s):	Appendix A: Revised Draft Confidentiality Policy and Confidentiality Agreement
Motion:	It is moved by _____ and seconded by _____ that: The CRTO Council approves the revised Confidentiality Policy.

PUBLIC INTEREST RATIONALE

The College of Respiratory Therapists of Ontario’s (CRTO) mandate is to regulate respiratory therapists in Ontario in the public interest. Maintaining confidentiality is foundational to regulatory integrity and public confidence in the CRTO’s processes. The growing availability and use of AI-enabled tools creates new and evolving privacy, confidentiality, and information-security risks if not managed through clear governance and controls. The Confidentiality Policy has been revised in alignment with the new Use of AI Policy to support public confidence that sensitive information held by the CRTO is protected regardless of format or technology used.

ISSUE

The CRTO Council is being asked to approve the revised Confidentiality Policy in alignment with the new Use of AI Policy. The revised policy includes provisions to clarify that the duty of confidentiality applies to all forms of information handling, including the use of AI systems.

BACKGROUND

The Confidentiality Policy was last approved in September 2022. The policy sets out the duty of confidentiality for any person employed, retained, elected, or appointed to the CRTO, consistent with section 36(1) of the *Regulated Health Professions Act, 1991*. The policy is supported by an appended Confidentiality Agreement.

As AI tools become more common, the CRTO has developed a new Use of AI Policy to establish organizational requirements for safe and compliant use. The Confidentiality Policy has been revised (see Appendix A) to ensure the duty of confidentiality applies when information is handled using AI-enabled tools and to clarify restrictions and safeguards where AI systems could access confidential information.

The revised policy has gone through a rigorous policy review process, including external legal review, to ensure that all legislative and regulatory requirements have been met.

ANALYSIS:

Summary of Changes

The revised policy:

- Clarification that the duty of confidentiality applies to all forms of information handling, including the use of AI systems, transcription tools, and other automated services, and that information processed by AI tools must be treated as confidential to the same extent as information handled by traditional means.
- Prohibition on entering Personal Information or Confidential Business Information into AI platforms unless explicit authorization has been obtained and documented in accordance with applicable legislation and CRTO policies.
- Clarification that any AI-enabled transcription or ambient listening tools used for CRTO proceedings (e.g., hearings or interviews) must be specifically approved, configured to minimize unnecessary collection and inadvertent dissemination (e.g., of transcripts/notes/summaries), and supported by appropriate confidentiality undertakings and consents.
- Where an external provider delivers AI services that may involve access to confidential information, the revisions confirm the provider must be treated as an agent of the CRTO and be bound by contractual confidentiality and data protection provisions (including limits on use, retention, subcontracting, and cross-border transfers) consistent with CRTO policies.
- Expanded examples of secure disposal for electronic documents (e.g., permanent deletion across local/cloud locations, secure wiping/sanitization of media, ensuring deletion is not readily recoverable, and complying with approved retention/destruction procedures).

The revised Confidentiality Agreement:

- Added an explicit commitment not to upload/input/share Personal Information or Confidential Business Information when using AI Systems unless authorization has been obtained and documented in accordance with CRTO policies.

RECOMMENDATIONS

To approve the revised Confidentiality Policy.

NEXT STEPS

If approved, the revised policy will take effect on March 26, 2026. Staff, Council and committee members, and other individuals in scope will be reminded of the updated requirements, and will be asked to sign the updated Confidentiality Agreement.



Confidentiality

Type: Policy

Origin Date: July 21, 1994

Section: CP

Approved By Council on: September 23, 2022

Document Number: 010

Next Revision Date: September 2027

1.0 POLICY STATEMENT

It is the policy of the College of Respiratory Therapists of Ontario (CRTO) Council to ensure that any person employed, retained, elected or appointed to the CRTO will keep confidential all information that comes to their knowledge in the course of fulfilling their role in keeping with the requirements of section 36(1) of the *Regulated Health Professions Act, 1991* (the “RHPA”).

2.0 PURPOSE

The purpose of this policy is to set out the duty of confidentiality of persons employed, retained, elected or appointed by the CRTO.

3.0 APPLICABILITY & SCOPE

This policy applies to any person employed, retained, elected or appointed to the CRTO pursuant to section 36(1) of the RHPA.

Confidential information refers to any and all materials and information a person employed, retained, elected or appointed to the CRTO may have access to in the course of fulfilling their role with the CRTO, including but not limited to the following:

- a. Information about:
 - i. applicants for registration,
 - ii. members of the CRTO (“Members”), former Members,
 - iii. Members’ patients/clients,
 - iv. Persons employed or retained by the CRTO, members of Council, Committees and working groups, financial,
- b. Minutes of closed or in camera sessions of Council
- c. Any information disclosed or discussed as part of the business of the CRTO, including minutes of statutory, standing and ad hoc Committees, working groups and task forces, and
- d. Proprietary or privileged material, information marked confidential, and information which by its nature and the context in which it is disclosed is confidential.



Information shall be considered Confidential Information regardless of what format it is provided in or obtained, including but not limited to verbally, electronically or in print media.

Confidential Information must be kept confidential forever, not just during a person's term/employment with the CRTO. It includes all information, not just personal information.

4.0 RESPONSIBILITIES

All individuals employed, retained, elected or appointed to the CRTO will agree to and abide by the terms outlined in the Confidentiality Agreement (appended).

While the provision of, or access to, confidential information may be required in order to permit individuals employed, retained, elected or appointed to the CRTO to fulfill their roles, it is expected that measures will be put in place to ensure that the material is disseminated and retained securely, this includes but is not limited to:

- ~~the~~The use of passwords and/or encryption when using electronic files.
- Secure disposal of hard copy documents such as cross-shredding or returning the documents to the CRTO for confidential disposal.
- Secure disposal of electronic documents or confidential electronic information through methods such as:
 - permanently deleting files from all local and cloud based storage locations;
 - securely wiping or sanitizing storage media before disposal or reassignment;
 - ensuring that deleted materials are not recoverable using standard recovery tools;
 - complying with CRTO-approved data retention and destruction procedures.
- Committee members and assessors designating a locked or secured physical location within their residences (i.e., a filing cabinet or drawer).

The duty of confidentiality applies to all forms of information handling, including the use of Artificial Intelligence (AI) systems, transcription tools and other automated services. All individuals employed, retained, elected or appointed to the CRTO must treat information processed by AI tools as confidential to the same extent as information handled by traditional means.

Where the CRTO engages an external provider to deliver AI services that may involve access to confidential information, the provider will be considered an agent of the CRTO and must agree to contractual confidentiality and data protection provisions that reflect applicable legislation and the CRTO's Privacy and Confidentiality Policies, including limits on use, retention, subcontracting and cross-border transfers.

Entering any Personal Information or Confidential Business Information into AI platforms or tools, including public generative AI services, is strictly prohibited unless explicit authorization has been obtained and documented in accordance with applicable legislation and the CRTO's Privacy and Confidentiality Policies.

Any use of AI-enabled transcription or 'ambient' listening tools for CRTO proceedings (for



example, hearings or interviews) must be specifically approved, configured to minimize collection of unnecessary information or the inadvertent automatic dissemination of meeting transcripts, notes or summaries, and supported by appropriate confidentiality undertakings and consents.

Any breach of the confidentiality provisions is to be reported to the Registrar for appropriate action including informing the person whose information was breached.

5.0 AUTHORITY

Sections 36(1), 40(2) and (3) of the *Regulated Health Professions Act, 1991*
CRTC By-Law 2
Employee Handbook

6.0 CONSEQUENCES FOR NON-COMPLIANCE

In accordance with sections 40(2) and (3) of the RHPA, a breach of the duty of confidentiality by an individual is an offence punishable by a fine of up to \$25,000 on a first offence and up to \$50,000 on a subsequent offence.

A breach of confidentiality can be grounds for termination from employment for cause at the CRTC, pursuant to the CRTC's employment policies. A breach can result in the removal from the Council and/or a Committee in accordance with the CRTC By-Laws.

7.0 RELATED DOCUMENTS

Privacy Policy
[Use of AI Policy \[pending approval\]](#)

8.0 CONTACT INFORMATION

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

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



CONFIDENTIALITY AGREEMENT

In consideration of permissions granted to me as an employee, service provider, agent or participant in the Council and/or Committees of the College of Respiratory Therapists of Ontario, I have read and I understand the Confidentiality Policy, and I agree as follows:

1. I will abide by sections 36(1), 40(2) and (3) of the *Regulated Health Professions Act, 1991*, as amended (attached as "Schedule A" to this agreement).
2. I will maintain as confidential any and all materials and information I obtain in connection with my work at the CRTO including **but not limited to** the following which shall collectively be considered "Confidential Information" and germane to the CRTO:
 - a) minutes of closed or *in camera* sessions of Council;
 - b) any information disclosed or discussed as part of the business of the CRTO, including:
 - i. minutes of statutory, standing and ad hoc Committees, working groups and task forces, and
 - ii. any information disclosed or discussed about Members, their employers, or patients/clients of Members;
 - c) personnel information such as performance appraisals, salaries, and other personal information; and,
 - d) home addresses and telephone number of Council and non-Council/Committee members.
3. The foregoing information shall be considered Confidential Information no matter what format it is provided to or obtained by me including but not limited to verbally, electronically or in print media.
4. I will only retain Confidential Information disclosed to me for the purposes of fulfilling my role on Council, Committees, working groups or task forces and will erase or destroy it immediately following the conclusion of the task requiring the information.
5. I will use Confidential Information only in connection with my work at the CRTO. I will not disclose, distribute or publish Confidential Information to any party in any manner whatsoever.
6. I specifically acknowledge that I will not publish or authorize anyone else to publish Confidential Information in any Web posting, article, newsletter, press report and release, publication, or any other communication.
- 6.7. I will not upload, input, share, or otherwise disclose any Personal Information or Confidential Business Information belonging to the CRTO when using AI Systems¹, unless explicit authorization has been obtained and documented in accordance with CRTO policies.
- 7.8. I will not use any audio or video recording or photographic device in any manner during Council, Committee, working group, task force, or staff meetings to record or to copy any Confidential Information. I will not remove any materials obtained by me or take any other action to circumvent the purpose and intent of this Agreement.
- 8.9. I understand that a breach of this Agreement and the Confidentiality Policy may result in disciplinary action, up to and including termination of employment for cause, or being barred from participation on the Council, or Committees as may be applicable in accordance with CRTO By-Laws and policies. I further understand that breach of the duty of confidentiality is punishable by a fine of up to \$25,000 on a first offence and up to \$50,000

¹ Artificial Intelligence System ("AI System") is a machine-based system that, for explicit or implicit objectives, infers from the input it receives to generate outputs such as predictions, content, recommendations, or decisions that can influence physical or virtual environments . AI Systems also include Generative AI Systems.

on a subsequent offence as set out in the *Regulated Health Professions Act, 1991*. In the event that I disclose or attempt to disclose any such Confidential Information received in the course of my employment and/or term with the College of Respiratory Therapists of Ontario (as applicable), I acknowledge and agree that the CRTO shall be entitled to enforce its legal rights to prevent the disclosure of the Confidential Information by injunction or otherwise, and may bring such further action against me as it considers advisable.

Dated this ____ day of _____, 20____.

Printed Name

Witness Name

Signature

Witness Signature

SCHEDULE A

Confidentiality

36 (1) Every person employed, retained or appointed for the purposes of the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act* and every member of a Council or committee of a College shall keep confidential all information that comes to his or her knowledge in the course of his or her duties and shall not communicate any information to any other person except,

- (a) to the extent that the information is available to the public under this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*;
- (b) in connection with the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*, including, without limiting the generality of this, in connection with anything relating to the registration of members, complaints about members, allegations of members' incapacity, incompetence or acts of professional misconduct or the governing of the profession;
- (c) to a body that governs a profession inside or outside of Ontario;
- (d) as may be required for the administration of the *Drug Interchangeability and Dispensing Fee Act*, the *Healing Arts Radiation Protection Act*, the *Health Insurance Act*, the *Health Protection and Promotion Act*, the *Independent Health Facilities Act*, the *Laboratory and Specimen Collection Centre Licensing Act*, the *Long-Term Care Homes Act, 2007*, the *Retirement Homes Act, 2010*, the *Ontario Drug Benefit Act*, the *Coroners Act*, the *Controlled Drugs and Substances Act* (Canada) and the *Food and Drugs Act* (Canada);
- (d.1) for a prescribed purpose, to a public hospital that employs or provides privileges to a member of a College, where the College is investigating a complaint about that member or where the information was obtained by an investigator appointed pursuant to subsection 75 (1) or (2) of the Code, subject to the limitations, if any, provided for in regulations made under section 43;
- (d.2) for a prescribed purpose, to a person other than a public hospital who belongs to a class provided for in regulations made under section 43, where a College is investigating a complaint about a member of the College or where the information was obtained by an investigator appointed pursuant to subsection 75 (1) or (2) of the Code, subject to the limitations, if any, provided for in the regulations;
- (e) to a police officer to aid an investigation undertaken with a view to a law enforcement proceeding or from which a law enforcement proceeding is likely to result;
- (f) to the counsel of the person who is required to keep the information confidential under this section;
- (g) to confirm whether the College is investigating a member, if there is a compelling public interest in the disclosure of that information;
- (h) where disclosure of the information is required by an Act of the Legislature or an Act of Parliament;
- (i) if there are reasonable grounds to believe that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons;
- (j) with the written consent of the person to whom the information relates; or
- (k) to the Minister in order to allow the Minister to determine,
 - (i) whether the College is fulfilling its duties and carrying out its objects under this Act, a health profession Act, the *Drug and Pharmacies Regulation Act* or the *Drug Interchangeability and Dispensing Fee Act*, or
 - (ii) whether the Minister should exercise any power of the Minister under this Act, or any Act mentioned in subclause (i). 2007, c. 10, Sched. M, s. 7 (1); 2014, c. 14, Sched. 2, s. 10; 2017, c. 11, Sched. 5, s. 2 (1, 2).

Reports required under Code

(1.1) Clauses (1) (c) and (d) do not apply with respect to reports required under section 85.1 or 85.2 of the Code. 1993, c. 37, s. 1. 1998, c. 18, Sched. G, s. 7 (2).

Definition

(1.2) In clause (1) (e),

“law enforcement proceeding” means a proceeding in a court or tribunal that could result in a penalty or sanction being imposed. 1998, c. 18, Sched. G, s. 7 (2); 2007, c. 10, Sched. M, s. 7 (2).

Limitation

(1.3) No person or member described in subsection (1) shall disclose, under clause (1) (e), any information with respect to a person other than a member. 1998, c. 18, Sched. G, s. 7 (2); 2007, c. 10, Sched. M, s. 7 (3).

No requirement

(1.4) Nothing in clause (1) (e) shall require a person described in subsection (1) to disclose information to a police officer unless the information is required to be produced under a warrant. 1998, c. 18, Sched. G, s. 7 (2); 2007, c. 10, Sched. M, s. 7 (4).

Confirmation of investigation

(1.5) Information disclosed under clause (1) (g) shall be limited to the fact that an investigation is or is not underway and shall not include any other information. 2007, c. 10, Sched. M, s. 7 (5).

Restriction

(1.6) Information disclosed to the Minister under clause (1) (k) shall only be used or disclosed for the purpose for which it was provided to the Minister or for a consistent purpose. 2017, c. 11, Sched. 5, s. 2 (3).

Not compellable

(2) No person or member described in subsection (1) shall be compelled to give testimony in a civil proceeding with regard to matters that come to his or her knowledge in the course of his or her duties. 1991, c. 18, s. 36 (2).

Evidence in civil proceedings

(3) No record of a proceeding under this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*, no report, document or thing prepared for or statement given at such a proceeding and no order or decision made in such a proceeding is admissible in a civil proceeding other than a proceeding under this Act, a health profession Act or the *Drug and Pharmacies Regulation Act* or a proceeding relating to an order under section 11.1 or 11.2 of the *Ontario Drug Benefit Act*. 1991, c. 18, s. 36 (3); 1996, c. 1, Sched. G, s. 27 (2).

Collection of personal information by College

36.1 (1) At the request of the Minister, a College shall collect information directly from members of the College as is reasonably necessary for the purpose of health human resources planning or research. 2017, c. 11, Sched. 5, s. 3 (1).

Unique identifiers

(2) A unique identifier shall be assigned by the Minister or a person designated by the Minister for each member of a College from whom information is collected under subsection (1). 2009, c. 26, s. 24 (7).

Form and manner

(2.1) The unique identifier shall be in the form and manner specified by the Minister. 2009, c. 26, s. 24 (7).

Members to provide information

(3) A member of a College who receives a request for information for the purpose of subsection (1) shall provide the information to the College within the time period and in the form and manner specified by the College. 2007, c. 10, Sched. M, s. 8.

Disclosure to Minister

(4) A College shall disclose the information collected under subsection (1) to the Minister within the time period and in the form and manner specified by the Minister. 2007, c. 10, Sched. M, s. 8.

Use, collection, disclosure and publication

(5) The following applies to information collected under subsection (1):

1. The information may only be used for the purposes set out under subsection (1).
2. The Minister shall not collect personal information if other information will serve the purposes set out under subsection (1).
3. The Minister shall not collect more personal information than is necessary for the purposes set out under subsection (1).
4. The Minister may disclose the information only for the purposes set out in subsection (1).

5. Reports and other documents using information collected under this section may be published for the purposes set out under subsection (1), and for those purposes only, but personal information about a member of a College shall not be included in those reports or documents. 2017, c. 11, Sched. 5, s. 3 (2).

(6) REPEALED: 2017, c. 11, Sched. 5, s. 3 (2).

