

College Performance Measurement Framework (CPMF)

Reporting Tool

Ontario Ministry of Health



College of Respiratory
Therapists of Ontario

Ordre des thérapeutes
respiratoires de l'Ontario

College of Respiratory Therapists of Ontario (CRTO) Submission

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INTRODUCTION

THE COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

A CPMF has been developed by the Ontario Ministry of Health in close collaboration with Ontario’s health regulatory Colleges (Colleges), subject matter experts and the public with the aim of answering the question “how well are Colleges executing their mandate which is to act in the public interest?”. This information will:

- 1. strengthen accountability and oversight of Ontario’s health regulatory Colleges; and
- 2. help Colleges improve their performance.

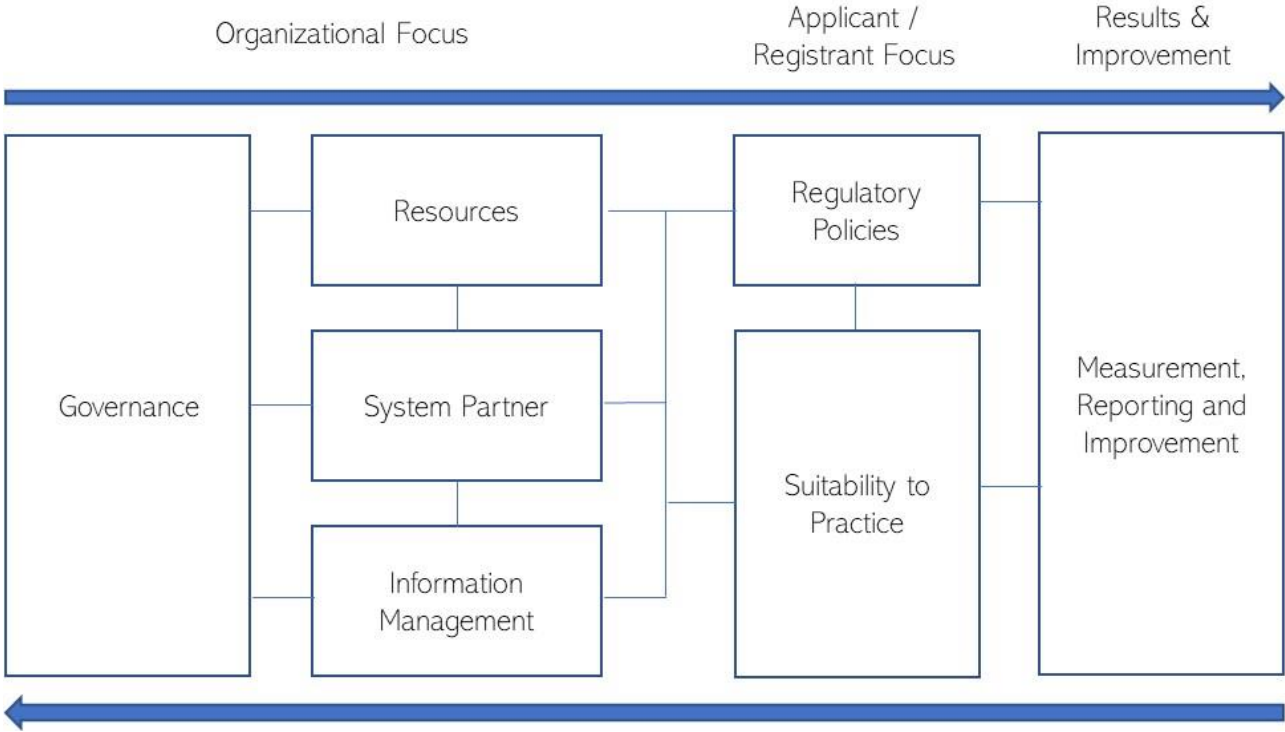
a) Components of the CPMF:

1	Measurement domains	→ Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	Standards	→ Best practices of regulatory excellence a College is expected to achieve and against which a College will be measured.
3	Measures	→ Further specifications of the standard that will guide the evidence a College should provide and the assessment of a College in achieving the standard.
4	Evidence	→ Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a College’s achievement of a standard.
5	Context measures	→ Statistical data Colleges report that will provide helpful context about a College’s performance related to a standard.
6	Planned improvement actions	→ Initiatives a College commits to implement over the next reporting period to improve its performance on one or more standards, where appropriate.

b) Measurement domains:

The proposed CPMF has seven measurement domains. These domains were identified as the most critical attributes that contribute to a College effectively serving and protecting the public interest (Figure 1). The measurement domains relate to Ontario’s health regulatory Colleges’ key statutory functions and key organizational aspects, identified through discussions with the Colleges and experts, that enable a College to carry out its functions well.

Figure 1: CPMF Model for measuring regulatory excellence



The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator. Table 1 describes what is being measured by each domain.

Table 1: Overview of what the Framework is measuring

Domain		Areas of focus
1	Governance	<ul style="list-style-type: none"> The efforts a College undertakes to ensure that Council and Statutory Committees have the required knowledge and skills to warrant good governance. Integrity in Council decision making. The efforts a College undertakes in disclosing decisions made or is planning to make and actions taken, that are communicated in ways that are accessible to, timely and useful for relevant audiences.
2	Resources	<ul style="list-style-type: none"> The College's ability to have the financial and human resources to meet its statutory objects and regulatory mandate, now and in the future.
3	System Partner	<ul style="list-style-type: none"> The extent to which a College is working with other Colleges and system partners, where appropriate, to help execute its mandate in a more effective, efficient and/or coordinated manner and to ensure it is responsive to changing public expectation.
4	Information Management	<ul style="list-style-type: none"> The efforts a College undertakes to ensure that the confidential information it deals with is retained securely and used appropriately in the course of administering its regulatory activities and legislative duties and objects.
5	Regulatory Policies	<ul style="list-style-type: none"> The College's policies, standards of practice, and practice guidelines are based on the best available evidence, reflect current best practices, are aligned with changing publications and where appropriate aligned with other Colleges.
6	Suitability to Practice	<ul style="list-style-type: none"> The efforts a College undertakes to ensure that only those individuals who are qualified, skilled and competent are registered, and only those registrants who remain competent, safe and ethical continue to practice the profession.
7	Measurement, Reporting and Improvement	<ul style="list-style-type: none"> The College continuously assesses risks, and measures, evaluates, and improves its performance. The College is transparent about its performance and improvement activities.

c) Standards, Measures, Evidence, and Improvement:

The CPMF is primarily organized around five components: **domains**, **standards**, **measures**, **evidence** and **improvement**, as noted on page 3. The following example demonstrates the type of information provided under each component and how the information is presented within the Reporting Tool.

Example:

Domain 1: Governance			
Standard	Measure	Evidence	Improvement
1. Council and Statutory Committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.	1. Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: <ul style="list-style-type: none"> i. Meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities. 	<ul style="list-style-type: none"> The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria. By-laws will be updated to reflect the screening criteria as a component of the election process to determine professional registrant eligibility to run for a Council position.
		b. Statutory Committee candidates have: <ul style="list-style-type: none"> i. met pre-defined competency / suitability criteria, and ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities. 	<ul style="list-style-type: none"> The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria.
		c. Prior to attending their first meeting, public appointments to Council undertake a rigorous orientation training course about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	Nil
	2. Council and Statutory Committees regularly assess their effectiveness and address identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> i. Council meetings; ii. Council 	Nil
		b. The framework includes a third-party assessment of Council effectiveness at minimum every three years.	Nil

THE CPMF REPORTING TOOL

For the first time in Ontario, the CPMF Reporting Tool (along with the companion Technical Specifications for Quantitative CPMF Measures document) will provide comprehensive and consistent information to the public, the Ministry of Health ('ministry') and other stakeholders by each of Ontario's health regulatory Colleges (Colleges). In providing this information each College will:

1. meet with the ministry to discuss the system partner domain;
2. complete the self-assessment;
3. post the Council approved completed CPMF Report on its website; and
4. submit the CPMF Report to the ministry.

The ministry will not assess whether a College meets or does not meet the Standards. The purpose of the first iteration of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. Furthermore, the reported results will help to lay a foundation upon which expectations and benchmarks for regulatory excellence can be refined and improved. Finally, the results of the first iteration may stimulate discussions about regulatory excellence and performance improvement among Council members and senior staff within a College, as well as between Colleges, the public, the ministry, registrants and other stakeholders.

The information reported through the completed CPMF Reporting Tools will be used by the ministry to strengthen its oversight role of Ontario's 26 health regulatory Colleges and may help to identify areas of concern that warrant closer attention and potential follow-up.

Furthermore, the ministry will develop a Summary Report highlighting key findings regarding the best practices Colleges already have in place, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public. The focus of the Summary Report will be on the performance of the regulatory system (as opposed to the performance of each individual College), what initiatives health regulatory Colleges are undertaking to improve regulatory excellence and areas where opportunities exist for colleges to learn from each other. The ministry's Summary Report will be posted publicly.

As this will be the first time that Colleges will report on their performance against the proposed CPMF standards, it is recognized that the initial results will require comprehensive responses to obtain the required baseline information. It is envisioned that subsequent reporting iterations will be less intensive and ask Colleges only to report on:

- Improvements a College committed to undertake in the previous CPMF Report;
- Changes in comparison to baseline reporting; and
- Changes resulting from refined standards, measures and evidence.¹

¹ Informed by the results from the first reporting iteration, the standards, measures and evidence will be evaluated and where appropriate further refined before the next reporting iteration.

Completing the CPMF Reporting Tool

Colleges will be asked to provide information in the right-hand column of each table indicating the degree to which they fulfill the “required Evidence” set out in column two.

Furthermore,

- where a College fulfills the “required evidence” it will have to:
 - provide link(s) to relevant background materials, policies and processes **OR** provide a concise overview of this information.
- where a College responds that it “partially” meets required evidence, the following information is required:
 - clarification of which component of the evidence the College meets and the component that the College does not meet;
 - for the component the College meets, provide link(s) to relevant background material, policies and processes **OR** provide a concise overview of this information; and
 - for the component the College does not meet, whether it is currently engaged in, or planning to implement the missing component over the next reporting period.
- where a College does not fulfill the required evidence, it will have to:
 - indicate whether it is currently engaged in or planning to implement the standard over the next reporting period.

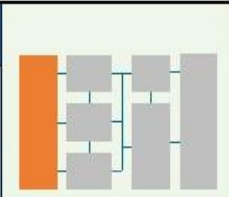
Furthermore, there may be instances where a College responds that it meets required evidence but, in the spirit of continuous improvement, plans to improve its activities or processes related to the respective Measure. A College is encouraged to highlight these planned improvement activities.

While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the manner in which a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the proposed CPMF Reporting Tool the ministry relies on individual Colleges, as subject matter experts, to determine how a term should be appropriately interpreted given the uniqueness of the profession each College oversees.

The areas outlined in red in the example below are what Colleges will be asked to complete.

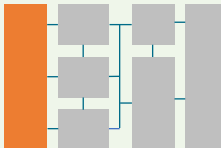
Example:

DOMAIN 1: GOVERNANCE		
Standard 1		
Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.		
Measure	Required evidence	College response
1. Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: <ul style="list-style-type: none"> i. Meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities. 	<div> <p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> The competency/suitability criteria are public: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please insert link to where they can be found, if not please list criteria:</i> Duration of orientation training: Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): Insert a link to website if training topics are public OR list orientation training topics: <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>Additional comments for clarification (optional):</i></p> </div>





PART 1: MEASUREMENT DOMAINS

The following tables outline the information that Colleges are being asked to report on for each of the Standards. Colleges are asked to provide **evidence** of decisions, activities, processes, and verifiable results that demonstrate the achievement of relevant standards and encourages Colleges to not only to identify whether they are working on, or are planning to implement, the missing component if the response is “No”, but also to provide information on improvement plans or improvement activities underway if the response is “Yes” or “Partially”.

