



College of Respiratory  
Therapists of Ontario

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Sean Court, Assistant Deputy Minister (ADM)  
Strategic Policy, Planning & French Language Services Division  
Ministry of Health  
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Transmitted by email: [sean.court@ontario.ca](mailto:sean.court@ontario.ca)

Dear ADM Court:

**Re: Governance Reform and Regulatory Modernization Consultation Response**

On behalf of the College of Respiratory Therapists of Ontario (CRTO), I would like to thank the Ministry of Health (MOH) for the opportunity to provide input on its proposed governance reform and regulatory modernization proposal. We have addressed the modernization considerations first, as they require careful consideration.

**Modernization Considerations**

French Language Services

Under s.86 of the *Health Professionals Procedural Code* ("the Code"), health regulatory Colleges are required to provide their services in French, and the CRTO dedicates significant financial and human resources toward meeting that requirement (i.e., 12% of our annual operating budget is allocated to French-language translation services). Less than 3% of our members have indicated French to be their language of preference. In addition, in the history of our organization, we have received a small number of appeals from the public for services in French, and each time we have met those requests promptly.

Increasing the requirements for the provision of French-language services in the absence of a demonstrated unmet need will require Colleges to direct scarce resources away from their mandate of regulating their respective profession in the public interest. Also, if Colleges are designated a "public service agency" under the *French Language Services Act*, the additional layers of answerability (e.g., The Office of Francophone Affairs, Ombudsman Ontario) will undoubtedly further redirect limited College resources away from regulating and towards reporting.

If this initiative is to be implemented, it must be done very gradually using a risk-based approach guided by the MOH but directed by each College based on the identified needs of their organization (e.g., prioritizing registration and complaints documents). This proposal



will create a significant financial burden, especially for smaller regulatory bodies such as ours. However, receiving financial support from the government necessitates additional oversight as per the *Broader Public Sector Accountability Act*. Perhaps a better approach to reduce costs would be to consolidate translation services to a single provider contracted by the MOH.

Finally, if this legislation were to be applied, we would need to have a sufficient number of bilingual professional and public members to carry out our regulatory functions. Currently, the CRTO has only 99 members who have declared themselves French-speaking. In addition, the Public Appointments Secretariat would be tasked with providing bilingual public members for all Colleges. Given the ongoing challenges with obtaining an adequate number of public members, this alone is very concerning.

#### Financial Audit by the Office of the Auditor General

The CRTO, like all other regulatory Colleges, already conducts annual financial audits performed by an external auditor. Our audited reports are published each year in our Annual Report and have been publicly available on our website dating back to 2001. We use Generally Accepted Accounting Principles (GAAP) as per the Accounting Standards for Not-for-Profit Organizations (ASNPO). We do not use Public Service Accounting Standards (PSAS). However, our auditor has confirmed that, regarding the nature of the operations of regulatory bodies, there are no meaningful differences between accounting under PSAS and ASNPO. Fiscal transparency already exists, and accountability has been strengthened through various elements in the annual College Performance Measurement Framework (CPMF). Therefore, it is unclear what problem we would be trying to solve by adding financial reviews by the Auditor General (AG).

The cost of an AG audit will be significant and may involve access to sensitive regulatory information (e.g., complainant matters). In addition, documenting and reporting the implementation of any resultant recommendations will again take limited resources away from core regulatory activities. A more appropriate approach would be to utilize the existing CPMF to further augment the standardization of processes and accountability of health regulatory Colleges.

#### Patient Ombudsman Review

The role of the Patient Ombudsman and health regulatory bodies in investigating healthcare-related complaints are both essential, and at the same time, quite different in focus and impact (i.e., the Patient Ombudsman deals with matters on an organizational level and makes recommendations, whereas Colleges are mandated to ensure their individual members provide competent care and can order specific outcomes). Additionally, the Health Professions Appeal and Review Board (HPARB) already exists to address patients' concerns regarding complaints and discipline matters.



It is unlikely that the Patient Ombudsman's Office has the expertise in dealing with the kinds of complaints and reports investigated by Colleges. Also, the Patient Ombudsman cannot currently order changes or process improvements for the entities it oversees, so we are unclear how they will be able to do so for regulatory bodies. As with the proposal regarding the AG, the CPMF is a more appropriate mechanism to facilitate the oversight and review of regulatory complaints and discipline processes.