Notice required by s. 39 (2) of FIPPA

(7) If the Minister requires a College to collect personal information from its members under subsection (1), the notice required by subsection 39 (2) of the *Freedom of Information and Protection of Privacy Act* is given by,

- (a) a public notice posted on the Ministry's website; or
- (b) any other public method that may be prescribed. 2007, c. 10, Sched. M, s. 8.

Same

(8) If the Minister publishes a notice referred to under subsection (7), the Minister shall advise the College of the notice and the College shall also publish a notice about the collection on the College's website within 20 days of receiving the advice from the Minister. 2007, c. 10, Sched. M, s. 8.

Definitions

(9) In this section,

"health human resources planning" means ensuring the sufficiency and appropriate distribution of health providers; ("planification des ressources humaines en santé")

"information" includes personal information about members, but does not include personal health information; ("renseignements")

"Ministry" means the Ministry of Health and Long-Term Care; ("ministère")

"research" means the study of data and information in respect of health human resources planning. ("recherche")
2007, c. 10, Sched. M, s. 8; 2017, c. 11, Sched. 5, s. 3 (3, 4).

Electronic health record

36.2 (1) The Minister may make regulations,

- (a) requiring one or more Colleges to collect from their members information relating to their members that is specified in those regulations and that is, in the Minister's opinion, necessary for the purpose of developing or maintaining the electronic health record under Part V.1 of the *Personal Health Information Protection Act, 2004*, including ensuring that members are accurately identified for purposes of the electronic health record;
- (b) requiring the College or Colleges to provide the information to the prescribed organization in the form, manner and timeframe specified by the prescribed organization;
- (c) respecting the notice mentioned in subsection (4). 2016, c. 6, Sched. 1, s. 4.

Members to provide information

(2) Where the Minister has made a regulation under subsection (1), and a College has requested information from a member in compliance with the regulation, the member shall comply with the College's request. 2016, c. 6, Sched. 1, s. 4.

Use and disclosure by prescribed organization

(3) Despite a regulation made under subsection (1), the prescribed organization,

- (a) may only collect, use or disclose information under this section for the purpose provided for in subsection (1);
- (b) shall not use or disclose personal information collected under this section if other information will serve the purpose; and
- (c) shall not use or disclose more personal information collected under this section than is necessary for the purpose. 2016, c. 6, Sched. 1, s. 4.

Notice required by s. 39 (2) of FIPPA

(4) Where the Minister has made a regulation under subsection (1), and a College is required to collect personal information from its members, the notice required by subsection 39 (2) of the *Freedom of Information and Protection of Privacy Act* is given by,

- (a) a public notice posted on the prescribed organization's website; or

(b) any other public method that may be prescribed in regulations made by the Minister under subsection (1).
2016, c. 6, Sched. 1, s. 4.

Same

(5) If the prescribed organization publishes a notice referred to under subsection (4), the prescribed organization shall advise the College of the notice and the College shall also publish a notice about the collection on the College's website within 20 days. 2016, c. 6, Sched. 1, s. 4.

Definitions

(6) In this section,

“information” includes personal information, but does not include personal health information; (“renseignements”)

“prescribed organization” has the same meaning as in section 2 of the *Personal Health Information Protection Act, 2004*. (“organisation prescrite”) 2016, c. 6, Sched. 1, s. 4; 2017, c. 11, Sched. 5, s. 4.

Offences

40 (2) Every individual who contravenes section 31, 32 or 33 or subsection 34 (2), 34.1 (2) or 36 (1) is guilty of an offence and on conviction is liable to a fine of not more than \$25,000 for a first offence and not more than \$50,000 for a second or subsequent offence. 2007, c. 10, Sched. M, s. 12.

Same

(3) Every corporation that contravenes section 31, 32 or 33 or subsection 34 (1), 34.1 (1) or 36 (1) is guilty of an offence and on conviction is liable to a fine of not more than \$50,000 for a first offence and not more than \$200,000 for a second or subsequent offence. 2007, c. 10, Sched. M, s. 12.

Council Briefing Note

AGENDA ITEM # 6.8

March 26, 2026

From:	Carole Hamp, RRT – Registrar and CEO
Topic:	Revised Draft Privacy Policy
Purpose:	For Decision
Strategic Focus:	Core Business Practices
Attachment(s):	Appendix A: Revised Draft Privacy Policy
Motion:	It is moved by _____ and seconded by _____ that: The CRTO Council approves the revised Privacy Policy.

PUBLIC INTEREST RATIONALE

The College of Respiratory Therapists of Ontario’s (CRTO) mandate is to regulate respiratory therapists in Ontario in the public interest. In fulfilling its core regulatory functions, the CRTO depends on collecting, using, disclosing, and retaining information. The growing availability and use of Artificial Intelligence (AI)-enabled tools create new and evolving privacy, confidentiality, and information security risks if not managed through clear governance and controls. The Privacy Policy has been revised to support public confidence that sensitive information held by the CRTO is protected, regardless of format or technology used.

ISSUE

The CRTO Council is being asked to approve the revised Privacy Policy in alignment with the new Use of AI Policy. The revised policy reflects evolving operational practices, particularly the increased use of AI tools, while strengthening safeguards, transparency, and oversight.

BACKGROUND

The Privacy Policy was last approved in December 2022. The policy sets out how the CRTO protects the privacy and confidentiality of personal information collected while carrying out its regulatory activities. The Policy affirms the CRTO’s commitment to comply with its statutory obligations, and describes key requirements for data collection, use, disclosure, retention, access, safeguards, and accountability.

As AI tools become more common, the CRTO has developed a new Use of AI Policy to establish organizational requirements for safe and compliant use. The Privacy Policy has been revised (see Appendix A) to reflect the CRTO’s commitment to protect the privacy and confidentiality of personal information to clarify restrictions and safeguards where AI systems could access personal information.

The revised policy has gone through a rigorous review process, including an external legal review, to ensure all legislative and regulatory requirements have been met.

ANALYSIS:

Summary of Changes

The revised policy:

- Includes a new section on AI use and restrictions.
- Specifies that CRTO employees and individuals who are retained, elected, or appointed to the CRTO are not permitted to input personal information into AI systems unless explicit authorization has been obtained and documented in accordance with CRTO policies.
- Clarifies that where AI-supported systems contribute to decisions that may significantly affect an individual (e.g., registration or complaints-related outcomes), a CRTO decision-maker will review and remain responsible for the decision.
- Confirms that any collection, use, or disclosure of personal information through AI systems will be limited to what is reasonably necessary to fulfill the CRTO's statutory mandate and not used for unrelated purposes without authority or consent.
- Includes risk management and technical safeguards for AI provisions.
- Adds a statement that the CRTO does not use AI-driven analytics or automated decision-making tools on its website to identify individuals or monitor behaviour, and does not use website-derived personal information for AI training.
- Includes minor wording updates for clarity and consistency.

The revised Data Request Form:

- Adds a Disclosure of AI Use section.

RECOMMENDATIONS

To approve the revised Privacy Policy.

NEXT STEPS

If approved, the revised policy will come into effect on March 26, 2026. The policy will be posted on the CRTO website.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Privacy Policy

Type: Policy

Origin Date: Feb. 4, 2009

Section: CP

Approved By Council on: Dec. 2, 2022

Document Number: CP - 200

Next Revision Date: 5 Years After Approval

1.0 BACKGROUND

While performing its regulatory functions the College of Respiratory Therapists of Ontario (CRTO) may collect, use, disclose or retain personal information about applicants for registration, Members of the profession, their patients/clients, CRTO employees, its Council and Committees, and members of the public. The personal information being collected is critical to the CRTO's ability to effectively regulate the profession in the public interest.

2.0 POLICY STATEMENT

The CRTO is committed to protecting the privacy and confidentiality of all personal information it collects, uses and/or discloses while carrying out its regulatory activities. The CRTO fulfils its commitment to protecting personal information by complying with its statutory obligations under the *Regulated Health Professions Act, 1991* (RHPA), and by voluntarily adopting the privacy provisions outlined under this Policy.

3.0 PURPOSE

The purpose of this policy is to establish a mechanism through which the CRTO can provide appropriate privacy rights to individuals involved in its regulatory functions and operational activities while still enabling the CRTO to meet its statutory mandate under the RHPA and the *Respiratory Therapy Act, 1991* (collectively referred to in this document as "the Legislation").

4.0 APPLICABILITY AND SCOPE

The Privacy Policy applies to any personal information that may be collected, used and disclosed by the CRTO in the course of carrying out its regulatory activities. This may include information about applicants for registration, Members of the CRTO, their patients/clients, CRTO employees, persons elected or appointed to serve on the CRTO Council and Committees, and members of the public.

The Privacy Policy is not intended for use by Members of the CRTO in connection with their obligations under the *Personal Information Protection and Electronic Documents Act (PIPEDA)* or the *Personal Health Information Protection Act (PHIPA)*".



5.0 RESPONSIBILITIES

The Registrar is responsible for making sure the CRTO follows this Privacy Policy and any related procedures. The CRTO's Privacy Officer oversees the organization's information-handling practices in compliance with the Privacy Policy.

Individuals who are employed, retained or appointed by the CRTO, as well as every member of the CRTO Council or Committee are required by section 36 of the RHPA to preserve secrecy with respect to all information that comes to their knowledge in the course of their duties.

6.0 COLLECTION, USE, DISCLOSURE AND RETENTION OF PERSONAL INFORMATION

The purpose for which the CRTO collects, uses, and discloses personal information is to perform its regulatory functions and to meet its statutory obligations. This includes, but is not limited to:

- Processing applications for registration and reinstatement
- Maintaining the Public Register of Members
- Investigating complaints regarding the conduct or actions of Members of the CRTO
- Assessing whether a Member continues to meet the standards of the profession
- Administering the Quality Assurance Program
- Compiling aggregate statistics and data analytics for reporting purposes
- Carrying out CRTO's operations, and meeting auditing, legal and regulatory requirements.

Personal information may be collected in several ways, for example, when a person submits an application for registration, or when a member of the public submits a complaint about a Member of the CRTO. The CRTO will make a reasonable effort to specify the identified purposes to the individual from whom the personal information is collected, except where to do so would defeat the purpose of the Legislation or be inconsistent with the Legislation.

Under the Legislation, the CRTO must keep all personal information that comes to its knowledge confidential and is not permitted to disclose this information to any other person unless the information is public and/or the CRTO is required or permitted by law to share the information.

The CRTO will retain personal information for as long as necessary to fulfill its legal or business purposes and in accordance with an established record retention schedule.

6.1 Artificial Intelligence Use and Restrictions

[The CRTO may use automated tools and artificial intelligence systems to support certain functions, such as triaging inquiries, analyzing trends in complaint data, and improving internal processes. These tools are used under human oversight and are subject to safeguards described in this Policy.](#)



CRTO employees and individuals retained, elected or appointed to the CRTO are not permitted to input Personal Information when using AI Systems unless explicit authorization has been obtained and documented in accordance with CRTO policies. All AI use must protect privacy, confidentiality, security, fairness, and public trust. It must be transparent and retain meaningful human oversight.

Where an AI-supported system contributes to a decision that may significantly affect an individual, such as a registration or complaints-related outcome, a CRTO decision-maker will review and remain responsible for the decision. Individuals may contact the CRTO to obtain further information about the factors considered and to request human review.

Any collection, use or disclosure of personal information through AI Systems will be limited to what is reasonably necessary to fulfill the CRTO's statutory mandate, including public protection, registration, quality assurance and professional conduct, and will not be used for unrelated purposes without authority or consent.

Where possible, the CRTO uses de-identified or aggregated data in AI systems for analytics and quality improvement. When identifiable information is required, the CRTO implements appropriate safeguards, including access controls, encryption and logging.

The CRTO assesses privacy risks associated with proposed AI systems through privacy-by-design, including, where appropriate, conducting a Privacy Impact Assessment to identify and mitigate risks before implementation.

The CRTO considers potential impacts of AI systems on equity and fairness, including the risk that training data or algorithms may introduce or amplify bias, and takes reasonable steps to monitor and address such risks.

6.16.2 Information Sharing Requests

The CRTO may assist an individual or organization with a data sharing request (for example, for a research study) if it is determined that:

- The request aligns with the CRTO's public interest mandate
- The data will not be used for commercial purposes
- The information is available, and it is feasible for the CRTO to provide the information (e.g., the CRTO has the resources to provide the data); and
- There is no significant risk associated with providing the data.

All data sharing requests must be submitted in writing to the CRTO using Data Request Form (Appendix 1).

7.0 CONSENT

The CRTO will make a reasonable effort to specify the identified purposes to the individual from whom the personal information is collected, as described in section 6.0 above. In some instances, the CRTO may collect, use, or disclose information without consent, for example, in



the course of a Professional Conduct investigation or as part of the Quality Assurance Program. In such cases, personal information will only be collected, used and disclosed without the knowledge and consent of the individual when it is permitted or required by law.

8.0 ACCURACY

It is in the best interest of the public that the CRTO collect, use and disclose only accurate personal information in regulating the profession. The CRTO therefore will make every effort to ensure that the personal information it holds is accurate, complete and up to date. If there is a reason to believe information is inaccurate, the CRTO will take reasonable steps to verify the accuracy of the information.

9.0 PRIVACY SAFEGUARDS

The CRTO will take reasonable steps to ensure that the personal information it collects, and uses is protected against theft, loss or misuse. The safeguards will vary based on the degree of sensitivity of the information; however, in general the CRTO security measures include:

- Restricting access to personal information to authorized personnel
- Providing and accessing information on a “needs to know” basis only
- Ensuring that personal information is not entered into AI Systems, unless explicit authorization has been obtained and documented in accordance with applicable legislation and CRTO policies
- Ensuring that personal information is stored in a secure manner. For example, physical files are under lock and key and access to electronic files is restricted
- Providing an orientation and ongoing training to CRTO employees, Council and ~~Non-Council~~ Committee members and consultants regarding the CRTO’s privacy requirements and their confidentiality obligations
- Ensuring that personal information that is no longer required to be retained is disposed of in a confidential and secure fashion
- Conducting regular reviews of internal procedures to protect personal information.

10.0 CRTO WEBSITE PRIVACY

The CRTO is committed to protecting the personal privacy of individuals who access the CRTO’s website. The following outlines the information that may be collected from individuals accessing the CRTO website:

- **Personal Information**

The CRTO does not use the website to gather any personal information, such as names, phone numbers, email addresses, etc. unless it is necessary for the purpose of regulating the profession in the public interest. This includes collecting personal information through online forms used to address Members’ and the public’s needs.

The CRTO aims to protect the security of personal information during transmission to the CRTO when using the website [e.g., submission of an online request or a form using



- encryption such as Secure Socket Layer (SSL) protocol when transmitting personal information].
- **Internet Protocol (IP)**
The CRTO tracks the Internet Protocol (IP) addresses of users who access its website. The information is strictly used for statistical purposes and to observe user traffic through various website areas. Information gathered from logging IP addresses may include the type of browser used, date and time of visit, and pages/documents viewed. No information can be obtained from IP logging that could identify individual users.
 - **Cookies**
The CRTO's website stores a random string of text in a cookie to track each unique user session on the website. Cookies used by the CRTO's website do not store any personal information and expire when the Internet browser is closed. Any information obtained as a result of the website's use of "cookies" is kept confidential.
 - **Artificial Intelligence Restrictions**
The CRTO does not use AI-driven analytics or automated decision-making tools on its website to identify individuals or monitor their behaviour. The CRTO does not use website-derived personal information for AI training.

External Links and Social Media

The CRTO strives to use external links to reputable organizations that provide information that is relevant to CRTO Members and members of the public. The CRTO does not accept any responsibility for the third party's privacy practices. Users accessing other sites through the CRTO electronic media should note that each organization has its own privacy policy, and the CRTO's privacy policy does not apply to other organizations.

The CRTO uses certain social media sites such as ~~Twitter™, Facebook™ and LinkedIn™~~ to communicate with its Members and the public. Users who choose to interact with the CRTO via social media are advised to read the terms of services and privacy policies of the relevant platforms.

11.0 ACCESS TO PERSONAL INFORMATION

Individuals can make a written request for access to their personal information held by the CRTO. Requests for access must be submitted in writing to the Privacy Officer using the Request for Access to Personal Information Form (Appendix 2).

The CRTO shall allow access to an individual's information unless providing access could reasonably be expected to interfere with the administration or enforcement of the Legislation, or it is impracticable or impossible for the CRTO to retrieve the information.

The CRTO will make every effort to respond to the request for access to personal information within thirty days. In the event the CRTO refuses to provide access to all of the personal information it holds, then the CRTO will provide reasons for denying access.



In cases where the personal information forms part of a record created by another organization, the CRTO will refer the individual to the organization that created the record (unless it is inappropriate to do so) so that the individual may obtain access to the personal information from the organization rather than the CRTO.

12.0 AUTHORITY & MONITORING

The CRTO collects, uses and discloses personal information under the general authority of the RHPA, the *Respiratory Therapy Act*, 1991 the regulations under the Act and the CRTO By-laws.

The CRTO is not engaged in commercial activities, and as such, its collection, use and disclosure of personal information is not covered by the *Personal Information Protection and Electronic Documents Act* (PIPEDA), which identifies regulatory Colleges like the CRTO as an "Investigative Body." This has the effect of allowing an organization or person to disclose personal information to the CRTO without the consent of the individual to whom the information relates, in order to initiate or facilitate an investigation and allows an investigative body to disclose personal information to another organization.

13.0 CHALLENGING COMPLIANCE

Complaints or questions regarding the CRTO's compliance with the Privacy Policy should be directed to the Privacy Officer. The CRTO has a formal privacy complaints procedure in place for managing any privacy-related concerns to ensure that they are responded to in a timely and effective manner. The Privacy Officer oversees the complaints, investigation and corrective actions for all privacy breach situations.