DOMAIN 1: GOVERNANCE			
Standard 1			
Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.			
Measure	Required evidence	College response	
1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: i. meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		<ul style="list-style-type: none">The competency/suitability criteria are public: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <i>If yes, please insert link to where they can be found, if not please list criteria:</i> <p>Criteria are listed on the nomination form available for download by any RT seeking nomination to run in a given election. These criteria were drawn from the CRTO Election Policy (https://www.crto.on.ca/pdf/Policies/AD-143-election.pdf), the CRTO By-Laws (https://www.crto.on.ca/pdf/Bylaws/bylaws.pdf), and from source material on competencies for Council members developed by the Advisory Group on Regulatory Excellence (AGRE).</p> <p>The nominee is required to list all relevant experience as well as complete a self-declaration indicating that they:</p> <ul style="list-style-type: none">i. Reside or practice in the jurisdiction in which they are running for electionii. Hold a current General or Limited certificate of registration with the CRTOiii. Have the personal commitment and availability to serve effectively during the elected termiv. Are not running for election in any other electoral districtv. Are not in default of the payment of any feesvi. Are not the subject of any current disciplinary or incapacity proceedingvii. Hold a certificate of registration that is not subject to a term, condition or limitation arising from a professional misconduct, incompetence, incapacity or quality assurance proceeding	

		<p>viii. Have not, within the previous 12 months, been an employee, director, officer or elected member of a professional association (e.g. CSRT, RTSO) or special interest group related to the profession. An "Elected Member" in a professional association would be a position on their executive/board</p> <p>ix. Have not, within the previous 12 months, been an employee, director, officer, or elected member of a working group or committee of an organization which develops or produces “entry to practice” examinations related to the profession</p> <p>x. Have not, within the previous 3 years, been disqualified from sitting as a CROTO Council or Committee member</p> <p>xi. Have not, within the previous 6 years, had their certificate of registration suspended or revoked as a result of a professional misconduct, incompetence or incapacity proceeding</p> <p>xii. Do not have any criminal charges or convictions pending or found against them that would bring the CROTO or the regulatory sector into disrepute</p> <p>xiii. Do not have a social media presence that could bring the CROTO or the regulatory sector into disrepute</p> <p>• Duration of orientation training:</p> <p>1.5 Hrs for the general CROTO orientation. This is provided to both elected members of the profession (Council and Non-Council) and to LGIC-appointed public members of Council.</p> <p>• Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end):</p> <p>Conducted in-person (currently via video call) with the Registrar & CEO</p> <p>• Insert a link to website if training topics are public <i>OR</i> <u>list orientation training topics:</u></p> <p>General Orientation Outline</p> <ul style="list-style-type: none">• How self-regulation works• Legislative framework under which the CROTO operates• Duty and objects of the College• Role of Council and statutory committees• Current strategic priorities for the CROTO• Current issues being considered by Council and respective committees• How meetings are held, frequency, etc.• Hierarchy of documents used for College business (i.e. regulations, by-laws, policies, standards, etc.)• Roles and responsibilities of Council and Committee members
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		<ul style="list-style-type: none">• CROTO Staff structure and contact list• Privacy and Confidentiality• Commitment to transparency• How to navigate the CROTO intranet and access relevant meeting materials• Document security
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
		<p><i>Additional comments for clarification (optional):</i></p> <p>Currently, the nomination criteria and required competencies are not available on our public website – only on the nomination form itself. We intend to include the criteria with the general election information found on the CROTO website.</p> <p>The orientation is currently offered in-person and only after an individual has been elected or appointed. We intend to make it available as a stand-alone module that must be completed prior to confirming a nominee’s eligibility.</p> <p>Public members appointed by the LGIC are not required to meet these eligibility criteria. We will continue to offer it post-appointment and prior to attending their first Council meeting.</p> <p>This last year, general regulatory governance training was offered through the Health Professions Regulators of Ontario (HPRO). We offered this to all Council (elected or appointed) and Non-Council Committee members as optional additional training. We’ve had 6 Council members, 2 Public members, and 3 Non-Council Committee members attend.</p> <p>The course content was as follows:</p> <div><p>HPRO Governance Training for RHPA Col</p></div>

	<p>b. Statutory Committee candidates have:</p> <ul style="list-style-type: none"> i. met pre-defined competency / suitability criteria, and ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities. 	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • The competency / suitability criteria are public: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <i>If yes, please insert link to where they can be found, if not please list criteria:</i> <p>The criteria are the same as for the general election. Committee members who were elected met the nomination eligibility criteria. Council members who were appointed by the LGIC will not necessarily have met those criteria yet will undergo the same orientation as any elected member. For any individual who is appointed to serve on a committee (to fill a vacancy, for example), must meet the same eligibility criteria as someone seeking election prior to being considered for appointment to the committee.</p> <p>Once elected/appointed, the background skills and experience of each member is considered and then aligned with the work of the various committees. For example, if an elected or appointed committee member has a background in education, the work of the registration committee aligns well with that experience.</p> <p>When making committee appointments, the Executive Committee considers the following:</p> <div style="text-align: center;">  <p>Appendix A Committee Member A</p> </div> <ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training: 1-3 hrs., depending on the committee and format (in-person orientation is longer than virtual). • Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): Orientation is typically conducted in-person at the first meeting of the year. In light of the pandemic, orientation has been conducted virtually via video call this past year and is compressed to 1 hr in length.
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		<ul style="list-style-type: none">• Insert link to website if training topics are public OR list orientation training topics for Statutory Committee: <p>Orientation for the various statutory committees follows a common general outline:</p> <ul style="list-style-type: none">• Legislated role of the committee• Review of the current goals and terms of reference• Meeting schedule• Awareness of bias• How to identify and declare a conflict of interest• Specifics of any programs conducted/overseen by the committee (e.g. professional development program under the Quality Assurance Committee, psychometric review report from the credentialling exam conducted by the Canadian Board for Respiratory Care, etc.)• Case examples to illustrate common issues faced by the various panels making decisions (e.g. a currency issue in someone applying for registration, a conduct issue when considering a Complaint, etc.) <p>Sexual Abuse Awareness training is added to the orientation for members of the Patient Relations Committee.</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional):</i></p> <p>These criteria will also be made public in 2021.</p>

	<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Duration of orientation training: 1.5 Hrs for the general CROTO orientation. Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): Conducted in-person (currently via video call) with the Registrar & CEO Insert link to website if training topics are public OR list orientation training topics: <p>General Orientation Outline</p> <ul style="list-style-type: none"> How self-regulation works Legislative framework under which the CROTO operates Duty and objects of the College Role of Council and statutory committees Current strategic priorities for the CROTO Current issues being considered by Council and respective committees How meetings are held, frequency, etc. Hierarchy of documents used for College business (i.e. regulations, by-laws, policies, standards, etc.) Roles and responsibilities of Council and Committee members CROTO Staff structure and contact list Privacy and Confidentiality Commitment to transparency How to navigate the CROTO intranet and access relevant meeting materials Document security How to submit claim forms for reimbursement from the Public Appointments Secretariat <p>As mentioned in Section 1.1, public members were also offered the opportunity to attend the HPRO Governance Training Workshops. We’ve had 2 public members attend this course in 2020-2021.</p>
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		<div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Additional comments for clarification (optional):</div>
1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <div>i. Council meetings</div> <div>ii. Council</div>	<div>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input checked="" type="checkbox"/></div> <div><div><div>• Year when Framework was developed OR last updated:</div><div>• Insert a link to Framework OR link to Council meeting materials where (updated) Framework is found and was approved: <insert link></div><div>• Evaluation and assessment results are discussed at public Council meeting: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></div><div>• If yes, insert link to last Council meeting where the most recent evaluation results have been presented and discussed:</div></div></div> <div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></div> <div>Additional comments for clarification (optional)</div>


	b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input checked="" type="checkbox"/>
		<ul style="list-style-type: none">A third party has been engaged by the College for evaluation of Council effectiveness: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <i>If yes, how often over the last five years? <insert number></i>Year of last third-party evaluation: <insert year>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>
	c. Ongoing training provided to Council has been informed by: i. the outcome of relevant evaluation(s), and/or ii. the needs identified by Council members.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input checked="" type="checkbox"/>
		<ul style="list-style-type: none">Insert a link to documents outlining how outcome evaluations and/or needs identified by members have informed Council training;Insert a link to Council meeting materials where this information is found ORDescribe briefly how this has been done for the training provided <u>over the last year</u>.
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional):</i>


Standard 2		
Council decisions are made in the public interest.		
Measure	Required evidence	College response
2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is accessible to the public.	The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Year when Council Code of Conduct and ‘Conflict of Interest’ Policy was implemented OR last evaluated/updated: In use since 2002. Insert a link to Council Code of Conduct and ‘Conflict or Interest’ Policy OR Council meeting materials where the policy is found and was discussed and approved: https://www.crto.on.ca/pdf/Policies/Code_of_Conduct.pdf Additional conflict of interest material can be found in the CRTO By-laws, Article 18.05 to 18.14. https://www.crto.on.ca/pdf/Bylaws/bylaws.pdf
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Additional comments for clarification (optional)

	b. The College enforces cooling off periods ² .	The College fulfills this requirement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Cooling off period is enforced through: Conflict of interest policy <input type="checkbox"/> By-law <input checked="" type="checkbox"/> Competency/Suitability criteria <input checked="" type="checkbox"/> Other <please specify> The year that the cooling off period policy was developed OR last evaluated/updated: Last evaluated in 2020 for the upcoming elections and eligibility criteria. How does the college define the cooling off period? <ul style="list-style-type: none"> Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced: CRTC By-Laws Section 16.10 https://www.crtc.gc.ca/pdf/Bylaws/bylaws.pdf insert a link to Council meeting where cooling of period has been discussed and decided upon; OR where not publicly available, please describe briefly cooling off policy:
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Additional comments for clarification (optional)

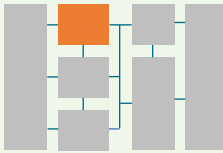

² Cooling off period refers to the time required before an individual can be elected to Council where an individual holds a position that could create an actual or perceived conflict of interest with respect to his or her role and responsibility at the college.


	<p>c. The College has a conflict of interest questionnaire that all Council members must complete annually.</p> <p><u>Additionally:</u></p> <ul style="list-style-type: none"> i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u>. 	<div style="background-color: #f2f2f2; padding: 5px;"> <p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> </div> <div style="padding: 5px;"> <ul style="list-style-type: none"> The year when conflict of interest the questionnaire was implemented OR last evaluated/updated <p>Conflict of interest is addressed annually by having each Council/Committee member complete a record of affiliations. This allows them to identify any organizations or individuals who they have a relationship with which may translate to a conflict. Conflicts of interest for each specific topic at Council or at a committee meeting are appraised at the meeting itself or in preparation for the meeting (for example, if there is a complaint matter being discussed at an ICRC panel, the prospective panel members are asked to declare any conflicts with the member in question prior to being selected for the panel).</p> <p>The Record of Affiliations is reviewed and updated annually.</p> <ul style="list-style-type: none"> Member(s) update his or her questionnaire at each Council meeting based on Council agenda items: Always <input checked="" type="checkbox"/>* Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> Insert a link to most recent Council meeting materials that includes the questionnaire: <p>* Rather than complete a questionnaire each time, the Chair asks at the beginning of each Council meeting if any member has a conflict to declare for any of the items on the agenda. We feel that this approach is nimble and less administratively burdensome. It also allows a Council member the flexibility to declare a conflict at any point in the meeting, should the need arise.</p> </div> <div style="padding: 5px; border-top: 1px solid black;"> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i></p> </div> <div style="padding: 5px; border-top: 1px solid black;"> <p><i>Additional comments for clarification (optional)</i></p> <p><i>We will add a guide document to Council packages defining conflicts of interest and questions aimed at assisting Council members in identifying COI.</i></p> </div>
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	<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale (See Appendix A) and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).</p>	<div>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></div> <div><ul style="list-style-type: none">Describe how the College makes public interest rationale for Council decisions accessible for the public:<p>Each item for decision is presented to Council with a briefing note that contains a decision support tool outlining 9 considerations for Council when debating the item. These considerations go beyond a simple question of whether something is in the public interest and asks if it is related to the practice of Respiratory Therapy, if it falls within the mandate of the CRTO, if it rests in the public interest, etc. The briefing notes are structured to allow the Council members (and any interested members of the public) to form an opinion on those considerations of public interest.</p><ul style="list-style-type: none">Insert a link to meeting materials that include an example of how the College references a public interest rationale:<div><p>Item 4.5 - Revised Interpretation of Auth</p></div><p>This item was discussed at the March 2020 Council meeting.</p></div> <div><p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p></div> <div><p><i>Additional comments for clarification (if needed)</i></p></div>
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Standard 3		
The College acts to foster public trust through transparency about decisions made and actions taken.		
Measure	Required evidence	College response
3.1 Council decisions are transparent.	a. Council minutes (once approved) are clearly posted on the College’s website. Attached to the minutes is a status update on implementation of Council decisions to date (e.g. indicate whether decisions have been implemented, and if not, the status of the implementation).	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Insert link to webpage where Council minutes are posted: https://www.crto.on.ca/public/about-us/upcoming-meetings/
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i> Not all decisions require follow-up. We will, however, be developing a more comprehensive operational report in 2021. Relevant progress will be captured in that report.
	b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information). i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Insert a link to webpage where Executive Committee minutes / meeting information are posted: The Executive Committee meets roughly 6 times each year. A report from the Chair is always included in the Council packages outlining activities of the committee over the preceding 3 months, including any items meeting the criteria of this standard. An example from September 2020:
		 2020-09-25 Council Meeting Minutes - pu
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i>