## **Core Governance Considerations**

### Smaller Councils

The CRTO supports the transition to smaller-sized Councils, provided it is done in a carefully planned and coordinated fashion because some carryover from the previous Council is necessary to maintain continuity. Ideally, the transition should occur on a date specified well in advance, as sufficient notice will be necessary to enable Colleges to amend their By-Laws accordingly. There will also need to be explicit transition provisions set out in the Code (e.g., allowing for the removal of existing members from their Council positions). In addition, to avoid confusion, the transition should coincide with the proposed Council composition changes.

Due primarily to the low number of available public appointees, many College Councils are either not properly constituted or as is our case, perilously close to becoming unconstituted. Legislative amendments are necessary to allow Councils to remain legally constituted despite vacancies, particularly if Executive Committees are eliminated.

### Council and Committee Separation

While the CRTO understands that this initiative aims to strengthen the autonomy of committees and reduce workload, we have concerns regarding the resulting loss of continuity. If this process becomes mandated, we ask that it only apply to statutory committees so that non-statutory committees (e.g., Finance & Audit Committee) can retain their connection with Council.

During the transition phase, the most feasible option would be to permit departing professional Council members to serve on committees, provided they were able to meet the requisite competency-based criteria. If public Council members will no longer be allowed to sit on statutory committees, a mechanism must be established to enable public member representation on those committees. Given the persistent challenges with obtaining a sufficient number of public appointees and the specific competencies required for each committee, it would be appropriate for Colleges to make those appointments.

Another consideration is the current disparate compensation rates for professional and public members. Allowing Colleges to reimburse their own Council and committee members at a more competitive per diem has the potential to enhance recruitment and retention.



### Equal Public and Professional Representation

The CRTO supports the move to an equal number of public and professional members on Council. However, competency-based selection of professional members poses a considerable challenge for smaller professions, such as ours, as we have a limited pool of qualified and willing candidates. Therefore, each College should be permitted to set its own selection criteria, provided they have a process to augment professional members' governance skills through post-selection training. In addition, we feel the most reasonable approach to applying competency requirements is on a go-forward basis, as it is essential to retain some of our existing Council members to ensure continuity while the newer members become oriented to their role.

### Professional Member Selection

While the CRTO supports the move to selection rather than election of professional members, some criteria will be more difficult to meet than others. For example, over 75% of our membership are females who practice in a hospital setting in southern Ontario. Therefore, diverse regional, demographic, and technical representation will be challenging, particularly with only five to six professional members on Council. Again, ensuring that each College has autonomy over its selection criteria is essential.

The Nomination and Selection Committee should be a statutory committee with its composition (e.g., a mix of public and professional members) and processes (e.g., criteria, application process, certification of results) enacted in legislation. Additionally, if Colleges were permitted to select their own public members, the Nomination and Selection Committee could also be used for that purpose. This would assist Colleges in achieving the desired overall diversity of their Council and committees.

### Term Limits

The CRTO's current term limit is nine years, and we are agreeable to moving to a six-year limit. Anything less than six years would make it difficult to maintain sufficient experienced Council members, particularly when you consider that not all public and professional members stay on for their full term. Allowing new term limits to be applied on a go-forward basis, rather than retroactively, will help maintain the consistency on Council necessary for good governance. Otherwise, it would be quite disruptive if, on the transition date, we had several Council members who were at or past the six-year mark.

### Elimination of Executive Committees

Eliminating the Executive Committee makes sense once a shift is made to a smaller Council. That being said, Executive Committees do play an essential role in allowing Colleges to function when their Council is not properly constituted. Therefore, in the absence of an Executive Committee, there needs to be a legislative provision that would allow Colleges to continue to function despite vacancies.

## **Housekeeping Proposals**

The CRTO has no significant objections to any proposed housekeeping changes. However, careful consideration is needed as to the use of former titles in the public domain. For example, "Registered Respiratory Care Practitioner (RRCP)" is a previous title for our profession. If this title was to be used by someone who was not a Registered Respiratory Therapist (RRT), it could be misleading to the public.

We want to suggest adding "College" to the list of terminology modifications. "Regulatory Authority" may more clearly delineate our role from that of an educational facility.