14.0 CONSEQUENCES FOR NON-COMPLIANCE

Individuals who breach the provisions under 36 of the RHPA face fines of up to \$25,000 for a first-time offence and up to \$50,000 for a second or subsequent offence. In addition, personal information handled by the CRTO is subject to the provisions of this Privacy Policy.

15.0 RELATED DOCUMENTS

- Confidentiality Policy
- Privacy Procedure
- *Regulated Health Professions Act, 1991*
- *Health Professions Procedural Code*
- *Respiratory Therapy Act, 1991*

16.0 DEFINITIONS

Artificial Intelligence System ("AI System") is a machine-based system that, for explicit or implicit objectives, infers from the input it receives to generate outputs such as predictions,



content, recommendations, or decisions that can influence physical or virtual environments¹. AI Systems also include Generative AI Systems².

Legislation - the CRTO operates under the *Regulated Health Professions Act, 1991* (RHPA) and the *Respiratory Therapy Act, 1991*. The Health Professions Procedural Code, Schedule 2 to the RHPA, sets out the CRTO's regulatory functions (objects). The RHPA and the Respiratory Therapy Act, are collectively referred to in this document as "the Legislation."

Member means a Member of the CRTO.

Organization includes an individual, a corporation, an association, a partnership, and a trade union.

Patient/client is deemed to include an individual to whom an applicant or Member of the CRTO has purported to provide professional services.

Personal information means any information about an identifiable individual and may include the individual's name, contact information, birth date, educational background, work history as well as any sensitive information such as financial or health data.

Privacy Officer is a CRTO staff member, designated by the Registrar, accountable for compliance with the CRTO Privacy Policy and Procedure and whose specific responsibilities are outlined in the CRTO Privacy Policy Procedure; "Role of the Privacy Officer".

Public information under the Code and the CRTO By-laws, the CRTO must provide certain information on the Public Register. Public information includes, but is not limited to registration information, such as name, class of registration and any terms, conditions, or limitations that have been imposed on a certificate of registration, employment address, allegations of professional misconduct or incompetence that have been referred to the Discipline Committee, and results of discipline or incapacity proceedings.

17.0 APPENDICES

- Appendix 1 – Data Request Form
- Appendix 2 - Request for Access to Personal Information

18.0 CONTACT INFORMATION

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

Telephone: 416-591-7800
Fax: 416-591-7890

Toll-Free (in Ontario): 1-800-261-0528
General Email: questions@crto.on.ca

¹ Definition adapted from Ontario's Bill 194

² Generative AI systems are systems that are trained on large amounts of data, and that display significant generality and are capable of competently performing a wide range of distinct tasks. (EU AI Act) These systems can create new content such as text, images, music, or videos based on the underlying patterns and structures of the data used to train them. Examples include Google Gemini, Microsoft Copilot, and ChatGPT.



Appendix 1

DATA Request Form

Occasionally, researchers and/or third-party organizations contact the College of Respiratory Therapists of Ontario (CRTO) with requests for information about its Members. While the CRTO aims to be helpful in responding to data requests, it must ensure that the request aligns with the CRTO's public interest mandate and that any provision of information complies with its Privacy Policy.

All information requests for the purpose of third party studies/surveys must be submitted in writing using this Data Request Form. All data requests must be approved by the Registrar.

1. INSTRUCTIONS

- Please complete all applicable sections of this form
- Return the form by e-mail to officeofregistrar@crto.on.ca
- If your request is approved, we will e-mail you a data sharing agreement. To finalize your request, you will need to return the completed agreement form to our office.

2. REQUESTER CONTACT INFORMATION

FIRST NAME

SURNAME

ORGANIZATION

ADDRESS

PHONE No.

EMAIL

3. REQUEST DETAILS

Name of your project:

What is the purpose of the project?

What information regarding RTs registered with the CRTO do you want us to provide? List all the data elements needed (e.g., practice postal code, main area of practice, etc.)



Data type (e.g., aggregate or de-identified record-level data):

Preferred Format (specify the preferred format of the completed data e.g., Excel, CSV).

How do you intend to use the data?

Who will have access to the data?

List all the persons who will have access to the data (e.g., research assistants), their names, position titles, organizations and email addresses.

Other comments:

Disclosure of AI Use

If the data requested will be used in any AI System, you must provide the following:

- A description of the AI system and its purpose
- The safeguards in place to prevent the AI system from retaining or learning from identifiable information
- Confirmation that the system will not use the data to train or improve a model; and
- Details of how risk of re-identification will be mitigated.



SIGNATURE _____ **DATE** _____

NOTE

When reviewing data requests, the CRTO will consider factors such as:

- Purpose of the request
- Whether the request aligns with the CRTO public interest mandate



- Whether or not the information is available, and if so, how resource-intensive will it be to produce the data
- Any possible risks in sharing the data.
- Weather AI use introduces additional privacy risks, for example, model-training concerns, external data linkage, risk of re-identification.

The CRTO collects its data during application and registration renewal. This information is self-reported by members and will be provided "As Is" without verification of the data.



Appendix 2

REQUEST FOR ACCESS TO PERSONAL INFORMATION

Individuals may make a written request for access to their personal information held by the CRTO. For more information, please see the Privacy Policy. All requests must be submitted in writing using this Request Form.

1. NOTES & INSTRUCTIONS

- Please complete all applicable sections of this form
- Attach a copy of two pieces of valid government-issued identification which include your date of birth and signature (e.g., driver's license, cared, passport or citizenship or permanent resident card).
- Return the form by e-mail to officeofregistrar@crto.on.ca or by mail to:
 CRTO, Privacy Officer
 90 Adelaide Street W., Suite 300
 Toronto, ON M5H 3V9
 Canada
- Requests for access to personal information will be processed within thirty (30) days, failing which the applicant will be notified of the delay and the reason for it.
- Where the personal information forms part of a record created by another organization, the CRTO will refer the individual to the organization that created the record.

2. REQUESTER CONTACT INFORMATION

FIRST NAME

SURNAME

ADDRESS

PHONE No.

EMAIL

3. REQUEST DETAILS

Please provide details to identify the records being requested, including types of documents (if known) and dates:

- I certify that I am requesting access to my own personal information. I understand that copies of documents received from the CRTO become the responsibility of the requestor.



SIGNATURE _____ DATE _____

Council Briefing Note

AGENDA ITEM # 6.9

March 26, 2026

From:	Carole Hamp, RRT – Registrar and CEO
Topic:	Revised Draft Procurement of Goods & Services Policy
Purpose:	For Decision
Strategic Focus:	Core Business Practices
Attachment(s):	Appendix A: Revised Draft Procurement of Goods & Services Policy
Motion:	It is moved by _____ and seconded by _____ that: The CRTO Council approves the revised Procurement of Goods & Services Policy.

PUBLIC INTEREST RATIONALE

The College of Respiratory Therapists of Ontario’s (CRTO) mandate is to regulate respiratory therapists in Ontario in the public interest. In fulfilling its core regulatory functions, the CRTO has an obligation to ensure its operations—including procurement of goods and services—support effective regulation and protect the confidential information entrusted to the College. Artificial Intelligence (AI) systems can improve efficiency and service delivery, but they can also introduce risks (e.g., privacy breaches, unauthorized secondary use of data, bias, and cybersecurity vulnerabilities). The Procurement of Goods & Services Policy has been revised to support public confidence in CRTO’s regulatory decisions, strengthen its stewardship of information, and mitigate these risks.

ISSUE

The CRTO Council is being asked to approve the revised Procurement of Goods & Services Policy, aligned with the new Use of AI Policy. The revised policy adds explicit requirements for CRTO procurements that involve AI systems.

BACKGROUND

The Procurement of Goods & Services Policy was last approved in September 2022. The goal of the policy is to establish clear guidelines for the procurement of goods and services that are consistent with the needs of the CRTO and offer optimal value for money. Recognizing that the procurement of goods and services is central to the CRTO’s operations and often represents significant financial commitments, it is important to have clear guidelines for purchasing decisions.

The revised policy has gone through a rigorous review process, including an external legal review, to ensure all legislative and regulatory requirements have been met.

ANALYSIS:**Summary of Changes**

The revised policy:

- Introduces governance for AI-related procurements and establishes a risk-based approach informed by factors such as whether personal information or business confidential information is processed.
- Strengthens vendor privacy and security due diligence.
- Adds contractual service-level and ongoing obligations for AI systems.
- Establishes AI disclosure requirements for vendors—prior to award and throughout the contract, vendors must disclose whether any AI system is used in service delivery; whether and how data is collected, processed, stored, or generated; data storage and processing locations; and any material changes to AI features, data practices, or risks.
- Prohibits vendors from using CRTD data (unless expressly authorized in writing) for training, improving AI or machine learning models, developing derivative datasets, or any purpose other than fulfilling contractual obligations.
- Adds incident notification, audit, and ongoing review expectations.

RECOMMENDATIONS

To approve the revised Procurement of Goods & Services Policy.

NEXT STEPS

If the motion is approved, the revised policy will come into effect on March 26, 2026.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Procurement of Goods & Services

Type: Policy

Origin Date: Feb. 5, 2010

Section: CP

Approved By Council on: Dec. 2, 2022

Document Number: CP-203

Next Revision Date: 5 Years After Approval

1.0 POLICY STATEMENT

The procurement of **Goods and Services** must be conducted in the most cost-effective, transparent, and fair manner possible.

2.0 PURPOSE

The purpose of this policy is to establish guidelines for the procurement of goods and services that are consistent with the needs of the CRTO and offer optimal **Value for Money**.

3.0 APPLICABILITY

This policy applies to all expenditures for goods and services over \$15,000. Purchases under \$15,000 are not subject to the procurement policy.

4.0 RESPONSIBILITIES

The Registrar has the authority to secure goods and services from a **Vendor** on behalf of the CRTO within the approved budget allocations and in accordance with the CRTO By-Laws. For items of significant value (i.e., greater than \$15,000), the following will be obtained, where possible:

- \$15,000 - \$30,000 – a minimum of two (2) **Requests for Quotes (RFQ)**.
- Over \$30,000 – three (3) **Competitive Bids** in response to a **Request for Proposal (RFP)**.

All CRTO staff, Council and Committee members engaging in the procurement process must identify any **Conflict of Interest** that may affect their impartiality.

Artificial Intelligence (AI) Related Procurements

AI-Related Procurements (defined below) will be categorized as low, medium or high risk based on factors such as whether Personal or Business Confidential Information is processed, the potential impact of errors, and the degree of autonomy. Higher-risk systems require AI Committee approval.

- **Vendor Privacy and Security Assessment** - Before entering into an agreement, the CRTO will assess the vendor's privacy and security posture, including data residency, encryption, access controls, incident response processes, subcontractor arrangements and alignment with applicable legislation and CRTO policies.

For medium- and high-risk AI systems, the CRTO will seek information about the data used to develop and train the system, including provenance, representativeness and steps taken to detect and mitigate bias, as well as the system's level of explainability.

- **Requirements for High-Risk Data Processing** - AI-related procurements that involve Personal or Business Confidential Information must not proceed to contract execution until a Privacy Impact Assessment and, where appropriate, a security threat-risk assessment have been completed and any material risks addressed.
- **Service Levels and Ongoing Obligations** - Where appropriate, contracts will include service-level obligations and performance indicators related to the accuracy, reliability and availability of AI systems, as well as processes for addressing material errors or adverse impacts identified by the CRTO.



5.0 VENDORS' USE OF ARTIFICIAL INTELLIGENCE

To ensure responsible and transparent use of AI Systems that complies with the CRTO's confidentiality obligations, vendors must adhere to the following provisions when providing goods and services to the CRTO.

- **AI System Disclosure Requirements** - Prior to contract award, and on an ongoing basis throughout the duration of the contract, vendors must disclose whether any AI System is used in the delivery of goods or services to the CRTO. This disclosure must include, at minimum:
 - The nature and purpose of each AI System used, consistent with the definition of AI System provided in this policy.
 - Whether the AI System collects, processes, analyzes, stores, or generates data.
 - The type of data processed and the specific function the AI System performs in delivering the contracted service.
 - The locations (geographic and technical) where data is stored or processed, including identification of any third party or subcontracted tools involved.
 - Any material changes to the AI System, its features, data processing practices, or associated risks.

- **Restrictions on Use of CRTO Data** - Unless expressly authorized in writing by the CRTO, vendors shall not use CRTO data obtained through the performance of a contract for any of the following purposes:
 - Training, fine tuning, or improving AI or machine learning models;
 - Developing derivative datasets, algorithms, or products; or
 - Any purpose other than fulfilling contractual obligations.

- Vendors must promptly notify the CRTO of any actual or suspected security or privacy incident involving CRTO data, cooperate in investigations and remediation, and allow the CRTO or its designate to audit compliance with relevant contractual privacy and security obligations.

- The CRTO will periodically review AI Systems acquired through this Policy to confirm that they continue to meet privacy, security and performance requirements, and will re-evaluate risks in light of changes in law, technology or use.

5.06.0 AUTHORITY & MONITORING

The Registrar authorizes and enforces this policy.



6-07.0 DEFINITIONS

Artificial Intelligence System ("AI System")

Is a machine-based system that, for explicit or implicit objectives, infers from the input it receives to generate outputs such as predictions, content, recommendations, or decisions that can influence physical or virtual environments¹. AI Systems also include Generative AI Systems²

AI-Related Procurement

Includes acquisition of systems or services that use artificial intelligence or machine learning to analyze data or support or make decisions.

Business Confidential Information

Means all information and data, in whatever media or form, whether written or oral, including but not limited to financial information, trade secrets, intellectual property, strategies, technical information, provided the information is either:

- a. not generally known or available to the public;
- b. marked "private" or "confidential" or otherwise marked to indicate confidentiality; or
- c. in the absence of markings described in clause (b), information that a reasonable person would recognize as being confidential or proprietary to the organization.

Competitive Bids

Allows vendors to submit a written proposal in response to the CRTO's RFP. This includes an Open Bidding Process, where any vendor can submit a bid, and an Invitational Bidding Process, where the CRTO invites specific vendors to submit a bid.

Conflict of Interest

The CRTO By-Laws define a conflict of interest as a situation in which *a reasonable person could conclude that the personal or private interests of the individual Council Member or Committee Member, or a related person or related company, could improperly influence, or be perceived to influence, the individual's judgment in performing their duties.* (Schedule A, s. 2.02 - By-Law 2: Council & Committee).

Goods and Services

Goods are tangible items (e.g., computers), while Services are tasks performed by an external individual or vendor (e.g., consulting services). In accordance with the CRTO By-Laws, *goods and services do not include employment contracts and expenses associated*

¹ Definition adapted from Ontario's Bill 194

² Generative AI systems are systems that are trained on large amounts of data, and that display significant generality and are capable of competently performing a wide range of distinct tasks. (EU AI Act) These systems can create new content such as text, images, music, or videos based on the underlying patterns and structures of the data used to train them. Examples include Google Gemini, Microsoft Copilot, and ChatGPT.



with matters referred to the Inquiries, Complaints and Reports, Discipline or Fitness to Practise Committees or to defend legal proceedings brought against the CRTO (s. 11.0, By-Law 1: General CRTO Administration).

[Personal Information](#) is any information about an identifiable individual and may include the individual's name, contact information, birth date, educational background, work history, and any sensitive information such as financial or health data.

Request for Proposal (RFP)

Invitation to receive proposals from a third-party vendor that outlines a specific budget limit for the project. This can involve either an Open or Invitational Bidding Process. The proposal provided by the external party should include, at a minimum:

- organizational background, including Diversity, Equity & Inclusion strategy ;
- references;
- scope of work and exclusions, including deliverables and timelines;
- disclosure of AI use; and
- proposed costs & payment schedule.

Request for Quote (RFQ)

Invitation to receive quotes from a third-party vendor without a specific budget range or limit outlined. This generally involves a Selective Bidding Process. The proposal provided by the external party should include, at a minimum:

- an estimate of the cost of services and materials necessary to fulfill the project scope; and
- proposed deliverables, timelines, and completion dates.

Value for Money

It is based not only on the minimum purchase price but also on the maximum efficiency and effectiveness of the purchase.

Vendor

A third-party resource or service in the form of a contractor, consultant, supplier, or any other contracted worker that is external to the CRTO.

7.08.0 RELATED DOCUMENTS

CRTO By-Laws
Procurement of Goods & Services Procedure
Signing Officer Policy
Record Retention Policy

8.09.0 APPENDICES

Appendix A – RFP Template
Appendix B – RFQ Template



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

9.010.0 CONTACT INFORMATION

College of Respiratory Therapists of Ontario

www.crto.on.ca

Telephone: 416-591-7800

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

Fax: 416-591-7890

General Email: questions@crto.on.ca

Council Briefing Note

AGENDA ITEM # 7.1

March 26, 2026

From:	Kelly Munoz, RRT
Topic:	Revised Draft Registration Committee Terms of Reference and Action Plan
Purpose:	For Approval
Strategic Focus:	Governance & Accountability
Attachment(s):	Appendix A – Registration Committee Terms of Reference & Action Plan
Motion(s):	It is moved by _____ and seconded by _____ that: Council approve the revised Registration Committee Terms of Reference and Action Plan for 2026-2027.

PUBLIC INTEREST RATIONALE:

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

BACKGROUND:

Under the RC Terms of reference, it is recommended that the committee review its terms of reference annually. The attached RC Terms of Reference & Action Plan (Appendix A) includes the suggested changes for 2026-2027.