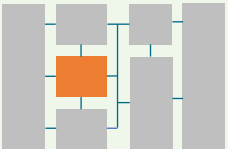
		<p><i>Additional comments for clarification (optional)</i></p> <p>We feel that the reporting on Exec committee activities is working well, yet we could place the agendas on the website ahead of the meetings. We will, however, explore how to place the agendas for all committees on our website calendar of upcoming events (Council meetings, etc).</p>
	c. Colleges that have a strategic plan and/or strategic objectives post them clearly on the College's website (where a College does not have a strategic plan, the activities or programs it plans to undertake).	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p>• Insert a link to the College's latest strategic plan and/or strategic objectives:</p> <p>https://www.crto.on.ca/public/resources-and-links/strategic-planning/</p>
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p>
3.2 Information provided by the College is accessible and timely.	a. Notice of Council meeting and relevant materials are posted at least one week in advance.	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p>
	b. Notice of Discipline Hearings are posted at least one week in advance and materials are posted (e.g. allegations referred)	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p>

Domain 2: Resources			
Standard 4			
The College is a responsible steward of its (financial and human) resources.			
Measure	Required evidence	College response	
4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	<p>a. The College’s strategic plan (or, where a College does not have a strategic plan, the activities or programs it plans to undertake) has been costed and resources have been allocated accordingly.</p> <p><u>Further clarification:</u> A College’s strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none">Insert a link to Council meeting materials that include approved budget OR link to most recent approved budget: <div><p>Council Package - website.pdf</p></div>	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>	
		<p><i>Additional comments for clarification (optional)</i></p>	

	<div>b. The College:<div><div>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and furthermore, sets out the criteria for using the reserves;</div><div>ii. possesses the level of reserve set out in its “financial reserve policy”.</div></div></div>	<div>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></div> <div>If applicable:<div><div>• Insert a link to “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved:</div><div>• Insert most recent date when “financial reserve policy” has been developed OR reviewed/updated:</div><div>• Has the financial reserve policy been validated by a financial auditor? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></div></div></div> <div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></div> <div><div>Additional comments for clarification (if needed)</div><div>The level of reserves is typically discussed with our auditor during the annual audit, mainly to ensure that they are within an appropriate range for a not-for-profit organization of our size.</div><div>The CRTO also has investment guidelines articulated within its by-laws (Article 9) and further detail in its Investment Policy (see below). Both of these are intended to guide <i>how</i> the reserves are managed...yet we do not have a policy to guide the levels of the reserves. We can amend our policy to include this.</div><div><div></div><div>Policy and Procedure-CP-Investr</div></div></div>
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	<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes ensuring that the organization has the workforce it needs to be successful now and, in the future (e.g. processes and procedures for succession planning, as well as current staffing levels to support College operations).</p>	<div data-bbox="1284 190 2494 284"> <p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> </div> <div data-bbox="1284 284 2494 397"> <ul style="list-style-type: none"> • Insert a date and link to Council meeting materials where the College's Human Resource plan, as it relates to the Operational and Financial plan, was discussed. </div> <div data-bbox="1284 397 2494 492"> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i></p> </div> <div data-bbox="1284 492 2494 719"> <p><i>Additional comments for clarification (optional)</i></p> <p>HR succession planning has been addressed yet more as an FYI to Council than a written “plan”. We intend to formalize this as part of a revised operations report to Council in 2021.</p> </div>
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DOMAIN 3: SYSTEM PARTNER	
<p>Standard 5</p> <p>The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</p>	
<p>Standard 6</p> <p>The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations.</p>	
<p>Standard 7</p> <p>The College responds in a timely and effective manner to changing public expectations.</p>	
Measure / Required evidence: N/A	College response
	<p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for each of the following three standards. An exhaustive list of interactions with every system partner the College engages is not required.</i></p> <p><i>Colleges may wish to provide Information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of that dialogue. For the initial reporting cycle, information may be from the recent past, the reporting period, or is related to an ongoing activity (e.g., planned outcomes).</i></p>



<p>The three standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these three standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p> <p>In preparation for their meetings with the ministry, Colleges have been asked to submit the following information:</p> <ul style="list-style-type: none"> Colleges should consider the questions pertaining to each standard and identify examples of initiatives and projects undertaken during the reporting period that demonstrate the three standards, and the dates on which these initiatives were undertaken. 	<p>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice within a health system where the profession it regulates has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"> <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g. joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website etc.).</i> 	
	<table border="1"> <tr> <td data-bbox="739 678 1647 1373"> <p>Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public/societal expectations.</p> <p>The intent of standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is “pushed” information by system partners, or where the College proactively seeks information in a timely manner.</p> <ul style="list-style-type: none"> <i>Please provide some examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public/societal expectations.</i> <i>In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in standard 7).</i> </td><td data-bbox="1647 678 2524 1373"> <p>Standard 7: The College responds in a timely and effective manner to changing public expectations.</p> <p>Standard 7 highlights successful achievements of when a College leveraged the system partner relationships outlined in Standard 6 to implement changes to College policies, programs, standards etc., demonstrating how the College responded to changing public expectations in a timely manner.</p> <ul style="list-style-type: none"> <i>How has the College responded to changing public expectations over the reporting period and how has this shaped the outcome of a College policy/program? How did the College engage the public/patients to inform changes to the relevant policy/program? (e.g. Instances where the College has taken the lead in strengthening interprofessional collaboration to improve patient experience, examples of how the College has signaled professional obligations and/or learning opportunities with respect to the treatment of opioid addictions, etc.).</i> <i>The College is asked to provide an example(s) of key successes and achievements from the reporting year.</i> </td></tr> </table>	<p>Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public/societal expectations.</p> <p>The intent of standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is “pushed” information by system partners, or where the College proactively seeks information in a timely manner.</p> <ul style="list-style-type: none"> <i>Please provide some examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public/societal expectations.</i> <i>In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in standard 7).</i>
<p>Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public/societal expectations.</p> <p>The intent of standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is “pushed” information by system partners, or where the College proactively seeks information in a timely manner.</p> <ul style="list-style-type: none"> <i>Please provide some examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public/societal expectations.</i> <i>In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in standard 7).</i> 	<p>Standard 7: The College responds in a timely and effective manner to changing public expectations.</p> <p>Standard 7 highlights successful achievements of when a College leveraged the system partner relationships outlined in Standard 6 to implement changes to College policies, programs, standards etc., demonstrating how the College responded to changing public expectations in a timely manner.</p> <ul style="list-style-type: none"> <i>How has the College responded to changing public expectations over the reporting period and how has this shaped the outcome of a College policy/program? How did the College engage the public/patients to inform changes to the relevant policy/program? (e.g. Instances where the College has taken the lead in strengthening interprofessional collaboration to improve patient experience, examples of how the College has signaled professional obligations and/or learning opportunities with respect to the treatment of opioid addictions, etc.).</i> <i>The College is asked to provide an example(s) of key successes and achievements from the reporting year.</i> 	

Standard 5 – Aligning Oversight of Profession and Supporting Execution of Mandate

Organization	Initiatives and Outcomes
National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB)	<ul style="list-style-type: none"> Development of the National Competency Framework, the set of entry-to-practice competencies that are used as the basis for curriculum in all Canadian RT programs Labour Mobility – (i) Development of a common registration verification report, facilitating the transfer of common data elements between regulators when approving an applicant under labour mobility provisions (ii) Establishment of common approach to the criteria for and method of evaluation for IEHPs
Health Professions Regulators of Ontario (HPRO)	<ul style="list-style-type: none"> An organization comprised of the Registrars of all health professions regulators in Ontario, HPRO provides opportunities for networking and developing collaborative relationships, as well as coordinating a number of working groups (e.g. prevention of sexual abuse, diversity and inclusion, Deputy Registrars’ peer group, etc.) and training opportunities (e.g. a series of Regulation 101 videos, discipline hearing training, etc.) for health regulators, their Board members, and their staff.
Citizens’ Advisory Group (CAG)	<ul style="list-style-type: none"> Currently administered by the CPSO, the CAG is a member-funded entity (the members being regulatory bodies) which consists of a panel of citizens, selected so as to provide feedback to regulators on any given topic/initiative through the “public lens”
Accreditation Canada	<ul style="list-style-type: none"> Working collaboratively with regulators, the Equal Program of Accreditation Canada sets standards through their program council (comprised of all clients) and administers an accreditation program for all RT educational programs in Canada. The CRTO participates in each evaluation in Ontario, giving us both insight into the process and input into the outcome.
Canadian Board for Respiratory Care (CBRC)	<ul style="list-style-type: none"> The CBRC develops and administers an exam used for entry-to-practice The exam is built according to a blueprint provided by RT regulators in Canada
Atlantic Connections	<ul style="list-style-type: none"> In collaboration with RT regulators, this organization developed a self-assessment for any IEHP intending to apply to a regulated jurisdiction in Canada The self-assessment is based on the entry-to-practice competencies and helps an applicant to understand which, if any, gaps exist in their training or experience
CNAR/CLEAR/CAPLA/BoardSource	<ul style="list-style-type: none"> These organizations offer networking and professional development opportunities, many of which are used for regulators across Canada and abroad to share experiences and approaches Regulators in BC, for example, can share their experiences and offer suggestions and advice for others through that dialogue. Similarly, the regulators in the UK attended for several years, providing an opportunity for Canadian regulators to learn about their experiences in regulatory reform directly from those involved
CPEP	<ul style="list-style-type: none"> This organization provides the PROBE course on professionalism and ethics, our “go to” remediation program for complaints and discipline matters relating to conduct.
Educational Programs for Respiratory Therapy	<ul style="list-style-type: none"> There are 7 educational programs in Ontario, offered at community colleges. We interface regularly to understand their challenges in the delivery of the curriculum (and, by extension, the acquisition of all competencies by the students), with all of the programs offering the CRTO a seat on their community advisory groups This relationship allowed us to quickly make an informed decision on registration during the unfolding challenges of Covid
Office of the Fairness Commissioner	<ul style="list-style-type: none"> An organization with a mandate to enforce the application of Fairness legislation as it relates to the registration practices of regulators. In addition to our compliance with the OFC requirements, we use this office as an advisory to guide the development and application of our competency-based assessment.