## **Reducing Barriers to Registration**

### Removal of Canadian Experience Requirements

The CRTO does not have a "Canadian experience" requirement for its Internationally Educated Healthcare Professionals (IEHPs). The only aspect of our current registration process for IEHP candidates that requires them to be in Canada is a one-day, in-person competency assessment in Toronto. We cannot foresee any way of eliminating this demonstration of clinical competency while at the same time safeguarding patients who receive the services of a Respiratory Therapist (RT).

There are very few countries that train RTs, and so we have relatively few IEHP applicants (only 63 in total since 2014). As outlined in our annual reports to the Office of the Fairness Commissioner (OFC), the CRTO has been diligent in ensuring that the applications we do receive from IEHP candidates are dealt with in an efficient and timely manner.

### Time Limit for Registration Decisions

Time limits for registration decisions are reasonable, provided all factors resulting in delays are considered. For example, when processing applications from individuals under the Labour Mobility provision in the *Canada Free Trade Agreement*, situations can arise where good character or other concerns must be addressed, resulting in delays. Also, our IEHP candidates who complete a clinical skills assessment have the right to appeal their assessment results before their application is brought before the Registration Committee, requiring a secondary review of their evaluation by different assessors. This step is vital to afford the applicant a fair and open process but inevitably delays the final registration decision.

Additionally, we receive a number of applications from individuals trained in professions other than Respiratory Therapy (e.g., Anesthesiology). This requires us to evaluate their submitted transcripts and course curriculum to establish educational equivalency, which of course, takes additional time. Therefore, when setting time limits for registration decisions, the clock should start only once the applicant has provided all requested information, completed all requirements (e.g., competency assessment), and all matters pertaining to

suitably to practice have been addressed.

One persistent barrier to timely registration decisions is the low number of public members available to sit on the Registration Committee and panels. It is a common occurrence to have to delay and even cancel panel meetings because the sole public member is not available. We fear this problem would be significantly exacerbated with some of the other proposed changes (e.g., if a panel was expected to be bilingual).

#### Standardized Language Proficiency Requirements

The CRTO has followed a rigorous process in establishing its current language proficiency requirements based on the needs of our profession, where the risk of harm from miscommunication is quite significant. Further to that, our language benchmarks were set in collaboration with the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB) to facilitate safe and seamless labour mobility. Therefore, while we support standardization of regulatory requirements across professions where appropriate, our concern here is that it would result in a lower threshold for language proficiency than we currently require.

#### Emergency Registration

The challenge here is finding the optimal balance between getting practitioners out to practice as quickly as possible and ensuring that they can do so safely and competently. To that end, we strongly recommend that each College choose the most appropriate policies and processes for their respective profession. The CRTO does not currently have an emergency registration class and obtaining one would require a regulation change. We do, however, have an *Emergency Registration Policy* that utilizes Terms, Conditions and Limitations (TCLs) that can be lifted once the RRT has demonstrated competency. Individuals registered under this policy are permitted to practice without having met all exemptible registration requirements but are given firm timelines in which to do so. We feel that both the imposition of TCLs and enforcing timeline constraints on meeting registration requirements are vital to safeguarding patient care.

#### **Integrating Oversight Systems and New Professions**

Sharing information between RHPA Colleges and the newly established Authority is essential and merits careful consideration that will require more time than permitted during this consultation period.

#### **In Closing**

Given adequate time and sufficient guidance from the MOH, much of the proposed core governance and housekeeping reforms could be implemented. However, the modernization considerations and suggestions aimed at reducing barriers to registration warrant a great deal more deliberation. Therefore, we strongly encourage proceeding with the governance and housekeeping reforms for now and taking more time to carefully consider the



consequences of some of the remaining, more complex proposals. In addition, the CPMF needs to be allowed time to fulfil its potential of guaranteeing optimal regulatory oversight while at the same time permitting regulatory Colleges to attend to their essential role of ensuring the members of their respective profession provide safe, competent, and ethical patient care.

Again, thank you for this opportunity to provide our input on these proposals. Please do not hesitate to contact me if additional information or clarification is required.

Regards,

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Registrar & CEO  
College of Respiratory Therapists of Ontario (CRTO)

cc. Allison Henry, Director, Health Workforce Regulatory Oversight Branch, MOH  
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