ANALYSIS:

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

- Registration Policies, Guidelines and Related Legislation section
 - Added references to the new General Certificate of Registration - Currency Condition Policy (RG-411)
- Action Plan
 - The 2026-2027 Action Plan has been updated based on the projects completed in 2025 and the anticipated review of the Registration Regulation and the Entry-to-Practice Assessment Policy

RECOMMENDATION:

That Council approve the revised Registration Committee Terms of Reference and Action Plan for 2026-2027.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Title: **Terms of Reference and Action Plan: Registration Committee**

NUMBER:
CP-RC-TERMS-162

Date originally approved:
January 8, 1996

Date last revision approved:
January 22, 2025

Terms of Reference

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

PURPOSE:

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

RESPONSIBILITIES & OPPORTUNITIES:

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

REGISTRATION POLICIES, GUIDELINES & RELATED LEGISLATION:

- [Regulated Health Professions Act, 1991, S.O. 1991, c. 18 \(ontario.ca\)](#)
- [Respiratory Therapy Act, 1991, S.O. 1991, c. 39 \(ontario.ca\)](#)
 - Ontario Regulation 596/94 Part VIII - Registration Regulation
 - Ontario Regulation 596/94 Part VII – Prescribed Procedures
 - Ontario Regulation 596/94 Part VII.1 – Prescribed Substances
- Graduate Certificate of Registration Policy (RG-403)
- Entry-to-Practice Exam Policy (RG-406)
- Language Proficiency Requirements Policy (RG-407)
- Approval of Canadian Education Programs Policy (RG-408)
- Applications for Registration or Reinstatement -Currency Requirement Policy (RG-410)
- Emergency Registration Policy (RG-412)

- Application for Registration Documents Requirement Policy (RG-420)
- Entry-to-Practice Assessment Policy (RG-425)
- Application for Registration – File Closure Policy (RG-426)
- Entry-to-Practice Assessment Appeal Policy (RG-429)
- Vulnerable Sector Checks Policy (RG-430)
- General Certificate of Registration - Currency Condition Policy (RG-411)
- Registration and Use of Title Professional Practice Guideline (PPG)
- Certificate Programs for Advanced Prescribed Procedures Below the Dermis (APPBD) Professional Practice Guideline (PPG)

MEMBERSHIP:

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

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

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

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

REPORTING RELATIONSHIP:

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

CHAIR:

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

FREQUENCY OF MEETINGS:

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

QUORUM:

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

TERMS OF APPOINTMENT:

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

CIRCULATION OF MINUTES:

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

TRAINING:

Members of the Registration Committee will receive training annually on:

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

ACTION PLAN FOR THE PERIOD ENDING (FEBRUARY ~~2026~~2027)

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

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

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

Action	How	When	Status
1. Conduct a review of the <i>Ontario Regulation 596/94 Part VIII</i> - Registration Regulation and entry-to-practice requirements and make recommendations to Council as appropriate.			
a. Identify any changes or proposed changes to legislation: <ul style="list-style-type: none"> ● Proposed changes to the Registration Regulation were accepted by the Ministry and are effective on January 1, 2025. ● Preliminary considerations - utilizing the Limited Certificate for select IEHP candidates 	Staff will engage with preliminary discussion with MOH and report to the Registration Committee. Staff are drafting changes to various registration policies to align with the new Registration Regulation. The Registration Committee will review and, where appropriate, recommend that Council approve the policy revisions.	To align with the new Registration Regulation, policies, guides, and other communications are being reviewed and updated. 2026	Implementation stage. Target date: March 2025 Under review
2. Conduct a review of the <i>Ontario Regulation 596/94 Part VII</i> – Prescribed Procedures (below the dermis).			
a. Identify any changes or proposed changes to legislation.	Staff will monitor and brief the Registration Committee.	As required.	As required. Complete
3. Conduct a review of the <i>Ontario Regulation 596/94 Part VII.1</i> – Prescribed Substances			
a. Identify any changes or proposed changes to legislation.	Staff will monitor and brief the Registration Committee.	As required.	As required. Complete
4. Conduct a review of the following practice guidelines:			
a. Review the Registration and Use of Title PPG and identify any changes or proposed changes to the guideline.	The Registration Committee will review and update the Registration and Use of Title Practice Guideline to ensure that it aligns	Last approved by Council in March 2025.	Complete 128

Action	How	When	Status
	with the new Registration Regulation. Staff will monitor and brief the Registration Committee.		
b. Review the Certificate Programs for Advanced Prescribed Procedures Below the Dermis PPG.	The Registration Committee will review the Certification Programs for Advanced Prescribed Procedures Below the Dermis Practice Guideline and recommend changes if necessary. Staff will monitor and brief the Registration Committee.	Last approved by Council in March 2025.	Complete
5. Conduct a review of the policies that support the Registration Committee.			
a. Graduate Certificate of Registration Policy (RG-403)	The Registration Committee will review the policy to ensure that it aligns with the new Registration Regulation. Staff will monitor and brief the Registration Committee.	Last approved by Council in May 2022. Last updated by staff in January 2025.	Complete
b. Entry-to-Practice Exam Policy (RG-406)	The Registration Committee will review the policy to ensure that it aligns with the new Registration Regulation. Staff will monitor and brief the Registration Committee.	Last approved by Council in March 2025.	Complete
c. Language Proficiency Requirements Policy (RG-407)	The Registration Committee will review the policy and recommend changes if necessary. Staff will monitor and brief the Registration Committee.	Last approved by Council in September 2024 <u>June 2025</u> .	Complete <u>As required.</u>
d. Approval of Canadian Education Programs Policy (RG-408)	The Registration Committee will review the policy to ensure that it aligns with the new Registration Regulation. Staff will monitor and brief the Registration Committee.	Last approved by Council in March 2025.	Complete
e. Application for Registration or Reinstatement – Currency Requirement Policy (RG-410)	The Registration Committee will review documents and recommend changes if necessary. Staff will monitor and brief the Registration Committee.	Last approved by Council in December 2024.	Complete.
f. Emergency Registration Policy (RG-412)	The Registration Committee will review the policy to ensure that it aligns with the new Registration Regulation. Staff will monitor and brief the Registration Committee.	Last approved by Council in March 2025.	Complete.

Action	How	When	Status
g. Application for Registration Documents Requirement Policy (RG-420)	The Registration Committee will review the policy to ensure that it aligns with the new Registration Regulation. Staff will monitor and brief the Registration Committee.	Last approved by Council in June 2024. <u>Last updated by staff in January 2025.</u>	Complete. <u>As required.</u>
h. Entry-to-Practice Assessment Policy (RG-425) <ul style="list-style-type: none"> <u>Review of the exemption section for graduates of accredited RT programs</u> 	The Registration Committee will review the policy and recommend changes if necessary. Staff will draft proposed policy changes and bring it forward to the Registration Committee for review and consideration.	Last approved by Council in December 2024. <u>March 2026 Council</u>	Complete. <u>Under review</u>
h.i. Application for Registration – File Closure Policy (RG-426)	The Registration Committee will review the policy and recommend changes if necessary. Staff will monitor and brief the Registration Committee.	<u>Last approved by Council in May 2022.</u> Last updated by the Registration Committee November 2023.	Complete. <u>As required.</u>
i.j. Entry-to-Practice Assessment Appeal Policy (RG-429)	The Registration Committee will review the policy to ensure that it aligns with the new Registration Regulation. Staff will monitor and brief the Registration Committee.	<u>Last approved by Council in April 2022.</u> Last updated in <u>by staff</u> January 2025.	Complete
j.k. Vulnerable Sector Checks Policy (RG-430)	The Registration Committee will review the policy and recommend changes if necessary. Staff will monitor and brief the Registration Committee.	<u>Last a</u> Approved by Council in September 2025	As required. <u>Complete</u>
k.l. New policy to address new currency conditions imposed on the General Certificate of Registration – Currency Condition Policy (RG-411)	Staff will draft the proposed policy and bring it forward to the Registration Committee for review and consideration. Staff will monitor and brief the Registration Committee.	Tentatively for September 2025 Council’s approval. <u>Approved by Council in October 2025</u>	Under development. <u>Complete</u>

Council Briefing Note

AGENDA ITEM # 7.2

March 26, 2026

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

PUBLIC INTEREST RATIONALE

The [Registration Regulation](#) outlines the eligibility requirements for registration with the College of Respiratory Therapists of Ontario (CRTO). The regulation specifies requirements that applicants for registration must meet to receive a certificate of registration. These provisions help to ensure that CRTO members provide safe, ethical, and competent care to the public.

BACKGROUND

Under section 55. (2) of the Registration Regulation, an applicant for a General Certificate must:

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

The Entry-to-Practice Assessment Policy outlines the process for applicants who have not graduated from an approved respiratory therapy program to demonstrate to the Registration Committee that they meet the national competency standards required for entry to practice.

The policy was last approved in December 2024. Following a recent Registration Committee Panel review, it has been suggested that the policy be amended to clarify the provision that applies to

applicants who graduated from international Respiratory Therapy programs that are accredited by Accreditation Canada.

Summary of Changes

The revised policy clarifies that:

- Applicants who graduated from a Respiratory Therapy program outside Canada that, at the time of completion, held Accreditation Canada **“accredited” (unconditional)** status will be considered to have met paragraph 55(2)(b)(ii) of the Registration Regulation. As a result, they will not be required to complete the Entry-to-Practice Assessment described in the policy. However, under paragraph 55(2)(b)(i), the Registration Committee may still direct the applicant to complete additional education, remediation, or a period of supervised practice.
- Applicants who graduated from a Respiratory Therapy program outside Canada that, at the time of completion, held Accreditation Canada **“accredited with condition”** status will not automatically be considered to have met paragraph 55(2)(b)(ii) of the Registration Regulation. The Registration Committee will determine, on a case-by-case basis, whether the applicant is required to complete the Entry-to-Practice Assessment.

Minor wording changes were also made throughout to improve clarity.

The proposed changes were reviewed by the CRTO’s legal counsel. These changes do not significantly affect the intent or direction of the original policy.

RECOMMENDATIONS

To approve the revised Entry-to-Practice Assessment Policy.

NEXT STEPS

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

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Entry-to-Practice Assessment

Type: Policy

Origin Date: November 29, 2013

Section: RG

Approved By Council on: December 6, 2024

Document Number: RG-425

Next Revision Date: December 2029

1.0 POLICY STATEMENT

The College of Respiratory Therapists of Ontario (CRTO) is responsible for setting the entry-to-practice requirements for respiratory therapists in Ontario. These requirements are set out in the Registration Regulation ([Ontario Regulation 596/94](#), Part VIII) made under the Respiratory Therapy Act, 1991.

Applicants seeking registration with the CRTO who have not graduated from one of the approved respiratory therapy programs¹ will be required to complete the CRTO's entry-to-practice assessment.

2.0 PURPOSE

The purpose of this policy is to ~~provide a~~ describe the process for applicants who do not meet the registration requirements under paragraph 55(2)(a) of the Registration Regulation may qualify for registration under paragraph 55(2)(b) of the Registration Regulation by ~~to~~ demonstrating to the Registration Committee that they meet the national standards of competencies required for entry-to-practice.

3.0 APPLICABILITY & SCOPE OF POLICY

Applicants who do not meet the registration requirements under paragraph 55(2)(a) of the Registration Regulation are referred to the Entry-to-Practice Assessment process, which may include the following three components:

1. Educational Review;
2. Structured Interview and Feedback; and
3. Clinical Skills Assessment.

These components are listed sequentially as listed above; applicants must complete each component before moving on to the next unless directed otherwise by the Registration Committee.

Specifically, this policy applies to applicants who have:

¹ The list of approved respiratory therapy programs is posted at <https://www.crto.on.ca/student/registration/accredited-schools/>



- graduated from Respiratory Therapy programs offered outside Canada; or
- graduated from a Canadian Respiratory Therapy program that, at the time of completion, has was not been approved by the Registration Committee.

Exemption from Entry-to-Practice Assessment

Applicants who graduated from a Respiratory Therapy program ~~offered~~ outside Canada that, at the time of completion, ~~was accredited by~~ held Accreditation Canada with “accredited” (unconditional) status will be considered to have met paragraph 55(2)(b)(ii) of the Registration Regulation. As a result, they will not be required to complete the Entry-to-Practice Assessment described above. However, under paragraph 55(2)(b)(i) of the Registration Regulation, the Registration Committee may still direct the applicant to complete additional education, remediation, or a period of supervised practice if the Registration Committee determines that it is warranted. ~~considered on a case-by-case basis. If the program held “accredited” status at the time of the applicant’s graduation, the applicant will be deemed to have met paragraph 55 (2)(b)(ii) in the Registration Regulation.~~

Applicants who graduated from a Respiratory Therapy program outside Canada that, at the time of completion, held Accreditation Canada “accredited with condition” status will not automatically be considered to have met paragraph 55(2)(b)(ii) of the Registration Regulation. The Registration Committee will determine, on a case-by-case basis, whether the applicant is required to complete the Entry-to-Practice Assessment.

4.0 REGISTRATION COMMITTEE REFERRAL

Applicants who have completed the entire Entry-to-Practice Assessment process (or who are exempted pursuant to this policy) and have fulfilled all application requirements will be referred to a panel of the Registration Committee for consideration and decision. As part of the considerations, the panel of the Registration Committee will review a comprehensive assessment report prepared by CRTO staff.

If the applicant disagrees with the decision of a panel of the Registration Committee, they may appeal the decision to the Health Professions Appeal and Review Board (HPARB).

Entry-to-Practice Assessment results are considered valid for up to three years following the Registration Committee decision, which means that:

- Applicants directed by the Registration Committee to complete targeted remediation have a maximum of three years to complete the required remediation, failing which the assessment results are no longer valid and a fresh application must be made.
- Applicants who are unsuccessful in the Entry-to-Practice Assessment process must wait at least three years after the Registration Committee’s decision before taking the assessment again, unless they complete significant remediation acceptable to the Registration Committee.



5.0 RELATED DOCUMENTS

- [Ontario Regulation 596/94](#)
- [Approved Respiratory Therapy Programs](#)
- [Entry-to-Practice Assessment Fact Sheet](#)
- [Entry to Practice Assessment Appeal Policy](#)
- [Application for Registration Document Requirements Policy](#)
- [Approval of Canadian Education Programs Policy](#)
- [Application for Registration - Guide for Applicants Educated Outside Canada](#)

6.0 CONTACT INFORMATION

College of Respiratory Therapists of Ontario

www.crto.on.ca

Telephone: 416-591-7800

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

Fax: 416-591-7890

General Email: questions@crto.on.ca

Council Briefing Note

AGENDA ITEM # 7.3

March 26, 2026

From:	Jeffrey Dionne, RRT
Topic:	Revised Draft Quality Assurance Committee Terms of Reference and Action Plan
Purpose:	For Approval
Strategic Focus:	Governance & Accountability
Attachment(s):	Appendix A – QAC Committee Terms of Reference & Action Plan
Motion(s):	It is moved by _____ and seconded by _____ that: Council approve the revised QAC Committee Terms of Reference and Action Plan for 2026-2027.

PUBLIC INTEREST RATIONALE:

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

BACKGROUND:

Under the Quality Assurance Committee (QAC) Terms of reference, it is recommended that the committee review its terms of reference annually. The attached Quality Assurance Committee Terms of Reference & Action Plan (Appendix A) includes the suggested changes for 2026-2027.

ANALYSIS:

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

- PDP Policies, Guidelines and Related Legislation section
 - Review of the revised Peer Assessor Fact Sheet
- Action Plan
 - The 2026-2027 Action Plan has been updated based on the projects completed in 2025.

RECOMMENDATION:

That Council approve the revised Quality Assurance Committee Terms of Reference and Action Plan for 2026-2027.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



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

NUMBER: **CP- QAC.TERMS-166**

Date originally approved:
January 6, 1996

Date last revision approved:
~~March 28, 2025~~ To be updated

TERMS OF REFERENCE

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

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

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

RESPONSIBILITIES AND OPPORTUNITIES:

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

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

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

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

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

RELATED POLICIES:

- RHPA [Regulated Health Professions Act, 1991, S.O. 1991, c. 18 \(ontario.ca\)](#)
- Respiratory Therapy Act [Respiratory Therapy Act, 1991, S.O. 1991, c. 39 \(ontario.ca\)](#)
- PDP Policy 101 Professional Development Program – CRTO
- PDP Policy 104 Deferrals – CRTO
- [405 - PDP Peer Assessors and Mentors Fact Sheet](#)

MEMBERSHIP:

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

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

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

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

REPORTING RELATIONSHIP:

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

CHAIR:

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

FREQUENCY OF MEETINGS:

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

QUORUM:

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

TERMS OF APPOINTMENT:

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

CIRCULATION OF MINUTES:

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

TRAINING:

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

ACTION PLAN FOR THE PERIOD ENDING (December 202~~65~~⁶⁶)

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

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

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

Action	How	When	Status
1. Conduct an evaluation of the Professional Development Program (PDP).			
<u>Full PDP review done by external consultant in 2025. Results to be shared with the QAC prior to publicizing on our website.</u>			
a. Member satisfaction	Relevant	Yearly	<u>2025: 965 % satisfaction with module</u>
Member satisfaction	Launch	As needed	<u>Launch review underway</u>
b. Does it provide opportunity to increase knowledge?	Relevant Review blueprint as needed	Yearly	<u>2025: 965 % satisfaction with module</u>
Does it provide opportunity to increase knowledge?	Launch Review blueprint as needed	Yearly	<u>95% satisfaction with module, 22-25% failure rate among schools</u> 140

c. Is communication effective?	Relevant	Yearly	965 % satisfaction with module
Is communication effective?	Launch	As needed	<u>Ongoing work with RT schools to improve Launch scores</u>
2. Conduct a review of the policies and documents that support the PDP program			
a. Review PDP Policy 101 Professional Development Program	Committee will review documents and recommend changes if necessary.	As needed	Complete. Amended- QAC reviewed <u>and approved by Council December, 2025</u> May 2024
b. Review PDP Policy 104 Deferrals	Committee will review documents and recommend changes if necessary.	As needed	
c. Review Standards of Practice	Staff will monitor and brief Committee. Committee will review documents and recommend changes if necessary.	As needed	<u>Updated December 2025 with the National Alliance to adopt standardized national practice standards</u>
<u>d. Review of the Peer Assessor Fact Sheet</u>	<u>Committee will review documents and recommend changes if necessary.</u>	<u>As needed</u>	<u>Presented to QAC February 2026</u>

Council Briefing Note

AGENDA ITEM # 7.4

March 26, 2026

From:	Kelly Arndt, Manager Quality Practice
Topic:	Professional Development Program (PDP) Review
Purpose:	For Information
Strategic Focus:	Core Business Practice
Attachment(s):	Appendix A – Professional Development Review

PUBLIC INTEREST RATIONALE:

To ensure the components and requirements of the CRTO’s PDP are effective and aligned with current regulatory expectations and responsibilities.