	<ul style="list-style-type: none"> We were invited to present on a panel with the OFC staff at an international conference, describing the development and application of our assessment, recognizing it as the gold standard in assessment.
Ontario Patient Ombudsman's Office	<ul style="list-style-type: none"> We met with the ED at the OPO in 2019 to better understand their focus and to seek opportunities to support each other's mandates where there is overlap. We've come to understand that much of their time is spent helping individuals navigate the complaints systems available in Ontario. This has led us to improve the information we offer on our website to hopefully ease the process for complainants.
Ontario Home Respiratory Services Association	<ul style="list-style-type: none"> This advocacy group for companies providing respiratory-based care in the homecare setting (i.e. home oxygen, CPAP, etc.) is an organization we maintain a relationship with to better assist us in understanding the challenges and concerns of the home care sector. They frequently check in with the CRTO to confirm our position before engaging with entities relevant to their sector
CSRT/RTSO	<ul style="list-style-type: none"> The 2 profession advocacy groups – one national, the other provincial We engage regularly with them to understand the concerns and interests of the profession. During Covid, we worked collaboratively with them to ensure that RTs had ready access to standards, clinical guidelines, and other necessary information to allow them to ensure safe, quality care was provided during the pandemic
Ontario Coroner's Office	<ul style="list-style-type: none"> Due to the nature of Respiratory Therapy practice, we have had occasion to respond to findings from a coroner's inquest as well as to bring forward concerns of our own, often identified while conducting investigations into professional conduct.
Ontario Regulators for Access Consortium (ORAC)	<ul style="list-style-type: none"> ORAC consists of regulators across all disciplines (not just health) It is focused on advancing registration-related issues for regulators, such as setting standards for the performance of third party credential evaluators.
Touchstone	<ul style="list-style-type: none"> Partially funded by the gov't of Ontario, the Touchstone Institute conducts a range of competency and language assessments for clients We have participated in a number of initiatives with them (even before the name change away from OCECCA), the most recent being the current Communication Through Simulation program. Language fluency is a registration requirement for RTs and the availability of effective assessment and remediation programs is an interest for us.
St. Michael's Hospital	<ul style="list-style-type: none"> SMH has a fully equipped simulation centre with staff skilled in administering simulation-based assessments We collaborate with them to conduct our competency assessments for IEHPs and graduates of unaccredited programs

Standard 6

Relationships Relating to Public Expectations

As a backdrop to the information below, we have historically found it difficult to interface effectively with the public (such as for input on standards and practice guidelines, as outreach related to our patient relations program, etc.). Due to the nature of RT practice, patients do not typically “choose” their RT and the vast majority are involved with patients as part of a team (i.e as part of the ICU staff caring for all critically ill patients), as opposed to them facing a choice of sole practitioners to visit for a specific intervention (e.g. a visit to a chiroprapist). As such, we endeavor to stay abreast of changing public expectation through relationships and information sharing with those who do have more ready access to public opinion.

Organization	Role in Understanding Changing Public Expectations
Citizens’ Advisory Group (CAG)	<ul style="list-style-type: none">Currently administered by the CPSO, the CAG is a member-funded entity (the members being regulatory bodies) which consists of a panel of citizens, selected so as to provide feedback to regulators on any given topic/initiative through the “public lens”The CRTO is currently a member of the CAG.
Office of the Fairness Commissioner	<ul style="list-style-type: none">An organization with a mandate to enforce the application of Fairness legislation as it relates to the registration practices of regulators.The OFC is often the recipient of complaints or concerns brought forward by applicants who trained outside of Canada. In light of that valuable insight into the challenges and expectations of that group, we view this office as both a resource and advisory to guide the development and application of our competency-based assessment and registration practices.
Ontario Home Respiratory Services Association	<ul style="list-style-type: none">This advocacy group for companies providing respiratory-based care in the homecare setting (i.e. home oxygen, CPAP, etc.) is an organization we maintain a relationship with to better assist us in understanding the challenges and concerns of the home care sector.This can be a very helpful way to better understand the changing needs of patients in the home and community setting.
Health Professions Regulators of Ontario (HPRO)	<ul style="list-style-type: none">An organization comprised of the Registrars of al health professions regulators in Ontario, HPRO provides opportunities for networking and developing collaborative relationships, as well as coordinating a number of working groups (e.g. prevention of sexual abuse, diversity and inclusion, Deputy Registrars’ peer group, etc.) and training opportunities (e.g. a series of Regulation 101 videos, discipline hearing training, etc.) for health regulators, their Board members, and their staff.Since all of us interact with members of the public (and even have public appointees on our Council/Board), sharing that information amongst each other is an effective way to stay abreast of developments in the health care system.HPRO maintains a public-facing website and supports a robust communications strategy to better reach and inform Ontarians as to what services are offered by regulatory bodies and how to access them.





Standard 7

Response to Changing Public Expectations


The following initiatives have been areas of focus for the CRTC in response to changing public expectations:

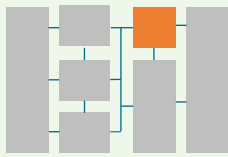
Topic	Activities
Shifting emphasis on care at home	<ul style="list-style-type: none">Working in collaboration with the other RT regulators in Canada, the CRTC was the leading voice advocating for expanded community-based care elements in the current national entry-to-practice competencies framework.
Surfacing Systemic Discrimination	<ul style="list-style-type: none">Recognizing a need to ensure inclusivity and a lack of bias in both our practices and decision-making, all staff at the CRTC worked together over the summer 2020 to gather a range of resources in support of those goals. In addition, we developed a policy review tool that allowed us to specifically identify opportunities to reduce bias and increase inclusivity. This now serves as our policy development tool and as the basis for developing briefing documents for decisions to be made by Council and committees.We began our policy review with staff-focused policies first, seeking to ensure we had our own house in order before looking outward. Next, we began reviewing member-facing policies such as those relating to registration and quality assurance. Next will be those relating to professional conduct and then to Council itself (we already have sexual abuse training for members of the PRC and anti-bias training for members of the Registration Committee).All staff responsible for developing or contributing to the development of policies in the CRTC were enrolled in a policy development program through the Professional Development Institute of the University of Ottawa. The course will complement the work already underway and will conclude in late October 2020.
Transparency	<ul style="list-style-type: none">Like all health professions regulators in Ontario, the CRTC actively participated in enhancing the transparency of information, processes and decision-making for all regulatory functions. Our public register has expanded information available, we added visual flags to better identify concerns for a reader and, have implemented feedback forms for processes such as complaints and competency assessment to better understand and respond to feedback from those involved.
Governance	<ul style="list-style-type: none">Similarly, we have begun working to strengthen and improve our governance processes, in the interest of providing better decisions for the public we interact with.We provide all decision-making panels with relevant policies and guidelines to support decision-making and provide, where relevant, precedents of decisions made previously in similar circumstances. This aids in promoting consistent decision-making.We expanded the eligibility requirements and candidate information this year for elections for Profession members of Council and Committees. This not only signals to the profession the type of experience and competencies that are preferred (required?) when serving at the CRTC but to hopefully translate to better qualified and prepared individuals running for election.

DOMAIN 4: INFORMATION MANAGEMENT			
Standard 8			
Information collected by the College is protected from unauthorized disclosure.			
Measure	Required evidence	College response	
		The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>	

<p>8.1 The College demonstrates how it protects against unauthorized disclosure of information.</p>	<p>a. The College has and uses policies and processes to govern the collection, use, disclosure, and protection of information that is of a personal (both health and non-health) or sensitive nature that it holds</p>	<ul style="list-style-type: none">• Insert a link to policies and processes OR provide brief description of the respective policies and processes. <div data-bbox="1462 285 1524 347"></div> <div data-bbox="1392 354 1596 402"><p>050-Office Security Policy with Appendix /</p></div> <p>The CRTO Office Security Policy outlines the following:</p> <ul style="list-style-type: none">• Storage of sensitive information:• Visitors' access to sensitive information at office:• Loss of Sensitive Information <p>NOTE: Internal stakeholders are bound by legislation and the CRTO's confidentiality policy and agreement (CP-Confidentiality-010).</p> <div data-bbox="1462 675 1524 737"></div> <div data-bbox="1392 743 1596 792"><p>Policy CP-Confidentiality-010</p></div> <p>The CRTO Confidentiality Policy permits staff, Council, or non-Council/Committee members to fulfill their roles, while ensuring that the material is disseminated and retained securely.</p> <div data-bbox="1462 912 1524 974"></div> <div data-bbox="1421 980 1564 1029"><p>AD-Privacy-200 policy.pdf</p></div> <p>The CRTO Privacy Policy affords appropriate privacy rights to individuals involved in the CRTO's activities, while still enabling the College to meet its statutory mandate under the <i>RHPA</i>, the <i>Health Professions Procedural Code</i> and the <i>Respiratory Therapy Act</i>.</p> <div data-bbox="1462 1182 1524 1243"></div> <div data-bbox="1421 1250 1564 1299"><p>AD-Privacy-200 procedure.pdf</p></div>
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		<p>The CRTO Privacy Procedure defines, among other things:</p> <ul style="list-style-type: none">• Which staff member will fulfill the role of Information Officer• The duties of the Information Officer <p>CRTO IT Security Protocols</p> <p><u>Internal</u></p> <ul style="list-style-type: none">• Each CRTO staff member has their own unique login & password.• The CRTO server is located in a secured area.• VPN is applied to staff cell phones and computers to ensure secure and encrypted connections.• Staff computers are all installed with anti-virus software.• Two-factor authentication is applied to remote access to staff’s office computers.• Firewall protection limits authorized access to only internal users and authorized external users.• Backups of data files are taken every 15 minutes and stored to an off-site location.• Database backups are taken daily and stored to an off-site location.• Security updates and patches are applied regularly.• Only specific staff can access certain files within the CRTO’s database.• all staff offices have locked storage areas, and member paper records are kept in a secured locked area.• Drives on CRTO server are restricted based on access authority to maintain data privacy by limiting access to only the applicable authorized internal staff members. <p><u>External</u></p> <ul style="list-style-type: none">• All CRTO Members have their own unique login & password.• The website's SSL certificate protects sensitive information such as Member’s name, address, password, or credit card number by encrypting the data during transmission from their computer to our web server.• Council and committee material stored in a Member Login portal and only available to those who are authorized.• Material containing sensitive information is password protected before being sent out to Members, committee members, etc.
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		<ul style="list-style-type: none">Any patient records containing identifiers (e.g., name, OHIP #, date of birth, address, account information) that must be shared (e.g., with complainants, member(s) or legal counsel) is redacted using Adobe.Sensitive material is identified a confidential, and the recipient is notified of the need to dispose of it appropriately.Any mail sent from the CRTO that contains sensitive information is transmitted via either Purolator or Canada Post with a signature requirement.ICRC investigators & decision writers enter into a privacy agreement with the CRTO and must either can dispose of any sensitive material themselves or are required to send it back to the CRTO.
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
		<i>Additional comments for clarification (optional)</i> For our insurance renewal with HIROC this year, we completed an IT security checklist:  Cyber Questionnaire.pdf

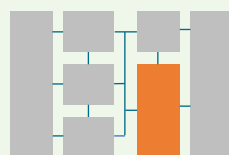
DOMAIN 5: REGULATORY POLICIES			
Standard 9			
Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.			
Measure	Required evidence	College response	
		The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>	

<p>9.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).</p>	<p>a. The College has processes in place for evaluating its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.</p>	<ul style="list-style-type: none"> Insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment OR describe in a few words the College’s evaluation process (e.g. what triggers an evaluation, what steps are being taken, which stakeholders are being engaged in the evaluation and how). <div data-bbox="1411 358 1478 423" data-label="Image"> </div> <p data-bbox="1354 427 1534 475">PPG_CBPB Tracking Table.pdf</p> <ul style="list-style-type: none"> The attached Professional Practice Guideline (PPG)/Clinical Best Practice Guideline (CBPG) Tracking Table is used to trace the following: <ul style="list-style-type: none"> When a document was last reviewed When a document is due for review The status of the document’s review Which committee is required to approve it (if applicable) The Deputy Registrar and Coordinator of Quality Practice are responsible to ensure that all documents are to be reviewed approximately every 5 years (or earlier if required due to legislative or practice standard changes). The revision of existing documents sometimes requires the input of an expert RT working group; particularly if the revision is substantial and/or deals with a speciality practice area (e.g., the CROTO Standards of Practice, Respiratory Therapists as Anesthesia Assistants Professional Practice Guideline, Infection, Prevention and Control Clinical Best Practice Guideline). <ul style="list-style-type: none"> Other documents that require only minor edits due to changes in legislation changes are often managed by CROTO staff. Once draft revisions are completed, the document is presented to the CROTO Council for approval for circulation to all Members and other key stakeholders (e.g., other regulatory bodies) <ul style="list-style-type: none"> Feedback from the consultation is then incorporated into the revised document and it is subsequently presented to Council again, this time for final approval.
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		<ul style="list-style-type: none">• Decisions to create new practice guidelines or revise existing documents are based on the following:<ul style="list-style-type: none">○ Practice questions from Members.○ Feedback received through the CROTO Professional Development Program’s Relevant elearning module (completed annually by all CROTO Members)○ Changes in legislation/in the practice environment (e.g., recently developed Social Media Guideline)
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>

