

Overview – What is ADR?

The Alternative Dispute Resolution (ADR) process is an alternative approach to the formal complaints investigation process. It allows the Complainant and the Respiratory Therapist to work together with a facilitator to create solutions that satisfy everyone involved. The ADR process is entirely confidential.

The goal of the ADR process is to resolve complaints in a manner that protects the public interest while giving parties the opportunity to participate actively. This approach focuses on the communication between the Complainant and the Respiratory Therapist with an emphasis on quality improvement and education.

How does it work?

Both the Complainant and the Respiratory Therapist must agree to participate in the ADR process. After this step, the Registrar will review the complaint and consider if a referral to the ADR process is in the public interest. Upon referral by the Registrar, the facilitator will contact both parties. The facilitator is a neutral person who takes no sides in the complaint and works with the parties confidentially to help them reach a resolution.

ADR is voluntary, and the Complainant or Respiratory Therapist may withdraw from the process at any time. If this happens, the complaint will be handled through the investigation process, and the facilitator will have no more involvement in the matter. All information shared during the ADR process will be kept confidential and not used in any way during the investigation process.

Issues that may be eligible for ADR

Not all complaints can be addressed through ADR. Generally, allegations that do not involve serious practice concerns, such as poor communication skills or rude behaviour, may be appropriate for the ADR process. However, complaints that raise concerns about a Respiratory Therapist's competence or conduct that may pose a serious risk of harm to the public are not suitable for ADR. Cases involving an allegation of sexual abuse cannot be addressed through ADR.

In instances where the complaint involves some issues that may be suitable for ADR and some issues that are not, all allegations will be investigated through the complaints process.



Alternative Dispute Resolution Fact Sheet

Outcomes

The key to a successful outcome in ADR is a mutual agreement between the Complainant and the Respiratory Therapist. The goal is to identify and agree upon a reasonable resolution that will satisfy both parties. Some outcomes that may be feasible include:

- The Respiratory Therapist acknowledging the concerns expressed by the Complainant and demonstrating an understanding of the impact their actions had on the Complainant.
- The Respiratory Therapist agreeing to take an appropriate educational course.
- The Respiratory Therapist agreeing to meet with and receive advice from a College of Respiratory Therapists of Ontario (CRTO) representative regarding standards of practice.
- Any other reasonable outcome or combination of outcomes.

In certain instances, the ADR process can result in a change in policy, leading to improved patient care.

Once the Complainant and the Respiratory Therapist agree on a resolution, they will be asked to sign an agreement that captures the terms of the resolution. The agreement will be reviewed by the Registrar. If the Registrar adopts the resolution as appropriate in the public interest, the Respiratory Therapist will have to complete the terms of the resolution. Once the Respiratory Therapist has completed the terms, the complaint will be considered addressed, and the file will be closed.

In the unusual event that the Registrar does not approve the resolution agreement, the Registrar would refer the case to the Inquiries, Complaints, Reports Committee (ICRC) who would proceed to investigate the complaint. The Registrar will notify both parties of its approval of the resolution, or if they decline to approve the proposed resolution.

Key points regarding the ADR process

- a. The facilitator is a neutral third party selected by the CRTO.
- b. The facilitator will, in most cases, communicate via telephone with the parties (one-on-one or jointly by teleconference).
- c. If the ADR negotiation fails and the complaint is investigated, the facilitator does not participate in the investigation.
- d. ADR is a voluntary process; both the Complainant and the Respiratory Therapist must consent to participate and may withdraw from the process at any time for any reason.



Alternative Dispute Resolution Fact Sheet

- e. The process assumes that all parties are participating in good faith and want to achieve a resolution.
- f. Information shared during the ADR process is confidential and is not permitted to be disclosed elsewhere, including any subsequent process such as an investigation.
- g. There are no costs to the Complainant or Respiratory Therapists for this process.
- h. The ADR process is generally a much quicker way to address complaints and can often be completed within a matter of months.
- i. The Registrar will review the proposed resolution agreement and must adopt it before it becomes binding on both parties (Complainant and Respiratory Therapist).
- j. In the case where the Registrar **does not** adopt the resolution, the complaint will be investigated.

Resources

- *Regulated Health Professions Act, 1991, Schedule 2, Health Professions Procedural Code, [s. 25.1](#)*

Contact Information

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Page **3** of **3**