BACKGROUND:

The CRTO’s Professional Development Program (PDP), which is mandated by the *Regulated Health Professions Act* and overseen by the CRTO’s Quality Assurance (QA) Committee, is designed to support the ongoing continuous quality improvement of all its Members. The CRTO worked closely with consultant Nanci Harris in completing a fulsome analysis of our current PDP, the outcomes and the feedback from our Members. The attached Professional Development Review (Appendix A) includes the suggested changes moving forward.

ANALYSIS:

The report provided feedback, some of which had already been implemented before the consultation was complete. The assessment and results of the three components of the PDP: Portfolio, RelevantT and Launch will continue to be reviewed on an ongoing basis.

NEXT STEPS:

The report will be circulated to CRTO Members and posted on the CRTO website.



College of Respiratory
Therapists of Ontario

Ordre des thérapeutes
respiratoires de l'Ontario

APPENDIX A:



PROGRAM EVALUATION REPORT

Prepared by:
The College of Respiratory Therapists

Submitted by:
Nanci Harris, N. Harris Consulting

Date:
November 24th, 2025

Quality Assurance Program
2014 – 2024

20
26



AGENDA

“Members Spoke.
We Listened.
Here’s What’s
Next for QA at
the CRTO.”

↘	Executive Summary	02
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EXECUTIVE SUMMARY



Key Highlights

Over the past several years, Members, assessors, educators, and system partners have shared thoughtful and honest feedback about the College of Respiratory Therapists of Ontario's Professional Development Program.

We've heard them, and their input is actively shaping how these programs evolve. To support this work, we also recruited and partnered with an external consultant who brings expertise in regulation and quality assurance to help guide our review and ensure we are applying leading practices.

This report presents a snapshot of feedback received and the actions underway, organized by each major QA program area.





PORTfolio & PDKeepr

What We Heard

- Members appreciate the clarity and predictability of the five-year PORTfolio cycle.
- PDKeepr is easier to use than previous platforms and provides welcome structure.
- Many Members want PORTfolio goals to feel more meaningful and more connected to real practice.
- Some Members want access to feedback from previous PORTfolio reviews so they can reflect, grow, and build on past learning.
- Members find that pre-formatted learning goals do not always align with their practice and appreciate the ability to create their own goals.

What We're Doing

- Exploring ways to strengthen learning goal quality, including clearer examples of strong, practice-relevant goals.
- Looking at how feedback from prior PORTfolio reviews can better support Members' learning journey.
- Enhancing guidance and reminders earlier in the PORTfolio cycle, so that Members have time to prepare thoughtfully.
- Reviewing how outcomes, including repeat PORTfolios are used to reinforce the importance of meaningful engagement.
- Considering content and communications that showcase SMART goals and valuable learning activities drawn from real practice.
- With insights provided by our Peer Assessors, we've added new opportunities for greater clarity within the Portfolio platform. These updates are designed to help RTs understand the criteria and access everything they need to clearly demonstrate their individual professional development.

**MEMBERS TOLD US PORTFOLIO
SHOULD SUPPORT GROWTH, NOT
BOX-CHECKING. AND WE AGREE. ¹⁴⁶**



LaunchRT



What We Heard

- The recent increase in first-attempt failure rates raises concerns across the profession.
- Preparation for LaunchRT doesn't always receive the same emphasis as national exams and the assistance the CRTO provides to the educational programs is very helpful.
- Students and new graduates are navigating increased stress, competing work demands, and changing learning environments. This can make focusing on LaunchRT challenging.
- Educators value ongoing collaboration with the CRTO to support learner success.
- Members find that LaunchRT is most useful when it is, relevant, and aligned with real-world practice.

What We're Doing

- Conducting a comprehensive review of LaunchRT results and trends across schools.
- Continuing to engage closely with Respiratory Therapy education programs to strengthen alignment and preparedness.
- Encouraging earlier conversations with students about the role of the CRTO and the importance of LaunchRT.
- Supporting initiatives that integrate LaunchRT-style questions into school assessments.
- Using data and system partner input to ensure LaunchRT continues to reflect professional expectations and public safety.

WE HEAR MEMBERS' CONCERNS AND WE'RE WORKING ALONGSIDE EDUCATORS AND MEMBERS TO CLOSE THE GAPS.



RelevantT

What We Heard

- Many Members find RelevantT engaging and helpful in staying current.
- Some Members noted that they sometimes find it challenging to find the relevant information.
- Members appreciate clear access to supporting resources.
- Members want to understand why content is included and how it connects to practice.
- A strong and recurring message: Members appreciate any possible opportunity to assist in shaping RelevantT.

What We're Doing

- Reviewing question clarity, structure, and access to supporting materials.
- Exploring improvements to how resources, PPGs, and links are embedded and accessed.
- Looking at mobile-friendly enhancements to improve accessibility.
- Actively exploring Member focus groups to help inform future RelevantT content and question development.

**RELEVANT PROVIDES ALL MEMBERS
WITH AN ANNUAL UPDATE ON
EVERYTHING THAT IS NEW THAT THEY
NEED TO KNOW.**



FOCUS GROUPS & MEMBER INVOLVEMENT: A SHARED PRIORITY



“Members would like to assist with the Professional Development Program in any way they can.”

Across all Professional Development Programs, one message came through clearly: Members want to be more involved – earlier, more often, and in meaningful ways.

We hear that. And we agree.

What we're committed to:

- Expanding opportunities for Member focus groups and engagement
- Using feedback not just to evaluate programs, but to co-design improvements
- Continuing to be more transparent about what we heard and how it influenced decisions
- Strengthening the feedback loop between Members and the CRTO



THE BOTTOM LINE

Members are not just participants in the CRTO Professional Development Program (PDP); they are partners in shaping it.

Member feedback matters.
Member experience matters.

And Members' voices will continue to guide how the CRTO's PDP programs evolve.



THE COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO (CRTO)

☎ 1-800-261-0528

✉ professionalpractice@crto.on.ca

🌐 <https://www.crto.on.ca>

📍 90 Adelaide St W, Ste 300
Toronto, ON M5H 3V9

Council Briefing Note

AGENDA ITEM # 7.5

March 26, 2026

From:	Shaf Rahman, Deputy Registrar
Topic:	Revised Terms of Reference and Action Plan: Finance & Audit Committee
Purpose:	For Decision
Strategic Focus:	Governance & Accountability
Attachment(s):	Appendix A: Revised Terms of Reference and Action Plan: Finance & Audit Committee (track change version) Appendix B: Revised Terms of Reference and Action Plan: Finance & Audit Committee (clean version)
Motion(s):	It is moved by _____ and seconded by _____ that: Council approve the revised Terms of Reference and Action Plan: Finance & Audit Committee.

PUBLIC INTEREST RATIONALE:

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

BACKGROUND:

To align the CRTO's finances more closely with its strategic plan, in 2022, it was determined that the Finance and Audit Committee (FAC) be created as a non-statutory committee to assist the CRTO in fulfilling its obligations and oversight responsibilities relating to financial planning and reporting, external audit, internal control systems, investments, and relevant policies.

Accordingly, the Terms of Reference and Action Plan of the FAC was established to provide guidance to the FAC in order for the FAC to ensure that the budget allocation is aligned with the activities, projects and programs the CRTO undertakes to attain its mandate.

ANALYSIS:

The Finance & Audit Committee (FAC) was established in 2022 in response to indications from the Ontario government that Executive Committees of health regulatory bodies may be eliminated. The FAC was intended to assume oversight of the CRTO's financial operations should the Executive Committee be disbanded.

However, as no action has been taken over the past four years to eliminate Executive Committees, the role of the FAC has become redundant. Under the *Regulated Health Professions Act (RHPA)* and the CRTO's by-laws, authority over financial matters rests with the Executive Committee and Council. Accordingly, the FAC will transition to an ad hoc committee. Members will be appointed on an as-needed basis to support Council in overseeing special financial projects when requested.

The Terms of Reference for the FAC have therefore been revised to reflect its transition to an ad hoc committee. Key updates include:

- **Responsibilities:** Removal of the requirement for quarterly meetings.
- **Responsibilities:** Revision of reporting requirements so that the FAC reports directly to Council, as Council will be responsible for requesting that the committee convene for specific projects.
- **Responsibilities:** Removal of the requirement for the FAC to regularly review expenditures in excess of \$30,000. This responsibility will continue to rest with Council under the authority of CRTO By-Law 1 - 11.01.
- **Membership, Frequency of Meetings, and Terms of Appointment:** Updated to reflect the ad hoc nature of the committee.
- **Reporting Relationship:** Updated to reflect that the FAC will report directly to Council.

In addition, within the Action Plan, the "When" column has been revised from specified timelines to "as needed" to align with the committee's ad hoc structure.

RECOMMENDATION:

That Council approve the revised Terms of Reference and Action Plan: Finance & Audit Committee.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Title: **Terms of Reference and Action Plan: Finance & Audit Committee**

NUMBER:
CP- FAC-TERMS-168

Date originally approved:
March 4, 2022

Date last revision approved:
March 1, 2024

TERMS OF REFERENCE

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

PURPOSE:

The Finance & Audit Committee (FAC) is responsible for assisting the College of Respiratory Therapists of Ontario (Cрто) in fulfilling its obligations and oversight responsibilities relating to financial planning and reporting, external audit, internal control systems, investments, and relevant policies.

The FAC shall operate as an ad hoc committee and will not have standing membership. When the Cрто Council determines that the FAC is required to undertake work related to the financial matters of the Cрто, Council may request that the Executive Committee appoint members to the FAC for the purpose of carrying out the assigned mandate.

RESPONSIBILITIES

If appointed to undertake work related to financial matters of the Cрто, the FAC's responsibilities will include the following:

1. Finance

- a. Review ~~the quarterly~~ unaudited financial statements for recommendation to the Executive Committee and/or Council.
- b. Monitor and report ~~quarterly~~ on the control and management of investments
- c. Review the draft annual budget. ~~prior to recommendation to the Executive Committee~~
- d. Monitor and recommend strategies to Council with respect to maintaining the not-for-profit status
- ~~e. Review expenditures in excess of \$30,000 in compliance with the By-laws~~
- f.e. Inform and advise Council on any financial matters as requested, including special projects and initiatives
- f. In situations where a sudden and/or substantial financial crisis/issue arises, the FAC is to immediately review and report on the situation to ~~the Executive Committee~~ Council.

2. Audit

- a. Review and approve the audit plan, including scope, timelines, and fees
- b. Review and ensure auditor independence from management
- c. Monitor and evaluate the performance of the external auditor
- d. Recommend, where appropriate, approval of the audited financial statements to the Executive Committee
- e. Recommend to the Executive Committee the appointment of an audit firm
- f. Other recommendations with respect to the audit, as requested by Council

MEMBERSHIP:

When appointed for Ad-hoc meetings/projects by the Executive Committee, tThe Finance & Audit Committee shall consist of*:

- at least two (2) members of the Council who are members of the College;
- at least one (1) member of the Council appointed to the Council by the Lieutenant Governor in Council;
- at least one (1) member of the Council who is also a member of the Executive Committee; and
- Other individuals who are not members of the Council but have been appointed by the Executive as required.

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

~~*to ensure adequate experience, attempts will be made to maintain at least 50% of the membership year over year.~~

REPORTING RELATIONSHIP:

The Finance & Audit Committee is a non-statutory ad-hoc committee that is accountable directly accountable to ~~the CRTO's~~ Council. When appointed by the Executive Committee to perform duties outlined in the Responsibilities section of this document, tThe Finance & Audit Committee shall ~~provide a~~ report to ~~the~~ Council with the results of those duties. - at each quarterly meeting, which outlines all ~~Committee activities that have been undertaken since the last report. The Chair shall also submit a report of the Committee's activities at the close of each fiscal year to be included in the CRTO's Annual Report. The Chair will submit a report of the Committee's activities at the close of each fiscal year, to be included in the CRTO's annual report, if they have been appointed by Executive Committee to perform a task during the fiscal year.~~

CHAIR:

The Executive Committee will appoint the Chair of the Finance & Audit Committee on an ad-hoc basis. n ~~an annual basis~~. In the event that the Chair is unable to preside at a meeting, the Chair shall designate an acting Chair from among the Committee members.

FREQUENCY OF MEETINGS:

The Committee shall hold meetings on a as needed basis, when appointed by the Executive Committee to complete an assigned mandate. at least four (4) meetings each year. Additional meetings of the Committee shall be called by the Chair as required.

QUORUM:

A quorum shall consist of a majority (more than 50%) of the voting members of the Committee, at least one of whom must be appointed to the Council by the Lieutenant Governor in Council.

VOTING:

Whenever possible, decision-making shall be conducted using a consensus model. When necessary, formal voting will be used. Unless otherwise outlined in the CRO's By-laws, every motion that properly comes before the Committee shall be decided by a simple majority of the votes cast at the meeting by the Committee members present.

TERMS OF APPOINTMENT:

Finance & Audit Committee members will be appointed annually on a ad-hoc basis by the Executive Committee. ~~Each term is three (3) years to a maximum of nine (9) years in total.~~

CIRCULATION OF MINUTES:

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

RELATED POLICIES AND LEGISLATION:

- [Regulated Health Professions Act, 1991, S.O. 1991, c. 18 \(ontario.ca\)](#)
- CRO [By-Laws](#)
- CRO Reserves Policy
- CRO Investments Policy

ACTION PLAN FOR THE PERIOD ENDING ~~(February 2025)~~

Actions are taken from the Responsibilities section of the Terms of Reference. This is a living document and will be submitted to Council for approval when significant changes are made. Any additional activities must be approved before adding to the plan and will show the date of addition. The action plan will inform the Committee's [ad-hoc annual](#) report.

Status can be "complete", "in progress" or "pending".

Action	How	When	Status
1 Finance			
a. Review quarterly statements	Identify, discuss and seek an explanation of significant variances from the budget Identify, discuss and seek an explanation for any other concerns Include in a report to Executive Committee recommending approval (as appropriate)	Prior to quarterly Council meetings. <u>As needed</u>	
b. Monitor and report on control and management of investments	Review the composition of investments Ensure compliance with investment policies and By-laws Include in a report to Executive Committee (If changes required – Action Item)	<u>As needed</u> Prior to quarterly Council meetings.	
c. Review the draft annual budget	Consider the adequacy of the budget Compare the current budget to the prior year Discuss significant changes Ensure compliance and alignment with strategic direction and key initiatives. Ensure compliance with regulations and maintenance of the not-for-profit status. Include in a report to Executive Committee recommending approval (as appropriate) [Action Item]	<u>As needed</u> As early as possible in the calendar year prior to the March Council meeting	

d. Monitor and recommend strategies to Executive Committee with respect to maintaining the not-for-profit status	Monitor surplus in quarterly statements and the budget Include recommendations (if any) in a report to Executive Committee [Action Item if required]	As needed Ongoing	
e. Review expenditures in excess of \$30,000 in compliance with the By-laws	Review requests brought forward by the Registrar for expenditures not previously approved in the budget (other than those not requiring approval – see bylaw) Include recommendation in the report to Executive Committee [Action Item]	As necessary	
f. Inform and advise Executive Committee on any requested financial matters, including special projects and initiatives.	Consider the financial implications of special projects and initiatives – brought forward by staff or committees.	As needed As necessary	
2 Audit			
a. Review and approve the audit plan, including scope, timelines, and fees	Meet with the auditor or review communication. Consider any specific issues that Council or this committee has identified for attention. Consider fee in comparison to prior years Determine if the auditor has a specific focus	As needed Prior to commencing the audit for the previous fiscal year.	
b. Review and ensure auditor independence from management	Inquire as to how the auditor ensures independence and considers adequacy	As needed With a review of the audit plan	
c. Monitor and evaluate the performance of the external auditor	In order to ensure full and transparent disclosure: <ul style="list-style-type: none"> • Meet at least once with the auditor without management • Meet at least once with management (without the auditor) Enquire into major audit and financial risks and appropriateness of internal controls and strategies	As needed During the audit process	

d. Recommend (where appropriate) the approval of the audited financial statements	Review draft audited financial statements Review auditor's report Review management letter Make recommendation to the Executive Committee [Action Item]	<u>As needed</u> Spring (May or June) Council meeting	
e. Recommend the appointment of an auditor	Consider: <ul style="list-style-type: none"> • performance of the current auditor • management's satisfaction • fees • independence of auditor • best practices for auditor rotation Recommend appointment to the Executive Committee [Action Item]	<u>As needed</u> Spring (May or June) Council meeting	
f. Other recommendations with respect to the audit as requested by Council	As needed.	As needed	

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Title: **Terms of Reference and
Action Plan: Finance &
Audit Committee**

NUMBER:
CP- FAC-TERMS-168

Date originally approved:
March 4, 2022

Date last revision approved:
March 1, 2024

TERMS OF REFERENCE

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

PURPOSE:

The Finance & Audit Committee (FAC) is responsible for assisting the College of Respiratory Therapists of Ontario (CRTC) in fulfilling its obligations and oversight responsibilities relating to financial planning and reporting, external audit, internal control systems, investments, and relevant policies.