	<p>b. Provide information on when policies, standards, and practice guidelines have been newly developed or updated, and demonstrate how the College took into account the following components:</p> <ul style="list-style-type: none">i. evidence and data,ii. the risk posed to patients / the public,iii. the current practice environment,iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap)v. expectations of the public, andvi. stakeholder views and feedback.	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none">For two recent new policies or amendments, either insert a link to document(s) that demonstrate how those components were taken into account in developing or amending the respective policy, standard or practice guideline (including with whom it engaged and how) OR describe it in a few words. <div><p>Interpretation of Authorized Acts PPG.p</p></div> <p><u>Interpretation of Authorized Acts Professional Practice Guideline</u></p> <p>In the most recent (2020) revisions to this practice guideline, data gathered from Member’s practice inquiries and feedback from the consultation indicated there were several issues related to the controlled acts authorized to RTs that were not universally understood. In addition, because these revisions related to controlled acts, there exists an element of risk to the public if they are not carried out in accordance to the relevant legislation. Therefore, additional clarification was added several sections of the document, such as:</p> <ul style="list-style-type: none">the differences between the 4th and 5th authorized acts (p.6)the exemptions within the Controlled Acts Regulation to include information on both tracheostomy tube changes and diagnostic ultrasound (pp. 17 – 18)<ul style="list-style-type: none">the matter regarding diagnostic ultrasound was the direct result of a relatively recent legislative change <p>During the consultation period, Members were asked to provide further suggested edits to the draft visions of this document. However, all those who responded to the consultation survey stated that the document was clear and understandable and suggest no further changes.</p> <div><p>Registration and Use of Title PPG.pdf</p></div>
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		<p><u>Registration & Use of Title Professional Practice Guideline</u></p> <ul style="list-style-type: none">• edits where made to the final sentence in the paragraph regarding the role that Professional Practice Guidelines (PPGs) and other CROTO documents play in determine whether the appropriate standards of practice have been met (p.2). This revised paragraph will be place in all CROTO PPGs:<ul style="list-style-type: none">○ “All Members are required to abide by these CROTO publications, and they will be used in determining whether appropriate standards of practice and professional responsibilities have been maintained.”• A link was provided to the newly developed Am I Practising Fact Sheet Fact Sheet. This Fact Sheet was created based on inquiries and ICRC issues that have arisen from Member’s understanding of what constitutes proacting within the scope of practice of Respiratory Therapy. In developing this Fact Sheet, the CROTO reviewed similar document from other health regulatory bodies, including the College of Nurses of Ontario.• the language was clarified regarding Professional Designations, Professional Titles & Job Titles (p. 9). This edit was deemed necessary due to practice inquiries and ICRC issues that have arisen from Member’s understanding of a protected title vs. a job description. It is essential that the public be properly informed regarding an RT’s professional designation.• clarification was provided to enhance Member’s and employer’s understanding regarding the information on the CROTO Public Register & their duty to report matters pertaining to RT practice. (p. 12).
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p>

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 10			
The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.			
Measure	Required evidence	College response	
10.1Applicants meet all College requirements before they are able to practice.	a. Processes are in place to ensure that only those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.) ³ .	The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>	
		Insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements OR describe in a few words the processes and checks that are carried out: Application requirements and how to meet them: https://www.crto.on.ca/applicants/registration-requirements-and-how-to-meet-them-2/	
		<ul style="list-style-type: none">Insert a link OR provide an overview of the process undertaken to review how a college operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.): Link to registration policies: https://www.crto.on.ca/public/resources-and-links/policies/	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	

³ This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

		<p><i>Additional comments for clarification (optional)</i></p> <p>The first link above provides candidates with details about the registration requirements and how to meet them. Candidates first need to apply for registration on the CRTO's website. Staff will verify the information provided and documentation submitted (e.g., copy of passport, citizenship, Canadian Board for Respiratory Care examination [CBRC] result), and then communicate with the applicant on additional information required to complete their application.</p> <p>Education: An applicant for registration must have graduated from an approved respiratory therapy program or have demonstrated through the CRTO assessment process that the applicant has the required entry-to-practice competencies. To verify graduation status, the CRTO only accepts official transcripts that come directly from the institution to ensure authenticity. The verification process includes, ensuring that the applicant is a graduate of an approved respiratory therapy program. If the applicant did not complete an approved respiratory therapy program, they are referred to the Applicants Educated Outside of Canada process.</p> <p>Examination An applicant who wishes to obtain a General Certificate of Registration must have completed the Canadian Board for Respiratory Care (CBRC) examination. To verify the CBRC exam status of an applicant, staff cross references the exam result provided by the applicant against the list provided by CBRC directly.</p> <p>Language Proficiency If an applicant graduated from an approved RT program, we deem that they meet the language fluency requirement (based on the language of the RT program instruction was English or French). Applicants who did not complete an RT program that was in English or French is required to achieve an acceptable score on a CRTO accepted language test.</p> <p>Eligibility to work in Canada An applicant for registration must be a Canadian citizen or a permanent reside of Canada or be authorized under the Immigration and Refugee Protection Act (Canada) to engage in the practice of respiratory therapy. To verify that the applicant meets this requirement, staff will review a copy of a birth certificate, copy of a valid permanent residency card, or a copy of a valid work permit issued under the Canadian Immigration and Refugee Protection Act, 2001.</p> <p>Currency Requirement Applicants must have graduated from their RT programs within the two years immediately preceding the application for registration unless the applicant was practicing respiratory therapy within that two-year period.</p>
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		<p>respect to form, the CRTC will communicate with other regulators in other jurisdiction to secure records of conduct, currency, and compliance information.</p> <p>If the Registrar has concerns about the applicant’s ability to practise respiratory therapy safely and ethically, the application will be referred to the Registration Committee for a review. For more information, please refer to the Assessing Suitability to Practice Policy.</p>
		The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>

	<p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g. how a College determines language proficiency).</p>	<ul style="list-style-type: none"> Insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g. how to assess English proficiency, suitability to practice etc.), link to Council meeting materials where these have been discussed and decided upon OR describe in a few words the process and checks that are carried out. <p>Language proficiency The National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB) consists of organizations that have the legislative authority in their province to regulate the practice of respiratory therapy initiated the project “Establishing Pan-Canadian Benchmarks for Language Requirements for Respiratory Therapy” back in 2012. As a result of the project, the NARTRB established the language requirement benchmark for the profession of respiratory therapy. Detail report for the project is found here: https://nartrb.ca/download/2012-language-proficiency-for-respiratory-therapy/.</p> <p>Based on the project, the CRTO developed the Language Proficiency Requirements Policy: https://www.crto.on.ca/pdf/Policies/Language_Proficiency.pdf, which was last amended on May 25, 2012.</p> <p>According to the Registration Regulation (O. Reg. 596/94 PART VIII) an applicant for registration must be able to communicate effectively in English or French in a health care environment. Where the applicant’s first language is not English or French, and their relevant health care instructions was not in English or French, the applicant must demonstrate fluency in either language and provide test scores as specified in the Language Proficiency Requirements Policy.</p> <p>Suitability to Practice To determine an applicant’s suitability to practice, the CRTO has in place a policy known as “Determining Applicants’ Suitability to Practice” policy. This policy was first implemented on December 1, 2011 and it was last revised on December 6, 2019. The link to the policy is found here: https://www.crto.on.ca/pdf/Policies/RG-422.Applicants.Suitability.to.Practice.pdf</p> <p>The Determining Applicants’ Suitability to Practice Policy was developed in accordance with section 53 (1) of the Registration Regulation (O. Reg. 596/94 PART VIII), under the Respiratory Therapy Act, 1991.</p> <ul style="list-style-type: none"> Provide the date when the criteria to assess registration requirements was last reviewed and updated. <p>PART VIII of the Respiratory Therapy Act, 1991 list out the registration requirements. It was last amended on March 26, 2014. The CRTO is in the process of reviewing its registration regulation.</p>
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		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>
		The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>

<p>10.2 Registrants continuously demonstrate they are competent and practice safely and ethically.</p>	<p>a. Checks are carried out to ensure that currency⁴ and other ongoing requirements are continually met (e.g., good character, etc.).</p>	<ul style="list-style-type: none"> Insert a link to the regulation and/or internal policy document outlining how checks are carried out and what the currency and other requirements include, link to Council meeting materials where documents are found and have been discussed and decided upon OR provide a brief overview: Currency Policy: www.crto.on.ca/pdf/policies/RG_Currency_Policy_410.pdf. Good character policy: www.crto.on.ca/pdf/policies/Good_Character_Policy.pdf Registration Regulation (O. Reg. 596/94 PART VIII): https://www.ontario.ca/laws/regulation/940596#BK9 List the experts / stakeholders who were consulted on currency: A panel of RT managers was asked to identify their expectations of staff to consider them to be current in their practice. During their deliberations they considered variations in hours worked for full-time, part-time and casual staff and then how those hours would be spread over a monthly, yearly, or multi-year period. In the end, they made a recommendation on # of hours required to remain current in practice. Identify the date when currency requirements were last reviewed and updated: September 21, 2018 Describe how the College monitors that registrants meet currency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done: There is a two-year currency requirement for anyone who is seeking to register with the CRTO or to reinstate an inactive certificate of registration. Existing registrants, who are looking to reinstate their license from inactive, must complete an application for reinstatement. Staff relies on the self-declaration of the applicant to determine whether the applicant meets the currency requirement. In terms of new applicants, to demonstrate that they have met the currency requirements, the applicant need to provide an employment verification form from all respiratory therapy employers within the past five year. The Applicant is required to fill out section 1 of the form, forward it to the employer to complete. The completed form is sent to the CRTO directly from the employer. Applicants who do not meet the two-year currency requirement are referred to a panel of the Registration Committee for consideration, and a guide is presented to the Applicant to assist them in preparing their submission to the Registration Committee for consideration.
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		<p>Registration Renewal – Registrants are required to complete their registration renewal with the CRO annually. As part of the renewal process, they are required to answer conduct related questions. If they answered “yes” to any of the conduct questions the Professional Conduct department will follow-up with the applicant, If the Registrar believes that there are “reasonable and probable grounds” that the RT has committed an act of professional misconduct or is incompetent, a formal investigation may occur. In cases where the Registrar believes that the RT maybe incapacitated, a formal health inquiry may occur to identify any underlying condition(s)/illness(es) that appear to be affecting the RT’s ability to practice safely or ethically.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
10.3Registration practices are transparent, objective, impartial, and fair.	a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to the most recent assessment report by the OFC OR provide summary of outcome assessment report: https://www.fairnesscommissioner.ca/en/Professions_and_Trades/Pages/College-of-Respiratory-Therapists-of-Ontario.aspx CRO Website: https://www.cro.on.ca/pdf/Reports/2019.OFC.Report.pdf Where an action plan was issued, is it: Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started <input type="checkbox"/> No Action Plan Issued <input checked="" type="checkbox"/> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>

⁴ A ‘currency requirement’ is a requirement for recent experience that demonstrates that a member’s skills or related work experience is up-to-date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g. during renewal of a certificate of registration, or at any other time).

Standard 11		
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.		
Measure	Required evidence	College response
11.1The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).	The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Provide a brief description of a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: <ul style="list-style-type: none"> Name of Standard – Amendment to <i>Controlled Acts</i> regulation (O. Reg 107/96) that requires RTs to now obtain delegation to perform diagnostic ultrasound (RTs were previously permitted to perform this task via a provision in this regulation) Duration of period that support was provided – March 2018 to present. Activities undertaken to support registrants – In advance of the regulation change, a survey was sent out to all Member’s who on their renewal form that they were performing this procedure to determine any potential impact to patient care, A <i>Member Communique</i> was sent in month e-bulletin and posted on the CRTO website, a presentation was give by the CRTO at a provincial association forum, and an FAQ published in the monthly e-bulletin & posted on the CRTO website. After the regulation change, amendments were made to the CRTO’s Interpretation of Authorized Acts Professional Practice Guideline (PPG) to reflect regulation changes, and information was provided in the annual Relevant e-Learning module (please see information regarding RelevantT in section 11.2). % of registrants reached/participated by each activity – All Members receive the monthly CRTO e-bulletins. In addition, 100%, of all Members are required to complete the RelevantT e-learning module annually. Evaluation conducted on effectiveness of support provided – The CRTO is able to confirm delivery and click through data on the monthly ebulletin (via the email platform Informz), as well as completion data for the Relevant e-learning module. Does the College always provide this level of support: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>If not, please provide a brief explanation:</i>

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p> <p>The Relevant elearning module must be completed by all Members on an annual basis. This module is designed to ensure all RTs remain current in their knowledge of the standards, guidelines and legislation that govern their practice. This online module takes approximately 20 minutes to complete and consists of practice standard changes that have occurred over the past year (e.g., recent regulation changes, new or revised professional practice guidelines, etc.).</p> <p>The online elearning module will provide Members with all the pertinent content and then present a short series of questions (approximately 5) related to the information contained within the module. The goal of the Relevant Learning Module is to maximizing learning, and so the questions can be attempted as many times as necessary until the correct response is obtained.</p>

<p>11.2The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation⁵.</p>	<p>a. The College has processes and policies in place outlining:</p> <ul style="list-style-type: none"> i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant’s practice; ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type if multiple assessment activities); and iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary. 	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • List the College’s priority areas of focus for QA assessment and briefly describe how they have been identified OR link to website where this information can be found: • The CRTO Professional Development Program (PDP) is outlined on the CRTO website and is applied using a ladder approach, with the first three components being applied on an ongoing basis, and the final two only being used when remediation is necessary. <ul style="list-style-type: none"> 1. Relevant e-learning module – is an online module that consists of practice standard changes that have occurred over the past year (e.g., recent regulation changes, new or revised professional practice guidelines, etc.) as well as frequently asked practice questions and topics suggested by Members. Relevant is completed by all CRTO Members annually. 2. Launch RT Jurisprudence Assessment – is an online, web-based, open-book assessment consisting of 60 multiple-choice questions that is completed by all new CRTO Members within 3 months of registration. This includes (recent graduates, individuals who has come from another jurisdiction, and previous Members who have been recently reinstated). The aim of this modules is to ensure all new CRTO has a working knowledge of the standards, guidelines and polices that govern RT practice in Ontario. 3. Portfolio Online for Respiratory Therapists (PORTfolio^{OM}) – is submitted by CRTO Members with an Active certificate of registration every 5 years. Member who are inactive are required to keep their PORTfolio up to date but are not required to submit it until their registration returns to Active. The PORTfolio consists of a Self-Assessment, a Learning Log and a Learning Goal. The Self-Assessment portion is designed to assist the Member in identifying their learning needs and the development of a future-directed learning goal. The Learning Log portion provides an easy to access platform for Members to capture their ongoing professional development in real-time. Specially trained RT Peer Assessors evaluate Member’s PORTfolio using a defined set of criteria and conduct one-on- one coaching sessions to assist members who require additional assistance in meeting the requisite criteria.
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⁵ “Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority. Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

		<p>4. <u>Specified Continuing Education or Remediation Program (SCERP)</u> - becomes necessary if a Member has been unable to meet the requisite criteria in either their Launch RT Jurisprudence Assessment or their PORTfolio after being given two attempts. . This remediation process is intended to be an educational opportunity for the Member to improve their knowledge, skill and judgment. The form and nature of the SCERP depends on the Member’s learning needs that have been identified during their assessment and often takes the form of a customized, online educational tool that is facilitated by an RT mentor.</p> <p>5. <u>Practice Assessment</u> – may be deemed necessary if, despite undergoing remediation, a Member was still unable to meet the requisite criteria for successful completion of either their Launch RT Jurisprudence Assessment or their PORTfolio.</p> <p>• Is the process taken above for identifying priority areas codified in a policy: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>If yes, please insert link to policy:</i></p> <ul style="list-style-type: none">• Professional Development Program Policy• Launch RT Jurisprudence Assessment Policy• PDP Peer Assessors, Mentors, Practice Assessors & Working Group Members Policy• Deferral of Professional Development Program Requirements Policy <p>• Insert a link to document(s) outlining details of right touch approach and evidence used (e.g. data, literature, expert panel) to inform assessment approach OR describe right touch approach and evidence used:</p> <p>• Provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable): <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i></p> <ul style="list-style-type: none">• <i>Public</i> Yes <input type="checkbox"/> No <input type="checkbox"/>• <i>Employers</i> Yes <input type="checkbox"/> No <input type="checkbox"/>• <i>Registrants</i> Yes <input type="checkbox"/> No <input type="checkbox"/>• <i>other stakeholders</i> Yes <input type="checkbox"/> No <input type="checkbox"/> <p>• Insert link to document that outlines criteria to inform remediation activities OR list criteria:</p> <ul style="list-style-type: none">○ All PDP processes are outlined in the CRO Professional Development Program Policy
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		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p> <p>The newly designed CRTO Professional Development Program (PDP), which was rolled out beginning in 2016, was based on the results of the 2013 QA Program Evaluations, which recommended a revision of:</p> <ul style="list-style-type: none"> the Self-Assessment section of the PORTfolio to make it more personally reflective for the Member. both the Learning Log and Learning Goal sections of the PORTfolio so it better reflects the diversity of RT practice. the annual selection criteria to make it more equitable. <p>The overarching goal of our new PDP was to promote optimal professional development (QI approach) rather than solely serving as an audit (QA approach). The new program is grounded in the CRTO’s GROW^{OM} framework, which is designed to both acknowledge and encourage a broad range of professional competencies.</p> <p>In addition, the new CRTO PDP discontinued the previous stratified random selection process for PORTfolio submissions in favour of a 5-year submission cycle for all Members. This eliminate unequal reselection of Members are ensured that all RTs on Ontario would have their PORTfolio evaluated on a regular basis.</p>
<p>11.3The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.</p>	<p>a. The College tracks the results of remediation activities a registrant is directed to undertake as part of its QA Program and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR describe the process: <ul style="list-style-type: none"> SCERP – once completed, the CRTO Quality Assurance Committee (QAC) may determine that further assessment is necessary. Generally, this will require the Member to repeat the assessment where they were previously unsuccessful. If the individual is subsequently successful, then they may resume their regular participation in the CRTO Professional Development Program. Practice Assessment – if the Member is subsequently unsuccessful, the QAC may direct them to undergo a practice assessment, which may take several different forms as outlined in the CRTO Professional Development Program Policy (p.6). Insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR describe the process: <ul style="list-style-type: none"> Following the completion of the SCERP, the QAC will review the report prepared by the individual(s) responsible for implementing and/or overseeing the remediation (SCERP). This report will outline the topics addressed in the SCERP and what the outcome of the


		<p>process was. At that time, the QAC will determine if a reassessment is required and, if so, what form of reassessment would be appropriate to evaluate the Member’s current knowledge, skill, and judgment.</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p>
		<p><i>Additional comments for clarification (if needed)</i></p>

Standard 12

The complaints process is accessible and supportive.

Measure	Required evidence	College response
12.1The College enables and supports anyone who raises a concern about a registrant.	a. The different stages of the complaints process and all relevant supports available to complainants are clearly communicated and set out on the College’s website and are communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy).	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none">Insert a link to the College’s website that describes in an accessible manner for the public the College’s complaints process including, options to resolve a complaint and the potential outcomes associated with the respective options and supports available to the complainant: https://www.cрто.on.ca/public/concerns-about-a-respiratory-therapist/Does the College have policies and procedures in place to ensure that all relevant information is received during intake and at each stage of the complaints process: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>Does the College evaluate whether the information provided is clear and useful: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i> The reason for the partially yes answer is that the College processes, although clearly defined with staff, are not clearly captured in policy and procedures. We have policies and procedures in relation to the more general themes of Discipline Hearing, Investigation, HPARB appeals, however smaller items, such as intake process, or decision writing process, etc. are not captured in policies but rather a checklist. The CRTO will continue to assess our current policies and procedures and makes changes or create new documents as required.

	<p>b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>) <p>Rate = 81.81% Numerator: 18 Denominator: 22</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p> <p>As the percentages indicate, we did not meet the 90% requirement. In the 4 cases that did not receive contact within 5 business days, they did receive contact within 14 days (10 business days). For 2021, as more staff support has been provided to the professional conduct department, the CROTO is in a good position for our percentage rate to move past the 90% range.</p>
	<p>c. Examples of the activities the College has undertaken in supporting the public during the complaints process.</p>	<ul style="list-style-type: none"> List all the support available for public during complaints process: <ol style="list-style-type: none"> Website page dedicated to providing information about complaint process. https://www.cрто.on.ca/public/concerns-about-a-respiratory-therapist/ Website page which contains an easy to submit complaints form. https://www.cрто.on.ca/public/concerns-about-a-respiratory-therapist/submit-a-concern-form/ 24 hour response to any email/phone call regarding complaints process. Acknowledgement email sent as soon as a complaint is submitted. Flexibility in the submission of a complaint in unable to complete online form letter, email, and voicemail (which is then converted into audio file and transcribed) Initial intake phone call to complainant to explain parameters of complaints process, what to expect, and clarification of next steps. Secondary acknowledgement letter sent to complaint after intake phone call. This letter outlines in writing the next steps in the process, and provides contact information for staff, if more information is required. Complaints process guide which is sent along with acknowledgement of complaint.

		<div style="text-align: center;">  Complaints Process.Public.2019. </div> <p>11.</p> <p>12. For sexual abuse allegation cases, funding available for therapy, along with easy to fill out forms to apply for funding.</p> <ul style="list-style-type: none"> Most frequently provided supports in CY 2020: <p>Generally, for all complaints matters, items 1 to 8 are always used. As the CRTO did not receive any allegations of sexual abuse, item 9 was not used in 2020.</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p>
12.2All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.	a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case and are supported to participate in the process.	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to document(s) outlining how all parties will be kept up to date and support available at the various stages of the process OR provide a brief description: <p>No document exists specific to complaint / discipline check-in, however our process is the following:</p> <p>Complaint:</p> <ol style="list-style-type: none"> Once a complaint is submitted, an intake phone call is made to complaint within 10 business days. During phone call, process is explained to complainant, what to expect in next steps, and outline of possible of outcomes is given. Complainant is then sent a formal acknowledgement letter, which again outlines process and next steps. Along with letter, a complaints process guide is provided that speak to the complaints process. Member notice letter is also sent within 14 days of receipt of complaint. Once investigator is assigned, the investigator will contact the complainant as first step. Clarify concerns and generate interview. Complainant is then given opportunity to confirm content of interview and confirm specific allegations. Complainant/member is provided staff contact information should they want update or have questions.