The FAC shall operate as an ad hoc committee and will not have standing membership. When the CRTC Council determines that the FAC is required to undertake work related to the financial matters of the CRTC, Council may request that the Executive Committee appoint members to the FAC for the purpose of carrying out the assigned mandate.

RESPONSIBILITIES

If appointed to undertake work related to financial matters of the CRTC, the FAC's responsibilities will include the following:

1. Finance

- a. Review unaudited financial statements for recommendation to the Executive Committee and/or Council.
- b. Monitor and report on the control and management of investments
- c. Review the draft annual budget.
- d. Monitor and recommend strategies to Council with respect to maintaining the not-for-profit status
- e. Inform and advise Council on any financial matters as requested, including special projects and initiatives
- f. In situations where a sudden and/or substantial financial crisis/issue arises, the FAC is to immediately review and report on the situation to Council.

2. Audit

- a. Review and approve the audit plan, including scope, timelines, and fees
- b. Review and ensure auditor independence from management
- c. Monitor and evaluate the performance of the external auditor
- d. Recommend, where appropriate, approval of the audited financial statements to the Executive Committee
- e. Recommend to the Executive Committee the appointment of an audit firm
- f. Other recommendations with respect to the audit, as requested by Council

MEMBERSHIP:

When appointed for ad-hoc meetings/projects by the Executive Committee, the Finance & Audit Committee shall consist of:

- at least two (2) members of the Council who are members of the College;
- at least one (1) member of the Council appointed to the Council by the Lieutenant Governor in Council;
- at least one (1) member of the Council who is also a member of the Executive Committee; and
- Other individuals who are not members of the Council but have been appointed by the Executive as required.

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

REPORTING RELATIONSHIP:

The Finance & Audit Committee is a non-statutory ad-hoc committee that is directly accountable to Council. When appointed by the Executive Committee to perform duties outlined in the Responsibilities section of this document, the Finance & Audit Committee shall report to Council with the results of those duties.

The Chair will submit a report of the Committee's activities at the close of each fiscal year, to be included in the CRTO's annual report, if they have been appointed by Executive Committee to perform a task during the fiscal year.

CHAIR:

The Executive Committee will appoint the Chair of the Finance & Audit Committee on an ad-hoc basis. In the event that the Chair is unable to preside at a meeting, the Chair shall designate an acting Chair from among the Committee members.

FREQUENCY OF MEETINGS:

The Committee shall hold meetings on an as needed basis, when appointed by the Executive Committee to complete an assigned mandate.

QUORUM:

A quorum shall consist of a majority (more than 50%) of the voting members of the Committee, at least one of whom must be appointed to the Council by the Lieutenant Governor in Council.

VOTING:

Whenever possible, decision-making shall be conducted using a consensus model. When necessary, formal voting will be used. Unless otherwise outlined in the CRTO's By-laws, every motion that properly comes before the Committee shall be decided by a simple majority of the votes cast at the meeting by the Committee members present.

TERMS OF APPOINTMENT:

Finance & Audit Committee members will be appointed on an ad-hoc basis by the Executive Committee.

CIRCULATION OF MINUTES:

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

RELATED POLICIES AND LEGISLATION:

- [Regulated Health Professions Act, 1991, S.O. 1991, c. 18 \(ontario.ca\)](#)
- CRTO [By-Laws](#)
- CRTO Reserves Policy
- CRTO Investments Policy

ACTION PLAN

Actions are taken from the Responsibilities section of the Terms of Reference. This is a living document and will be submitted to Council for approval when significant changes are made. Any additional activities must be approved before adding to the plan and will show the date of addition. The action plan will inform the Committee's ad-hoc report.

Status can be "complete", "in progress" or "pending".

Action	How	When	Status
1 Finance			
a. Review statements	Identify, discuss and seek an explanation of significant variances from the budget Identify, discuss and seek an explanation for any other concerns Include in a report to Executive Committee recommending approval (as appropriate)	As needed	
b. Monitor and report on control and management of investments	Review the composition of investments Ensure compliance with investment policies and By-laws Include in a report to Executive Committee (If changes required – Action Item)	As needed	
c. Review the draft annual budget	Consider the adequacy of the budget Compare the current budget to the prior year Discuss significant changes Ensure compliance and alignment with strategic direction and key initiatives. Ensure compliance with regulations and maintenance of the not-for-profit status. Include in a report to Executive Committee recommending approval (as appropriate) [Action Item]	As needed	

d. Monitor and recommend strategies to Executive Committee with respect to maintaining the not-for-profit status	Monitor surplus in quarterly statements and the budget Include recommendations (if any) in a report to Executive Committee [Action Item if required]	As needed	
e. Inform and advise Executive Committee on any requested financial matters, including special projects and initiatives.	Consider the financial implications of special projects and initiatives – brought forward by staff or committees.	As needed	
2 Audit			
a. Review and approve the audit plan, including scope, timelines, and fees	Meet with the auditor or review communication. Consider any specific issues that Council or this committee has identified for attention. Consider fee in comparison to prior years Determine if the auditor has a specific focus	As needed	
b. Review and ensure auditor independence from management	Inquire as to how the auditor ensures independence and considers adequacy	As needed	
c. Monitor and evaluate the performance of the external auditor	In order to ensure full and transparent disclosure: <ul style="list-style-type: none"> • Meet at least once with the auditor without management • Meet at least once with management (without the auditor) Enquire into major audit and financial risks and appropriateness of internal controls and strategies	As needed	
d. Recommend (where appropriate) the approval of the audited financial statements	Review draft audited financial statements Review auditor's report Review management letter Make recommendation to the Executive Committee [Action Item]	As needed	

<p>e. Recommend the appointment of an auditor</p>	<p>Consider:</p> <ul style="list-style-type: none"> • performance of the current auditor • management’s satisfaction • fees • independence of auditor • best practices for auditor rotation <p>Recommend appointment to the Executive Committee [Action Item]</p>	<p>As needed</p>	
<p>f. Other recommendations with respect to the audit as requested by Council</p>	<p>As needed.</p>	<p>As needed</p>	

Council Briefing Note

AGENDA ITEM # 8.1

March 26, 2026

From:	Shaf Rahman, Deputy Registrar
Topic:	Draft Revisions to the CRTO Professional Misconduct Regulation
Purpose:	For Decision
Strategic Focus:	Enhancing Professionalism/Public Protection
Attachment(s):	Appendix A – Comparison Chart and Rationale for Proposed Changes Appendix B – Revised Professional Misconduct Regulation (track change version) Appendix C – Consultation Survey Results
Motion(s)	It is moved by _____ and seconded by _____ that: Council approves that the draft revisions to Ontario Regulation 753/93: Professional Misconduct be submitted to the Ministry of Health.

PUBLIC INTEREST RATIONALE

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

BACKGROUND

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

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

In light of these factors, the CRTO undertook a line-by-line review of the Professional Misconduct Regulation to update language for clarity, improve guidance for Members and the

public, and better reflect the more nuanced areas of practice in which Respiratory Therapists are involved.

At the December 2025 Council meeting, Council reviewed the proposed revisions to the Professional Misconduct Regulation and approved that they be circulated for public consultation.

ANALYSIS

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

1. **Modernizing and clarifying language** — updating terminology and improving clarity through more concise wording.
2. **Incorporating gender-neutral language** — aligning the regulation with the CRTO's Diversity, Equity, and Inclusion (DEI) strategy.
3. **Adding more specific provisions** — reducing broad generalizations by addressing the diverse and nuanced activities and areas of practice within the Respiratory Therapy profession.
4. **Stronger patient protection measures** — e.g., clarification on delegation and consent requirements.
5. **Greater emphasis on transparency and accountability** — e.g., strengthened provisions related business practices and reporting obligations.
6. **Ensuring consistency** with current standards and relevant legislation

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

PUBLIC CONSULTATION

The draft revised Professional Misconduct Regulation was posted for consultation on the CRTO website on January 8, 2026. A link to the consultation survey was also posted on the CRTO's website homepage slider and shared through the CRTO social media accounts and the February e-blast.

Date consultation opened: January 8, 2026

Date consultation closed: March 10, 2026

Length of time consultation was open: 61-days

Summary of the consultation questions:

Questions	Answers	
Are the proposed revisions to the CRTC Professional Misconduct Regulation clear and understandable?	Yes	4
	No	1
Are the proposed revisions to the Professional Misconduct Regulation free from omissions and/or errors?	Yes	4
	No	1
Overall, do you support the proposed updates to the regulation?	Strongly support	3
	Somewhat support	1
	Neutral	0
	Somewhat oppose	1
	Strongly oppose	0
In your view, how will the proposed changes affect public safety?	Very positively	4
	Somewhat positively	1
	No impact	0
	Somewhat negatively	0
	Very negatively	0
	Unsure	0
Do the proposed changes reflect current practice standards and expectations for Respiratory Therapists?	Yes	5
	No	0

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

In addition to the Consultation Survey, the CRTC received an email providing feedback on the new proposed regulation # 35, which lists “*Engaging in conduct unbecoming of a respiratory therapist*” as an act of professional misconduct.

The email raised concerns that the new regulation is subjective. The CRTC included this provision to align with the professional misconduct regulations of other regulators. The language is intentionally broad, as it is not possible to anticipate every form of unprofessional conduct. Allegations related to this provision will therefore be assessed within the appropriate context.

In addition, CRTC’s legal counsel, Julie Maciura of SML, has advised that it is prudent to include a clause of this nature to address conduct that occurs outside the practice of the profession (e.g., theft or other dishonest behaviour), which might otherwise be argued to be unrelated to professional practice.

RECOMMENDATION:

It is recommended that Council approve the revised Professional Misconduct Regulation.

NEXT STEPS:

If approved, the revised Professional Misconduct Regulation will be submitted to the Ministry of Health for consideration and adoption.

Clause-By-Clause Comparison Chart

ONTARIO REGULATION 753/93
PROFESSIONAL MISCONDUCT

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

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

Current	2025 Proposed Revisions	Rationale
		<p>fatigued due to working several consecutive shifts.</p> <p>The “ought to know” addition allows for comparison to a reasonable person standard, should the member attempt to claim a defense of “lack of knowledge” about the substance or condition.</p>
<p>7. Recommending, dispensing or selling medical gases or equipment for an improper purpose.</p>	<p>7. Recommending, dispensing or selling or administering medical gases, substances or equipment for an improper purpose.</p>	<p>The proposed language is meant to reflect current practice because Respiratory Therapists (RT) can administer drugs via injection or inhalation (e.g., aerosols, IV, IM, ID & sub-Q medications). .</p>
	<p>7.1 Administering a drug or substance for an improper purpose.</p>	<p>CRTO members may, in the course of their practice, administer drugs and substances. The proposed clause refers to situations, where, for example, an RT would administer hyperbaric oxygen therapy (HBOT) for an off-label purpose not approved by Health Canada.</p>
<p>8. Discontinuing, without reasonable cause, professional services that are needed unless,</p> <ul style="list-style-type: none"> i. i. the patient or client requests the discontinuation, ii. ii. alternative services are arranged, or iii. iii. the patient or client is given reasonable opportunity to arrange alternative services. 		<p>No change.</p>

Current	2025 Proposed Revisions	Rationale
<p>9. Failing, without reasonable cause, to fulfil the terms of an agreement for professional services other than an employment agreement, with a health care facility, unless,</p> <ul style="list-style-type: none"> i. the health care facility requests the termination of the agreement, ii. alternative services are arranged, or iii. the health care facility is given reasonable opportunity to arrange alternative services. 		No change.
<p>10. Practising the profession while the member is in a conflict of interest.</p>		No change.
<p>11. Giving information about a patient or client to a person other than the patient or client or his or her authorized representative except with the consent of the patient or client or his or her authorized representative or as required by law.</p>	<p>11. Giving Disclosing information about a patient or client to a person other than the patient or client or his or her their authorized representative except, unless such disclosure is made with the consent of the patient or client or his or her their authorized representative or as required by law.</p>	This change is intended to improve the clarity of the clause. It also incorporates gender inclusive language.
<p>12. Breaching an agreement with a patient or client relating to professional services for the patient or client or fees for such services.</p>		No change.
<p>13. Failing to reveal the exact nature of any remedy or treatment used by the member following the patient's or client's request to do so.</p>		No change.
	<p>13.1 Failing to advise a patient or the patient's authorized representative to consult another member of a health profession within the meaning of the <i>Regulated Health Professions Act, 1991</i>, when the member knows or ought to know that the patient requires a service that</p>	<p>To further outline members' responsibilities as set out in the CRTO's <i>Standards of Practice</i>: 4.16 recognizing the competence of others and seeking their assistance as</p>

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

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

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

Current	2025 Proposed Revisions	Rationale
BUSINESS PRACTICES		
19. Submitting an account or charge for services that a member knows is false or misleading.		No change.
20. Charging a fee that is excessive in relation to the service rendered.		No change.
21. Failing to disclose the fee schedule or payment structure prior to delivery of services or failing to provide the patient or client with sufficient time to refuse the treatment and arrange for alternative services.		No change.
22. Failing to itemize an account for fees charged by the member for professional services rendered, <ul style="list-style-type: none"> i. if requested to do so by the patient or client or the person or agency who is to pay, in whole or in part, for the services, or ii. if the account includes a commercial laboratory fee. 		No change.
23. Selling any debt owed to the member for professional services; this does not include the use of credit cards to pay for professional services.		No change.
	23.1 Offering or giving a reduction for prompt payment of an account.	The proposed language clarifies that members cannot offer or give reductions for prompt payment of fees. Reducing fees for prompt payments may pressure patients into making quick financial decisions and disadvantage those with limited means.

Current	2025 Proposed Revisions	Rationale
		The clause is consistent with the CRTO's Standards of Practice (STD 1) .
	<p>23.2 Charging a block fee unless,</p> <ul style="list-style-type: none"> i. the patient or client is given the option of paying for each service as it is provided, ii. a unit cost per service is specified, iii. the member agrees to refund the patient or client the unspent portion of the block fee, calculated by reference to the number of services provided multiplied by the unit cost per service. 	<p>This clause applies to RT services provided in the community (CPAP, long-term tracheostomy care, etc.). Block fees are payments made in advance of services or treatments being provided, for example, asking a patient/ client to pay for five visits up front.</p> <p>The clause is consistent with the Advertising Regulation, specifically ss. 23.2(f) and the CRTO's Standards of Practice (STD 1).</p>
	<p>23.3 Charging a fee or accepting payment from a patient or client respecting services which have been paid for by the Ministry of Health or any other agency.</p>	<p>Oxygen therapy vendors receive funding through the Ontario Ministry of Health Assistive Devices Program (ADP). The proposed clause clarifies that it would be inappropriate for a CRTO member to charge a patient/client any fee in addition to that which is provided through ADP.</p>
MISCELLANEOUS MATTERS		
<p>24. Contravening the Act, the <i>Regulated Health Professions Act, 1991</i> or the regulations under either of those Acts.</p>		<p>No change.</p>
<p>25. Contravening a federal, provincial or territorial law, a municipal by-law or a by-law or rule of a hospital within the meaning of the <i>Public Hospitals</i></p>	<p>25. Contravening a federal, provincial or territorial law, a municipal by-law or a by-law or rule of a hospital healthcare facility where the</p>	<p>CRTO members practice in a variety of settings. This change is intended to reflect that they are responsible for</p>

Current	2025 Proposed Revisions	Rationale
<p>Act if,</p> <ul style="list-style-type: none"> i. the purpose of the law, by-law or rule is to protect public health, or ii. the contravention is relevant to the member's suitability to practise. 	<p>member provides professional services within the meaning of the <i>Public Hospitals Act</i> if,</p> <ul style="list-style-type: none"> i. the purpose of the law, by-law or rule is to protect public health, or ii. the contravention is relevant to the member's suitability to practise. 	<p>practicing in accordance with any relevant legislation or rule regardless of where the member provides professional services.</p>
<p>26. Failing to comply with an order of a panel of the Complaints Committee, Discipline Committee, Fitness to Practise Committee or Quality Assurance Committee.</p>	<p>26. Failing to comply with an order of a panel of the Inquiries, Complaints and Reports Committee, Discipline Committee, Fitness to Practise Committee, or Quality Assurance Committee or Registration Committee.</p>	<p>Revised to reflect the <i>Regulated Health Professions Act</i> and CRO practices.</p>
<p>27. Failing to carry out an undertaking given to the College or an agreement entered into with the College.</p>		<p>No change.</p>
<p>28. Influencing a patient or client to change his or her will or other testamentary instrument.</p>	<p>28. Influencing a patient or client to change his or her their will or other testamentary instrument.</p>	<p>This change is intended to incorporate gender inclusive language.</p>
<p>29. Engaging in conduct or performing an act, relevant to the practice of the profession, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.</p>		<p>No change.</p>
<p>30. In the case of a former member whose certificate of registration is suspended, engaging in the practice of respiratory therapy while the certificate is suspended.</p>		<p>No change.</p>
	<p>31. Failing to appear before a panel of the Inquiries, Complaints and Reports Committee to be cautioned.</p>	<p>Related to clause 26 (above), an oral caution could be ordered by a panel of the ICRC following their deliberations of</p>

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

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

Respiratory Therapy Act, 1991
Loi de 1991 sur les thérapeutes respiratoires

ONTARIO REGULATION 753/93
PROFESSIONAL MISCONDUCT

<https://www.ontario.ca/laws/regulation/930753>

PROPOSED AMENDMENTS
(deletions are in ~~black~~ & additions are in red)

1. The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code:

THE PRACTICE OF THE PROFESSION AND THE CARE OF, AND RELATIONSHIP WITH, PATIENTS AND CLIENTS

1. Contravening, by act or omission, a term, condition or limitation imposed on the member's certificate of registration.
2. Contravening, by act or omission, or failing to maintain a standard of practice of the profession or a published standard of the College, ~~or failing to maintain the standard of practice of the profession.~~
3. Doing anything to a patient or client for a therapeutic, preventative, palliative, diagnostic, cosmetic or health-related purpose in a situation in which a consent is required by law, without such a consent.
4. Delegating a controlled act ~~set out in subsection 27 (2) of the *Regulated Health Professions Act, 1991*~~, to another person unless that person has the knowledge, skill and judgement to perform the controlled act, in contravention of the regulations.
 - 4.1 Performing a controlled act that was delegated to the member by another person unless the member has the knowledge, skills and judgment to perform the controlled act.
5. Abusing a patient or client.
 - 5.1 Abusing a person, other than a patient or client, with whom the member has a professional relationship or, in relation to whom the member is in a position of authority or trust.