		<p>vi. Member is contacted by investigator to see if the Member would like to be interviewed as part of the investigation.</p> <p>vii. 150 day delay and update letter provided if investigation takes longer than 150 day. This is then repeated every 30 days.</p> <p>viii. Once investigation is completed, complainant/member have opportunity to review final investigation report and provided opportunity to submit a response.</p> <p>Discipline:</p> <ol style="list-style-type: none">1.) Notice of ICRC referral to discipline is provided to Member.2.) Member is then consulted regarding the scheduling of a hearing date.3.) Notice of hearing and pre-hearing is provided to Member.4.) Confirming pre-hear date.5.) Pre-hearing conference held.6.) CRYPTO legal team conducts additional follow-up with Member (as required) prior to hearing.
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>comments for clarification (optional)</i></p> <p>There is a gap between when investigator interviews and confirms allegations with complainant until investigation is completed or delay letter is sent to complainant/member. During this period, a complainant / member is welcomed to seek an update. Going forward, we will attempt to establish a 30 day check-in letter, regardless of if 150 days has passed or not.</p>

Standard 13


All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

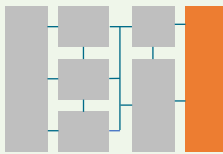

Measure	Required evidence	College response
13.1The College addresses complaints in a right touch manner.	a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to guidance document OR describe briefly the framework and how it is being applied: <ol style="list-style-type: none"> Initial risk assessment document is consulted while in the intake process by professional conduct staff. Discussion is then done between manager and coordinator. Reasonable & Probable Grounds memo (RPG Form) is submitted to registrar (reports matters only) which summarizes the concerns in report, provides all relevant documents obtained during intake. The RPG form provides a risk assessment checklist for Registrar to consider in deciding appropriate regulatory response. <div data-bbox="1462 721 1526 781" data-label="Image"> </div> Registrar's Risk Assessment Tools.pd ICRC Panel is provided a disposition worksheet. This document highlights all standards that are applicable to concerns investigated. It also provides a risk assessment matrix with specific questions regarding: severity of harm from member conduct, assessment on competency gap of member, the risk level of the member's conduct, prior history considerations, member's accountability to the process and concerns raised. <p>The document further provides a list of possible outcomes, and ranks them in order of the final risk score tallied from above paragraph considerations.</p> <div data-bbox="1462 1127 1526 1187" data-label="Image"> </div> ICRC Risk Assessment Tool.pd

		<ul style="list-style-type: none">• Provide the year when it was implemented OR evaluated/updated (if applicable): <ol style="list-style-type: none">1.) RPG form was updated in 20202.) ICRC disposition worksheet is reviewed yearly to ensure ease of understanding. ICRC is also provided yearly orientation on how to use the disposition worksheet when rendering a decision.
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>

Standard 14

The College complaints process is coordinated and integrated.

Measure	Required evidence	College response
14.1The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).	a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none">Insert a link to policy OR describe briefly the policy:<ol style="list-style-type: none">CRTO has a policy in place in notifying police of concerns noted.<div> CD-140 Reporting to Police.Policy.2015</div>CRTO does not have any further policies. However, if during the course of investigation or during ICRC decision meeting, Facility systems concerns are noted, these concerns are communicated to the Facility via correspondence to the operator of facility.Provide an overview of whom the College has shared information over the past year and purpose of sharing that information (i.e. general sectors of system partner, such as ‘hospital’, or ‘long-term care home’). <p>Not applicable at this time, none were made.</p>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></i>
		<i>Additional comments for clarification (if needed)</i> <p>This is not a common occurrence for our College. We’ll continue to monitor the scenario and potential need for further policy/guidelines should the need arise.</p>

Domain 7: Measurement, Reporting, and Improvement			
Standard 15			
The College monitors, reports on, and improves its performance.			
Measure	Required evidence	College response	
15.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.	a. Outline the College’s KPI’s, including a clear rationale for why each is important.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		<ul style="list-style-type: none">Insert a link to document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), link to Council meeting materials where this information is included OR list KPIs and rationale for selection:	
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		Additional comments for clarification (if needed) An expanded operational report, including KPIs and an expanded risk register, is in development for 2021.	
	b. Council uses performance and risk information to regularly assess the College’s progress against stated strategic objectives and regulatory outcomes.	The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>	
		<ul style="list-style-type: none">Insert a link to last year’s Council meetings materials where Council discussed the College’s progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes: <p>Council materials from March 2020, item 3.1.1.</p> <div><p>Council Package - website.pdf</p></div> <p>Council Minutes from March 2020</p>	

		https://www.crto.on.ca/pdf/Minutes/2020-03-06_Minutes-public.pdf
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (if needed)</i> This will be revised to an updated format within the overall operational report in development for 2021.
15.2 Council directs action in response to College performance on its KPIs and risk reviews.	a. Where relevant, demonstrate how performance and risk review findings have translated into improvement activities.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Insert a link to Council meeting materials where relevant changes were discussed and decided upon:
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (if needed)</i> There are several initiatives that the College has embarked on, typically in response to an issue or concern. For example, we completely revised our Quality Assurance program in the last 3 years and are currently launching a revised online professional portfolio as part of that redevelopment. The need for revision came from consultation with the registrants, and then discussion at the QA committee and Council, supported by analysis and recommendations from staff. We feel that we are effective at identifying areas for improvement across our organization but do not currently have an expansive set of KPIs that would allow us to capture those opportunities. We’ll start with launching a palette of KPIs in 2021 and evaluate from there.

15.3The College regularly reports publicly on its performance.	a. Performance results related to a College’s strategic objectives and regulatory activities are made public on the College’s website.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input checked="" type="checkbox"/>
		• Insert a link to College’s dashboard or relevant section of the College’s website:
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (if needed)</i> We will explore how to best display relevant info for the public and other stakeholders on our website in a “dashboard” format.

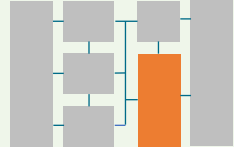
PART 2: CONTEXT MEASURES

The following tables require Colleges to provide **statistical data** that will provide helpful context about a College's performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are 'good' or 'bad' without having a more in-depth understanding of what specifically drives those results.

In order to facilitate consistency in reporting, a recommended methodology to calculate the information is provided in the companion document "Technical Specifications for Quantitative College Performance Measurement Framework Measures." However, recognizing that at this point in time, the data may not be readily available for each College to calculate the context measure in the recommended manner (e.g. due to differences in definitions), a College can report the information in a manner that is conducive to its data infrastructure and availability.

In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: 'Nil' and indicate any plans to collect the data in the future.

Where deemed appropriate, Colleges are encouraged to provide additional information to ensure the context measure is properly contextualized to its unique situation. Finally, where a College chooses to report a context measure using methodology other than outlined in the following Technical Document, the College is asked to provide the methodology in order to understand how the College calculated the information provided.

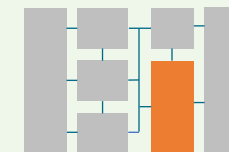
Domain 6: Suitability to Practice			
Standard 11			
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.			
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology			
If College methodology, please specify rationale for reporting according to College methodology:			
Context Measure (CM)			
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2020*		<p>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g. changing roles and responsibilities, changing public expectations, legislative changes).</p> <p>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2020. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 13(a) of Standard 11.</p>	
Type of QA/QI activity or assessment	#		
i. # Members who completed the Relevant elearning module (professional development & peer assessment)	3,556		
ii. # Members who were assigned to complete the Launch RT Jurisprudence Assessment (professional development & peer assessment)	230		
iii. # Members whose score fell below the Launch RT benchmark & were required to resubmit	34		
iv. # Members whose score fell below the Launch RT benchmark after resubmission & were required to undergo a SCERP	0		
v. # Members whose score fell below the Launch RT benchmark after the SCERP & were required to undergo a Practice Assessment	0		
vi. # Members who submitted their PORTfolio (professional development, self, peer & practice assessment)	596		
vii. # Members whose PORTfolio did not meet the criteria for successful completion & were required to undergo a Peer Coaching session	32		
viii. # Members required to resubmit their PORTfolio after a Peer Coaching session	0		
ix. <Insert QA activity or assessment>			
x. <Insert QA activity or assessment>			

<p><i>* Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College’s QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.</i></p> <p>NR = Non-reportable: results are not shown due to < 5 cases</p>	
<p><i>Additional comments for clarification (if needed)</i></p>	

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 11

The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care



Statistical data collected in accordance with recommended methodology or College own methodology:

☐ Recommended

☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)			
	#	%	
CM 2. Total number of registrants who participated in the QA Program CY 2020	3,556 Relevant 230 Launch RT 596 PORTfolio		<p>What does this information tell us? If a registrant's knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College's QA Program, the College may refer him or her to the College's QA Committee.</p> <p>The information provided here shows how many registrants who underwent an activity or assessment in CY 2020 as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program.</p>
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undertake remediation. *	34 Launch RT 32 PORTfolio	14.7% Launch RT 5.4% PORTfolio	

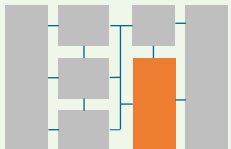
The Relevant module requires only completion and so there is no benchmark score or criteria for successful completion.

* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 11

The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.



Statistical data collected in accordance with recommended methodology or College own methodology:

☐ Recommended

☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)			
CM 4. Outcome of remedial activities in CY 2020*:	#	%	<i>What does this information tell us?</i> This information provides insight into the outcome of the College's remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its "QA remediation activities". Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.
I. Registrants who demonstrated required knowledge, skills, and judgment following remediation**	66	100%	
II. Registrants still undertaking remediation (i.e. remediation in progress)	0	0%	

Additional comments for clarification (if needed)

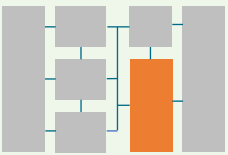
* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)

** This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2020.

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.



Statistical data collected in accordance with recommended methodology or College own methodology: ☒ Recommended ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)				
CM 5. Distribution of formal complaints* and Registrar’s Investigations by theme in CY 2020	Formal Complaints received†		Registrar Investigations initiated†	
Themes:	#	%	#	%
I. Advertising	0	0		
II. Billing and Fees	0	0		
III. Communication	NR	NR	NR	NR
IV. Competence / Patient Care	NR	NR	NR	NR
V. Fraud	0	0	NR	NR
VI. Professional Conduct & Behaviour	NR	NR	NR	NR
VII. Record keeping	0	0	NR	NR
VIII. Sexual Abuse / Harassment / Boundary Violations	0	0	NR	NR
IX. Unauthorized Practice	0	0	0	0
X. Other - QAC referral for failure to complete QA obligations	0	0	NR	NR
Total number of formal complaints and Registrar’s Investigations**		100%		100%

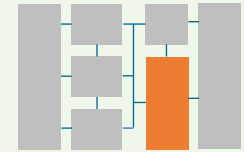
***What does this information tell us?** This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.*

<p>* Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.</p> <p>Registrar's Investigation: Where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</p> <p>‡ NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)</p> <p>** The requested statistical information (number and distribution by theme) recognizes that formal complaints and registrar's investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar's investigations.</p>	
<p>Additional comments for clarification (if needed)</p>	

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.



Statistical data collected in accordance with recommended methodology or College own methodology:

☒ Recommended

☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

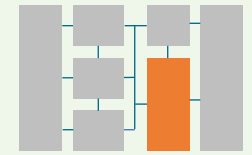
Context Measure (CM)		
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2020	6	
CM 7. Total number of ICRC matters brought forward as a result of a Registrars Investigation in CY 2020	9	
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar's Investigation brought forward to the ICRC that were approved in CY 2020	9	
CM 9. Of the formal complaints* received in CY 2020**:	#	%
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)†	0	
II. Formal complaints that were resolved through ADR	0	
III. Formal complaints that were disposed** of by ICRC	3	50%
IV. Formal complaints that proceeded to ICRC and are still pending	3	50%
V. Formal complaints withdrawn by Registrar at the request of a complainant Δ	0	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	0	
VII. Formal complaints and Registrars Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	0	
<p>** Disposal: The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).</p> <p>* Formal Complaints: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquires and other interactions with the College that do not result in a formally submitted complaint.</p> <p>† ADR: Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.</p>		
<p>What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar's Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College's committee that investigates concerns about its registrants.</p>		

<p> Δ The Registrar may withdraw a formal complaint prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest. </p> <p> $\#$ May relate to Registrars Investigations that were brought to ICRC in the previous year. </p> <p> $**$ The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by ICRC. </p> <p> ϕ Registrar's Investigation: Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days. </p> <p> NR = Non-reportable; results are not shown due to < 5 cases (for both # and %) </p>	
<p>Additional comments for clarification (if needed)</p>	

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.



Statistical data collected in accordance with recommended methodology or College own methodology: ☒ Recommended ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2020	9						
Distribution of ICRC decisions by theme in 2020*	# of ICRC Decisions†						
Nature of issue	Take no action	Proves advice or recommendations	Issues an oral caution	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.
I. Advertising	0	0	0	0	0	0	0
II. Billing and Fees	0	0	0	0	0	0	0
III. Communication	NR	0	NR	NR	NR	0	0
IV. Competence / Patient Care	0	0	NR	NR	0	0	0
V. Fraud	0	0	0	0	0	0	0
VI. Professional Conduct & Behaviour	0	0	0	NR	NR	0	0
VII. Record keeping	0	0	0	NR	0	0	NR
VIII. Sexual Abuse / Harassment / Boundary Violations	0	0	0	0	0	0	0
IX. Unauthorized Practice	0	0	0	0	0	0	0
X. Other - QAC Referral	0	NR	0	0	0	0	0

* Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2020.