6. Practising the profession while the member's ability to do so is impaired by any substance or condition, which the member knew or ought to know would impact the member's ability to practise.
7. Recommending, dispensing or selling or administering medical gases, substances or equipment for an improper purpose.

7.1 Administering a drug or substance for an improper purpose.

8. Discontinuing, without reasonable cause, professional services that are needed unless,
 - i. the patient or client requests the discontinuation,
 - ii. alternative services are arranged, or
 - iii. the patient or client is given reasonable opportunity to arrange alternative services.
9. Failing, without reasonable cause, to fulfil the terms of an agreement for professional services other than an employment agreement, with a health care facility, unless,
 - i. the health care facility requests the termination of the agreement,
 - ii. alternative services are arranged, or
 - iii. the health care facility is given reasonable opportunity to arrange alternative services.
10. Practising the profession while the member is in a conflict of interest.
11. ~~Giving~~ Disclosing information about a patient or client to a person other than the patient or client or ~~his or her~~their authorized representative ~~except,~~ unless such disclosure is made with the consent of the patient or client or ~~his or her~~their authorized representative or as required by law.
12. Breaching an agreement with a patient or client relating to professional services for the patient or client or fees for such services.
13. Failing to reveal the exact nature of any remedy or treatment used by the member following the patient's or client's request to do so.

13.1 Failing to advise a patient or the patient's authorized representative to consult another member of a health profession within the meaning of the *Regulated Health Professions Act, 1991*, when the member knows or ought to know that the patient requires a service that the member does not have the knowledge, skill or judgment to perform or is beyond their scope of practice.

13.2 Making a representation about a remedy, treatment, device or procedure for which there is not a generally accepted scientific or empirical basis for such a representation.

13.3 Failing to provide a patient or the patient's authorized representative, when requested, with information about how to contact the College.

REPRESENTATIONS ABOUT MEMBERS AND THEIR QUALIFICATIONS

14. Using a term, title or designation in ~~respect of~~ connection with the member's practice in contravention of the regulations.
15. Using a name other than the member's name as set out in the register, in the course of providing or offering to provide services within the scope of practice of the profession.

15.1 Failing to identify themselves by name and registration number, upon request in the course of practising the profession.

15.2 Permitting, counselling or assisting a person who is not a member to represent themselves as a person who is qualified to practise in Ontario as a member of the College.

RECORD KEEPING AND REPORTS

16. Falsifying a record relating to the member's practice.
17. Failing, without reasonable cause, to provide a report or certificate relating to an examination or treatment performed by the member, within a reasonable time to the patient or client or ~~his or her~~ their authorized representative after the patient or client or ~~his or her~~ their authorized representative has requested such a report or certificate.
18. Signing or issuing, in the member's professional capacity, a document that the member knows or ought to know contains a false or misleading statement.

18.1 Failing to keep records in accordance with the standards of practice of the profession or a published standards of the College.

BUSINESS PRACTICES

19. Submitting an account or charge for services that a member knows is false or misleading.
20. Charging a fee that is excessive in relation to the service rendered.

21. Failing to disclose the fee schedule or payment structure prior to delivery of services or failing to provide the patient or client with sufficient time to refuse the treatment and arrange for alternative services.
22. Failing to itemize an account for fees charged by the member for professional services rendered,
 - i. if requested to do so by the patient or client or the person or agency who is to pay, in whole or in part, for the services, or
 - ii. if the account includes a commercial laboratory fee.
23. Selling any debt owed to the member for professional services; this does not include the use of credit cards to pay for professional services.

23.1 Offering or giving a reduction for prompt payment of an account.

23.2 Charging a block fee unless,

- i. the patient or client is given the option of paying for each service as it is provided,
- ii. a unit cost per service is specified,
- iii. the member agrees to refund the patient or client the unspent portion of the block fee, calculated by reference to the number of services provided multiplied by the unit cost per service.

23.3 Charging a fee or accepting payment from a patient or client respecting services which have been paid for by the Ministry of Health or any other agency.

MISCELLANEOUS MATTERS

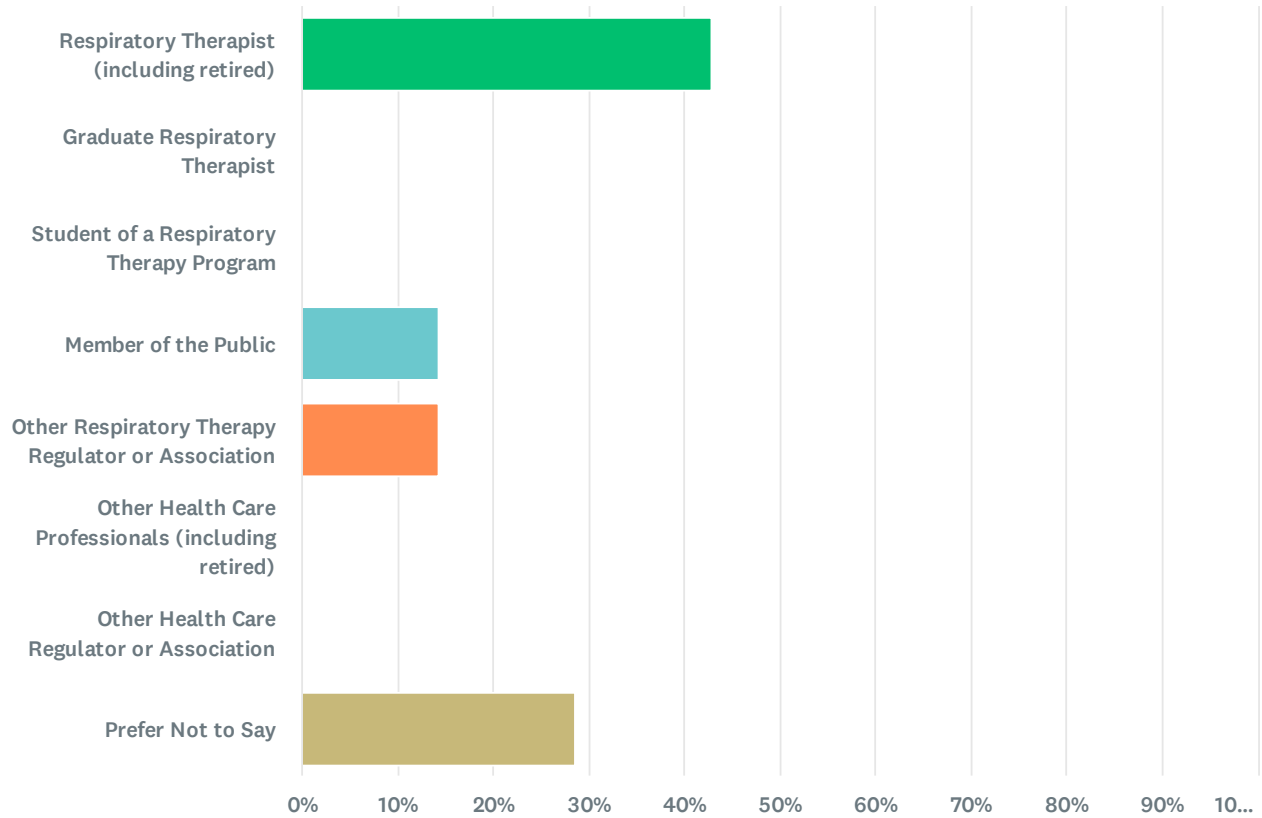
24. Contravening the Act, the *Regulated Health Professions Act, 1991* or the regulations under either of those Acts.
25. Contravening a federal, provincial or territorial law, a municipal by-law or a by-law or rule of a hospital healthcare facility where the member provides professional services ~~within the meaning of the *Public Hospitals Act* if,~~
 - i. the purpose of the law, by-law or rule is to protect public health, or
 - ii. the contravention is relevant to the member's suitability to practise.

26. Failing to comply with an order of a panel of the Inquiries, Complaints and Reports Committee, Discipline Committee, Fitness to Practise Committee, ~~or~~ Quality Assurance Committee or Registration Committee.
27. Failing to carry out an undertaking given to the College or an agreement entered into with the College.
28. Influencing a patient or client to change ~~his or her~~ their will or other testamentary instrument.
29. Engaging in conduct or performing an act, relevant to the practice of the profession, that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.
30. In the case of a former member whose certificate of registration is suspended, engaging in the practice of respiratory therapy while the certificate is suspended.
31. Failing to appear before a panel of the Inquiries, Complaints and Reports Committee to be cautioned.
32. Failing to take reasonable steps to ensure that any information provided by or on behalf of the member to the College is accurate.
33. Failing to report an incident of unsafe practice or unethical conduct of a member.
34. Misappropriating property from a patient or client, or place.
35. Engaging in conduct unbecoming of a respiratory therapist.
36. Failing to appropriately supervise a person whom the member is professionally obligated to supervise.

2. OMITTED (PROVIDES FOR COMING INTO FORCE OF PROVISIONS OF THIS REGULATION). O. Reg. 753/93, s. 2.

Q1 Are you a...

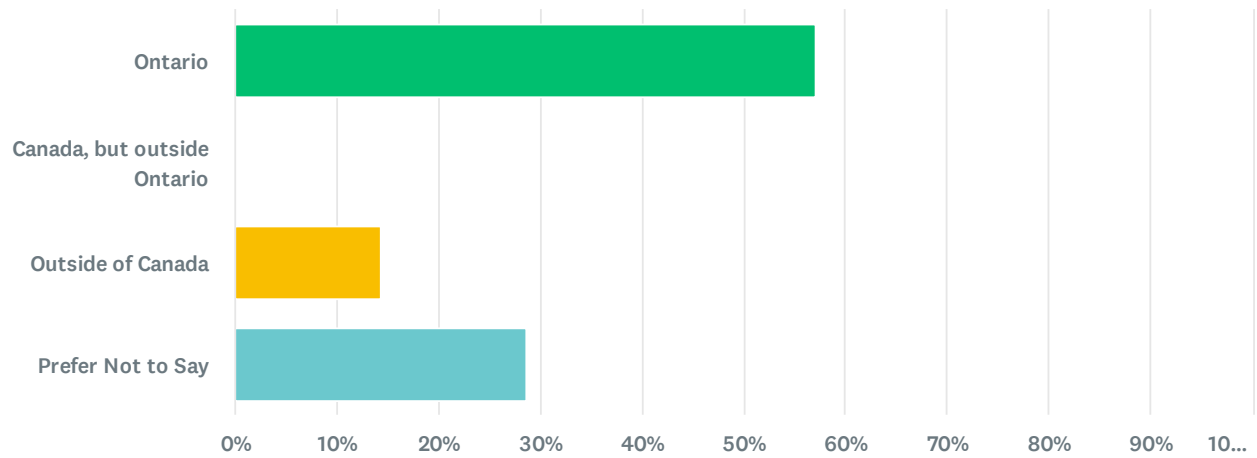
Answered: 7 Skipped: 0



Answer Choices	Percentage	Responses
● Respiratory Therapist (including retired)	42.86%	3
● Graduate Respiratory Therapist	0%	0
● Student of a Respiratory Therapy Program	0%	0
● Member of the Public	14.29%	1
● Other Respiratory Therapy Regulator or Association	14.29%	1
● Other Health Care Professionals (including retired)	0%	0
● Other Health Care Regulator or Association	0%	0
● Prefer Not to Say	28.57%	2
Total		7

Q2 I live in...

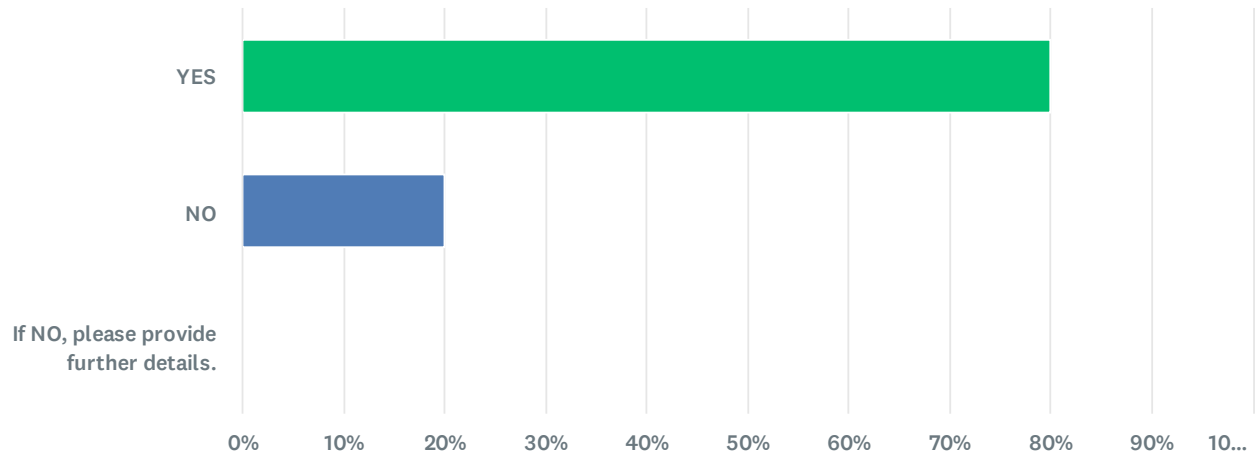
Answered: 7 Skipped: 0



Answer Choices	Percentage	Responses
● Ontario	57.14%	4
● Canada, but outside Ontario	0%	0
● Outside of Canada	14.29%	1
● Prefer Not to Say	28.57%	2
Total		7

Q3 Are the proposed revisions to the CRTO Professional Misconduct Regulation clear and understandable?

Answered: 5 Skipped: 2



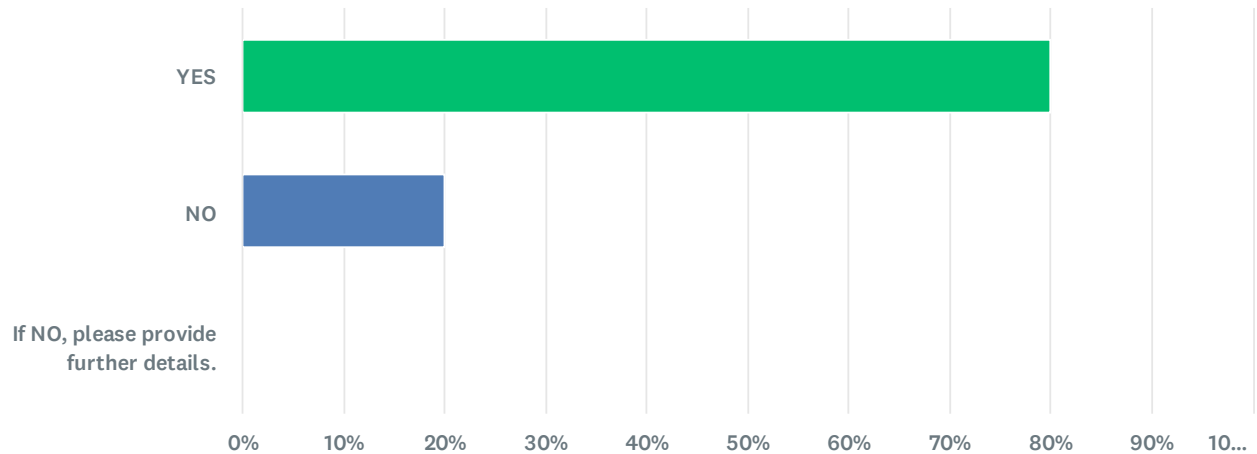
Answer Choices	Percentage	Responses
● YES	80.00%	4
● NO	20.00%	1
● If NO, please provide further details. Show responses	0%	0
Total		5

Consultation for Revisions to the CRTO Professional Misconduct Regulation

#	IF NO, PLEASE PROVIDE FURTHER DETAILS.	DATE
	There are no responses.	

Q4 Are the proposed revisions to the Professional Misconduct Regulation free from omissions and/or errors?

Answered: 5 Skipped: 2



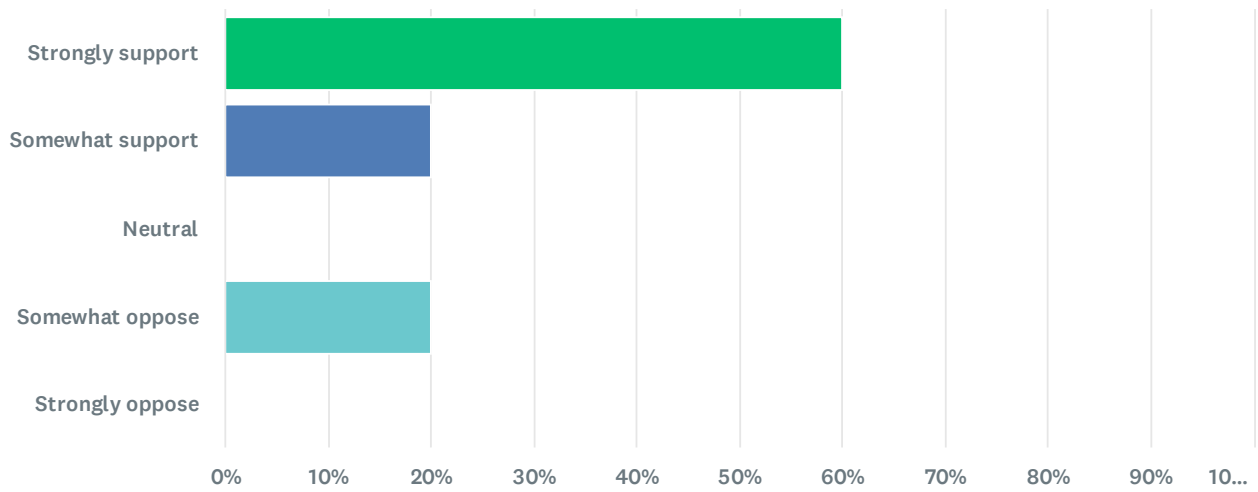
Answer Choices	Percentage	Responses
● YES	80.00%	4
● NO	20.00%	1
● If NO, please provide further details. Show responses	0%	0
Total		5

Consultation for Revisions to the CRTO Professional Misconduct Regulation

#	IF NO, PLEASE PROVIDE FURTHER DETAILS.	DATE
	There are no responses.	

Q5 Overall, do you support the proposed updates to the regulation?

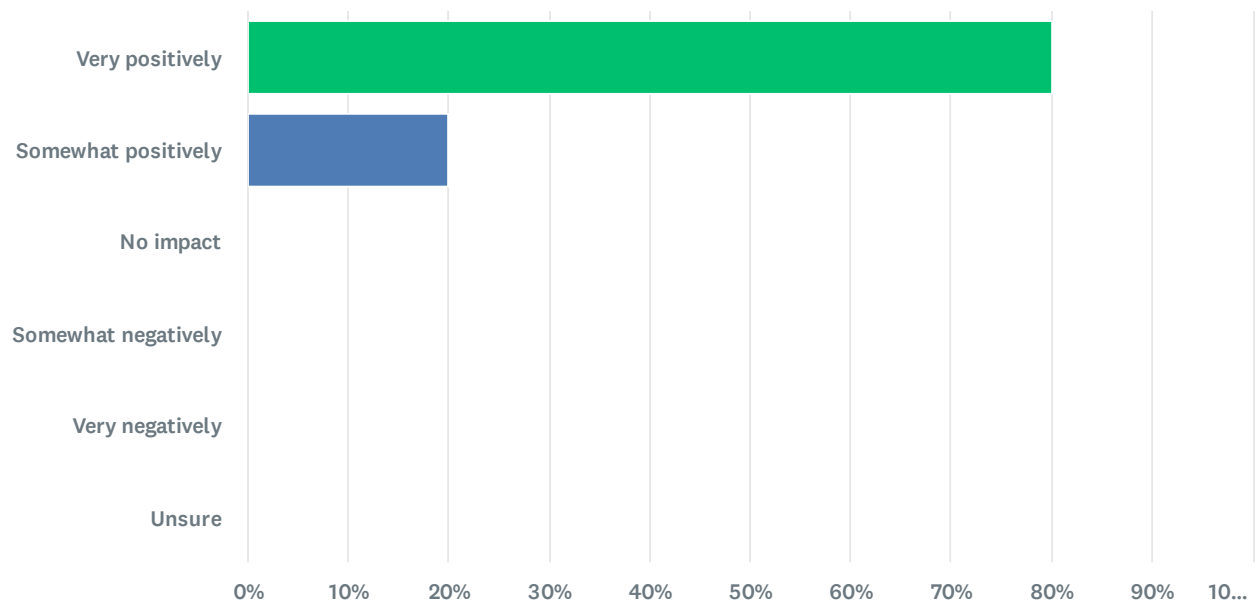
Answered: 5 Skipped: 2



Rating	Percentage	Responses
Strongly support	60.00%	3
Somewhat support	20.00%	1
Neutral	0%	0
Somewhat oppose	20.00%	1
Strongly oppose	0%	0
Average 1.80		5

Q6 In your view, how will the proposed changes affect public safety?

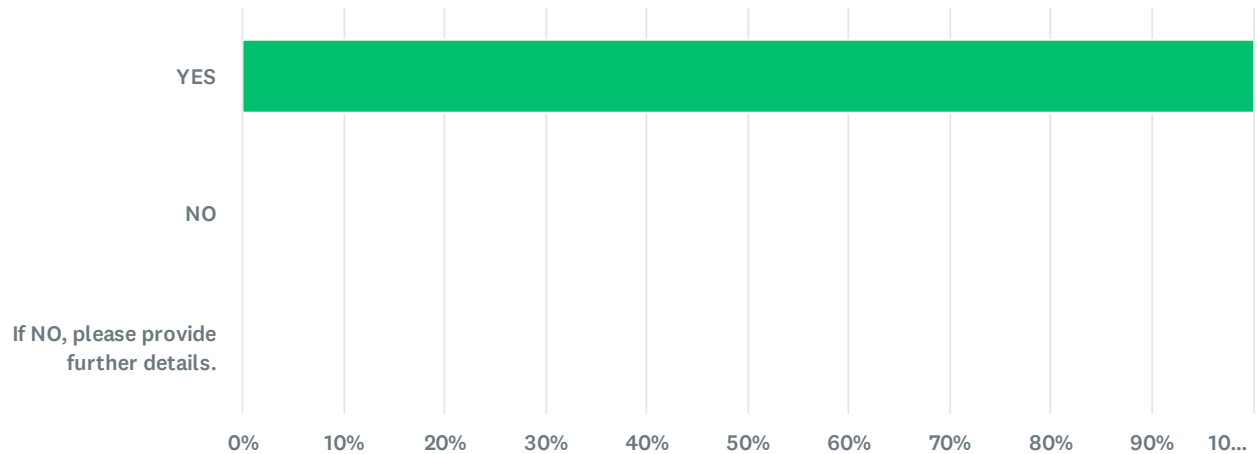
Answered: 5 Skipped: 2



Answer Choices	Percentage	Responses
● Very positively	80.00%	4
● Somewhat positively	20.00%	1
● No impact	0%	0
● Somewhat negatively	0%	0
● Very negatively	0%	0
● Unsure	0%	0
Total		5

Q7 Do the proposed changes reflect current practice standards and expectations for Respiratory Therapists?

Answered: 5 Skipped: 2



Answer Choices	Percentage	Responses
● YES	100.00%	5
● NO	0%	0
● If NO, please provide further details. Show responses	0%	0
Total		5

Consultation for Revisions to the CRTO Professional Misconduct Regulation

#	IF NO, PLEASE PROVIDE FURTHER DETAILS.	DATE
	There are no responses.	

Q8 What additional changes or considerations would you recommend to strengthen the regulation?

Answered: 1 Skipped: 6

#	RESPONSES	DATE
1	NA	1/10/2026 7:35 PM

Q9 Do you have any additional comments you would like to share?

Answered: 4 Skipped: 3

#	RESPONSES	DATE
1	I appreciate the clarity given in many of the additional statements in the revised version!	2/12/2026 12:37 PM
2	Include a reassuring statement regarding the unprofessional conduct addition. For example, the CNO states "the cno is not concerned with the purely private life or extra-professional activities of a nurse that do not bring into question the nurse's professional integrity or competence"	2/12/2026 12:08 PM
3	No	1/10/2026 7:35 PM
4	It's long overdue that the Prof Misconduct reg includes abuse over others such as colleagues and students.	1/8/2026 3:53 PM

Council Briefing Note

AGENDA ITEM # 8.2

March 26, 2026

From:	Kelly Arndt, RRT – Manager, Quality Practice
Topic:	Revised Draft Supervision Policy
Purpose:	For Decision
Strategic Focus:	Core Business Practices
Attachment(s):	Appendix A: Revised Draft Supervision Policy
Motion:	It is moved by _____ and seconded by _____ that: The CRTO Council approves the revised Supervision Policy for consultation.

PUBLIC INTEREST RATIONALE

The College of Respiratory Therapists of Ontario’s (CRTO) mandate is to regulate respiratory therapists in Ontario in the public interest. Members who are required to practice under supervision, as specified by the conditions on their certificate of registration, must follow this policy to ensure compliance with the CRTO requirements. Safe and effective patient care is the priority in all supervisory situations.

ISSUE

The CRTO Council is being asked to approve the revised Supervision Policy to ensure that all Members clearly understand their individual responsibilities and obligations related to supervision. This approval is necessary to address the increasing range of supervision requirements, which have expanded due to the implementation of the revised currency policy, a rising number of internationally educated applicants, and the application of Terms, Conditions, and Limitations (TCLs) applied to General certificates. As a result, Committees and the CRTO are applying a broader spectrum of supervision requirements. The revised policy is intended to clarify the expectations and responsibilities of both those who are subject to supervision and those who are providing supervision, supporting consistent application and understanding across all Members.

BACKGROUND

The Supervision Policy was last approved in May 2022.

The revised policy has gone through a rigorous policy review process, including external legal review, to ensure that all legislative and regulatory requirements have been met.

ANALYSIS

Summary of Changes

The revised policy includes:

- Clarification of different levels of supervision, including direct and indirect.
- Clarification for those Members who do not meet the CRTO's currency requirements.
- Clarification of the shared accountability for those who are supervising and those being supervised.

RECOMMENDATIONS

To approve the revised Supervision Policy for consultation.

NEXT STEPS

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

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Supervision

Type: Professional Practice Policy

Origin Date: September 17, 2004

Section: PP

Approved By Council on: ~~May 27, 2022~~⁴ March 26, 2026

Document Number: PP-110

Next Revision Date: March 2031~~27~~

1.0 POLICY STATEMENT

Members who are required to practice under supervision, as specified by the conditions on their certificate of registration, must follow this policy to ensure compliance with the College of Respiratory Therapists of Ontario (Certo) requirements. Safe and effective patient care is the priority in all supervisory situations.

~~It is the College of Respiratory Therapists of Ontario's (Certo) policy that Members who may be required to perform authorized acts under **supervision** according to terms, conditions, and limitations (TCLs) applied to their certificate of registration perform their duties as set out in this policy.~~

2.0 PURPOSE

The purpose of this policy is to guide Members in meeting supervision requirements when practicing under supervision or ~~providing supervision to others~~. The policy explains who may require supervision, the types of supervision that apply, and the responsibilities of both supervisors and supervisees.

It is a shared accountability between the supervisor and the supervisee to ensure that the supervision requirement is met, that documentation is accurate, and that ~~any performance of an authorized acts are performed~~ is done competently.

~~Respiratory Therapists (RT) may be required to provide supervision to student RTs (SRT), Graduate RT's (GRT) and other Members of the profession who have TCLs in the performance of controlled acts authorized to the profession, as outlined in the Interpretation of Authorized Acts Professional Practice Guideline (PPG).~~

⁴-Updated November 13, 2023



~~It is a shared accountability between the supervisor and the supervisee to ensure that the supervision requirement is met (direct or indirect), that documentation is accurate, and that the performance of the authorized act is done competently.~~

~~Safe and effective patient care is the priority in all supervisory situations.~~

3.0 APPLICABILITY & SCOPE OF POLICY

This policy applies to all individuals who hold a certificate of registration with the CRTO. Members registered in the Inactive Class are not authorized to practice or to supervise the practice of the profession.

This policy applies to:

Members who are required to practice under supervision.

Members who ~~may need to~~ provide supervision ~~to:~~

- Student Respiratory Therapists (SRTs)
- Graduate Respiratory Therapists (GRTs)
- Other Members of the profession who require supervision.

Note: Some Members are not authorized to supervise others. These include:

- Members registered in the Inactive Class.
- Members whose certificates of registration are subject to a supervision requirement (whether direct or indirect) are not permitted to supervise others with respect to in the performance of any ~~intervention that falls under a controlled act~~ authorized to respiratory therapists that they themselves require supervision to perform. These may include RRT's, GRT's and PRT's.
- Members in the General Class (RRTs) who do not meet the CRTO's currency requirement (see details here: [CRTO Currency Policy](#)).

For some Members of the CRTO, the supervision requirement applies only when they are performing ~~to~~ controlled acts authorized to the profession. This means that to perform any of the following controlled acts, the Member must be supervised (unless prohibited from performing the procedure):

1. Performing a prescribed procedure below the dermis.
2. Intubation beyond the point in the nasal passages where they normally narrow or beyond the larynx.
3. Suctioning beyond the point in the nasal passages where they normally narrow or beyond the larynx.



4. Administering a substance by injection or inhalation.

5. Administering a prescribed substance by inhalation.

For other Members, the supervision requirement applies to any aspect of direct patient care. This includes controlled acts authorized to the profession as well as procedures that are in the public domain, such as administering oral medication.

There are two types of supervision requirements: **direct** and **indirect (general)**.

1. **Direct** supervision requires the supervisor to be always personally present. It is required if, for example, a panel of a College the Registration Committee imposes the condition that an RT “may only perform a controlled act, authorized to Respiratory Therapy, for the purpose of gaining competence in that procedure if performed under the **direct supervision** of a regulated health professional who is authorized to perform the controlled act.” Note, other committees can also impose supervision requirements.

An example of **direct supervision** would be a supervising RT, physically observing and guiding the performance of arterial blood gas procurement by an RT with the TCL, as outlined in the example above. Documentation (~~as detailed in see~~ Documentation section below) must reflect that ~~it the procedure~~ was performed under direct supervision, with the supervising RT co-signing.

2. **Indirect (General)** supervision requires that a supervisor be available within 10 minutes notice to assist ~~if needed~~. For example, a Member registered with a Graduate Certificate of Registration (GRT) “may only perform a controlled act that is authorized to the profession if it is performed under the **general supervision** of a Member of a College within the meaning of the *Regulated Health Professions Act, 1991* (RHPA) who, the Member holding the graduate certificate has reasonable grounds to believe, is authorized to perform the controlled act and is competent to do so and who is available to be **personally** present² at the site where the authorized act is performed on ten minutes notice”.

An example of **indirect (general) supervision** would be a GRT applying oxygen CPAP to a ~~new~~ patient/client while the supervising RRT (Registered Respiratory Therapist) is available to be present in person in person or virtually, within 10 minutes, to assist with the procedure.

Although students are not Members of the CRTO, ~~according to an exception in RHPA (section 29)~~, they are permitted (by way of an exception in section 29 of the RHPA) to

² ~~In emergency situations (e.g., pandemics) “personally present” includes by remote/virtual connection.~~



perform controlled acts under the **supervision or direction** of a Member of the profession while fulfilling the requirements to become a Member of that health profession.

~~Members whose certificates of registration are subject to a supervision requirement (direct or indirect) are not permitted to supervise others in the performance of any intervention that falls under a controlled act authorized to respiratory therapists.~~

4.0 RESPONSIBILITIES

~~The degree or type of supervision deemed necessary is, in part, the professional responsibility and judgment of the Member who is providing the supervision or direction required. A Registered Respiratory Therapist providing supervision also assumes some responsibilities as an educator. However, a Member who is practicing Respiratory Therapy (including controlled acts) is accountable for their practice and adhering to the TCLs imposed on their certificate of registration. Students are also accountable for their practice and to their academic program.~~

Shared accountabilities:

~~It is a shared accountability between the supervisor and the supervisee to ensure that the supervision requirement is met, that documentation is accurate, and that the performance of the authorized act is done competently and as outlined in the Interpretation of Authorized Acts Professional Practice Guideline (PPG).~~

Additional Considerations - Supervisors

- ~~• The degree or type of supervision deemed necessary is, in part, the professional responsibility and judgment of the RT providing supervision.~~
- ~~• An RT providing supervision also assumes some responsibilities as an educator (Respiratory Therapists Providing Education PPG)~~
- ~~• When assigning care, the supervising RT must:
 - ~~○ assign only activities that they supervising RT has the knowledge, skill, and judgement to perform;~~
 - ~~○ ensure that the supervised person has the knowledge, skill, and judgement to deliver safe and competent care.~~~~

Additional Considerations – Members practising under supervision:

- ~~• Must follow all supervision requirements and conditions on their certificates of registration.~~
- ~~• Are accountable for their practice.~~
- ~~• Students are also accountable to their academic program.~~

~~When assigning care, the supervising RT must:~~



- ~~assign only activities that they have the knowledge, skill, and judgement to perform.~~
- ~~ensure that the supervised person has the knowledge, skill, and judgement to deliver safe and competent care.~~

5.0 DOCUMENTATION

Where a ~~student or~~ Member or student is performing procedures under **direct supervision**, they must document in the patient/client's health record that they have performed the procedure(s) under "direct supervision".

It is the responsibility of the ~~Member or student carrying out the~~ individual performing the procedure(s) to ensure complete documentation of the patient contact in the patient/client record. This includes having the supervisor co-sign the entry in the patient/client record, ~~The co-signature confirming that the supervision requirement was met and that the record accurately reflects the care provided. Anyone reading the~~ documentation ~~must should be able to~~ clearly be able to identify that ~~the requirements of "direct supervision" have been met~~ occurred. The Member/student's signature and that of the co-signing supervisors are intended to verify the information provided and give assurance that the record of the activity, assessment, behaviour, or procedure is accurate and complete.

~~Procedures performed under general supervision do not need to be co-signed by the supervisor. For procedures performed under **general supervision**, documentation must still be complete and accurate; however, a co-signature from the supervisor is not required.~~

6.0 RELATED DOCUMENTS

- [Registration & Use of Title Professional Practice Guideline](#)
- [Regulated Health Professions Act, 1991](#)
- [Interpretation of Authorized Acts Professional Practice Guideline](#)
- [Respiratory Therapists Providing Education Professional Practice Guideline](#)

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@crto.on.ca