† NR = Non-reportable; results are not shown due to < 5 cases.

++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations, or findings.

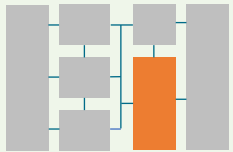
What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar’s Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.



Statistical data collected in accordance with recommended methodology or College own methodology: ☒ Recommended ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)		
CM 11. 90 th Percentile disposal* of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College. The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.
I. A formal complaint in working days in CY 2020	211	
II. A Registrar’s investigation in working days in CY 2020	225	

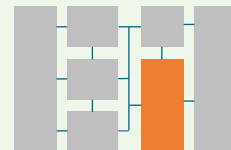
* **Disposal Complaint:** The day where a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).
* **Disposal Registrar’s Investigation:** The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.



Statistical data collected in accordance with recommended methodology or College own methodology:

☒ Recommended

☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

CM 12. 90th Percentile disposal* of:

Days

I. An uncontested^ discipline hearing in working days in CY 2020

NR
(no
discipline
hearings in
2020)

II. A contested# discipline hearing in working days in CY 2020

NR
(no
discipline
hearings in
2020)

What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed. *

The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.

* **Disposal:** Day where all relevant decisions were provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).

^ **Uncontested Discipline Hearing:** In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.

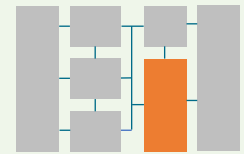
Contested Discipline Hearing: In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.



Statistical data collected in accordance with recommended methodology or College own methodology:

☒ Recommended

☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

CM 13. Distribution of Discipline finding by type*

Type	#
I. Sexual abuse	0
II. Incompetence	0
III. Fail to maintain Standard	0
IV. Improper use of a controlled act	0
V. Conduct unbecoming	0
VI. Dishonourable, disgraceful, unprofessional	0
VII. Offence conviction	0
VIII. Contravene certificate restrictions	0
IX. Findings in another jurisdiction	0
X. Breach of orders and/or undertaking	0
XI. Falsifying records	0
XII. False or misleading document	0
XIII. Contravene relevant Acts	0

What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar's Investigation is referred to the Discipline Committee by the ICRC.

* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.

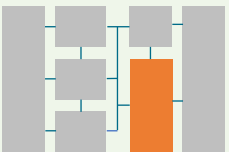
NR = Non-reportable: results are not shown due to < 5 cases.

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.



Statistical data collected in accordance with recommended methodology or College own methodology:

☒ Recommended

☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

CM 14. Distribution of Discipline orders by type*

Type	#
I. Revocation ⁺	0
II. Suspension ^{\$}	0
III. Terms, Conditions and Limitations on a Certificate of Registration ^{**}	0
IV. Reprimand [^] and an Undertaking [#]	0
V. Reprimand [^]	0

What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.

* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not be equal and may not equal the total number of discipline cases.

+ Revocation of a registrant's certificate of registration occurs where the discipline or fitness to practice committee of a health regulatory college makes an order to "revoke" the certificate which terminates the registrant's registration with the college and therefore his/her ability to practice the profession.

\$ A suspension of a registrant's certificate of registration occurs for a set period of time during which the registrant is not permitted to:

- Hold himself/herself out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g. doctor, nurse),
- Practice the profession in Ontario, or
- Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.

** Terms, Conditions and Limitations on a Certificate of Registration are restrictions placed on a registrant's practice and are part of the Public Register posted on a health regulatory college's website.

^ A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with his or her practice

An undertaking is a written promise from a registrant that he/she will carry out certain activities or meet specified conditions requested by the College committee.

NR = Non-reportable: results are not shown due to < 5 cases

Additional comments for clarification (if needed)

For questions and/or comments, or to request permission to use, adapt or reproduce the information in the CPMF please contact:

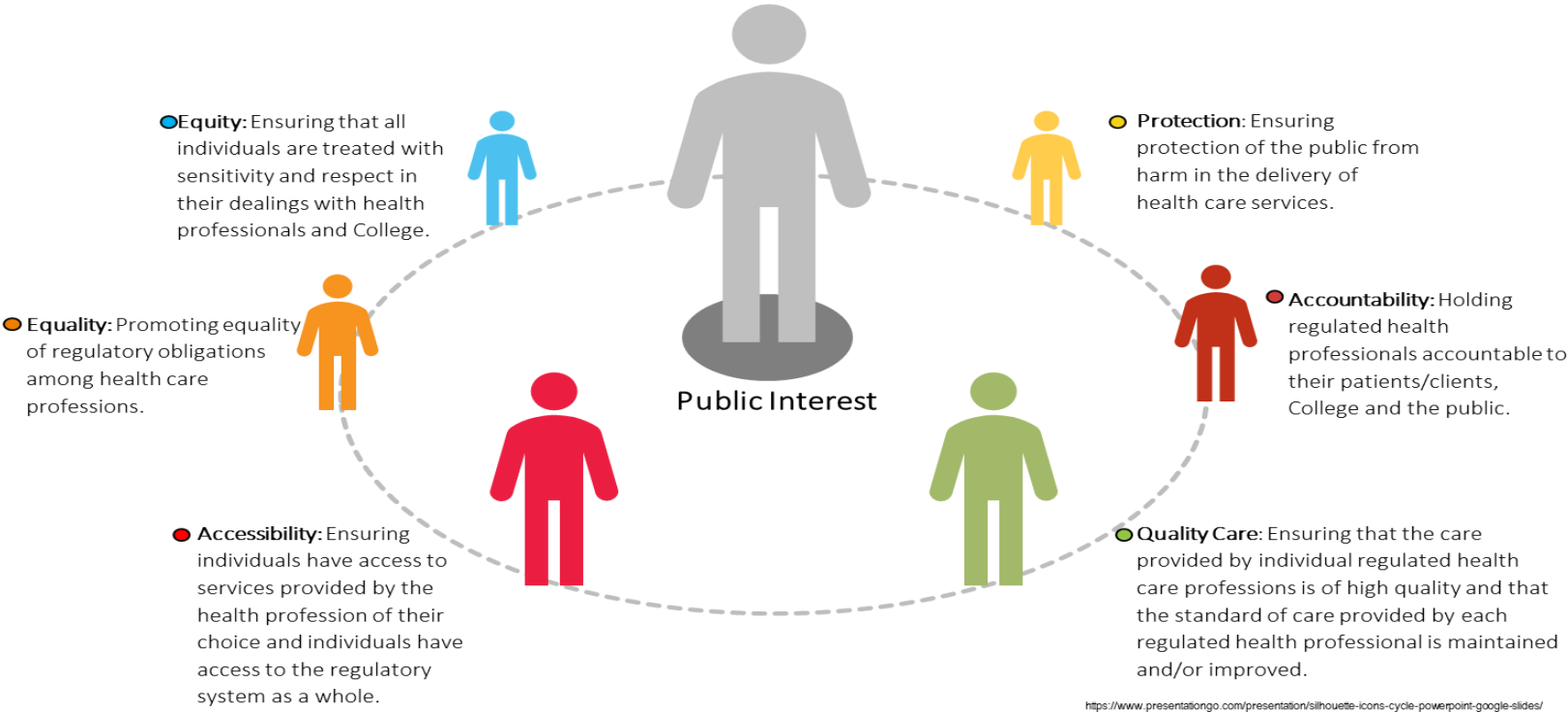
Regulatory Oversight and Performance Unit
Health Workforce Regulatory Oversight Branch
Strategic Policy, Planning & French Language Services Division
Ministry of Health
438 University Avenue, 10th floor
Toronto, ON M5G 2K8

E-mail: RegulatoryProjects@Ontario.ca

Appendix A: Public Interest

When contemplating public interest for the purposes of the CPMF, Colleges may wish to consider the following (please note that the ministry does not intend for this to define public interest with respect to College operations):

PUBLIC INTEREST
in the context of the College Performance Measurement Framework



COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Title: **Appendix A: Committee Member
Appointment Guidelines**

Number:

Date originally approved:

Date(s) revision approved:
N/A

These Guidelines are designed to assist the Executive Committee in making annual appointments of Council and Non-Council members to Committees

All Council and Non-Council Committee should have an understanding and demonstrate a commitment to the public interest mandate of the College. All new members will be required to attend an orientation session.

The following guidelines outline key considerations and information sources that will assist the Executive Committee during the committee appointment process.

Committee Member Appointment Guidelines

Key Considerations	Information Source	Comments
Is the candidate willing to serve as a member of particular committee?	Preference Form	
Does the number of public vs professional members meet the needs of the committee?		
Has the candidate previously served on this committee? If so, for how long?	Previous Committee Lists	
Does the candidate have a conflict of interest relating to their role on a particular committee?	Conflict of interest declaration form	
How has the candidate performed in their role as committee member in the past?	Council / Committee member input (i.e. attendance, facilitation skills)	
Does the candidate possess the attributes necessary to serve on a particular committee?	Council / Committee input	



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

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Toll Free: 1.800.261.0528
Fax: 416.591.7890
Website: www.crto.on.ca
Twitter: @theCRTO

To: Council
From: CRTO Staff
Date: March 6, 2020
Subject: Revised Interpretation of Authorized Acts PPG

RECOMMENDATION:

It is recommended that Council approve the revised Interpretation of Authorized Acts Professional Practice Guideline (PPG) for publication.

BACKGROUND AND RATIONALE:	CONSIDERATIONS:				
		Disagree ← → Agree			
Practice guidelines, like the Interpretation of Authorized Acts PPG, are designed to assist CRTO Members with their understanding of the legislative and regulatory parameters that shape their professional practice.	1. The proposed policy is related to the practice of respiratory therapy.	①	②	③	④
The PPGs are reviewed every 5 years (or sooner, if necessary) and revised as required. After the initial revisions are made and approved by Council, the PPGs are circulated to the membership for their feedback.	2. The proposed policy falls within the College’s statutory mandate in that it reflects a government directive or the duty, object of the College.	①	②	③	④
The last review of the Interpretation of Authorized Acts PPG was conducted in 2014; the PPG was due to be reviewed again in 2019.	3. The proposed policy is related to the public interest.	①	②	③	④
Staff conducted a detailed review and revision of the PPG and drafted amendments for Council’s consideration. The draft amendments are as follows: <ul style="list-style-type: none">Reordering of all sections to enhance the flow of informationMade edits to the final sentence in the paragraph regarding the role that Professional Practice Guidelines (PPGs) and other CRTO documents play in determining whether the appropriate standards of practice have been met (p.2)	4. The proposed policy is supported by the College’s strategic plan, mission or goals.	①	②	③	④

<ul style="list-style-type: none"> • Provided additional clarification of the differences between the 4th and 5th authorized acts (p.6) • Added sections on the exemptions with the Controlled Acts Regulation to include information on both tracheostomy tube changes and diagnostic ultrasound (pp. 17 – 18) <p>At the December 6, 2019 Council meeting, this revised PPG was approved for circulation to the Membership. The draft version of the revised Interpretation of Authorized Acts PPG was sent out to 3,711 Members in the CRTO's December ebuletin on December 20th along with a brief consultation survey. As of the date the survey closed (January 19th), 30 Member had viewed the survey, and 12 had completed the entire survey (< 1% response rate). The results of the survey are as follows:</p> <p>Question 1: Do you agree that the PPG revisions are clear and understandable? - 100% responded "Yes"</p> <p>No comments.</p> <p>If you have any additional comments that you have not already provided, please provide them below?</p> <p>No comments.</p> <p>Attachments: Draft Revisions to the Interpretation of Authorized Acts PPG</p>	<p>5. The proposed policy impacts on:</p> <p>a) health care system, b) patients, c) College resources, d) College reputation, e) legal, f) stakeholders, or g) members?</p> <p>6. The proposed policy is consistent with current College policies/positions.</p> <p>7. The policy is being proposed to address a particular issue or concern.</p> <p>8. There are consequences for NOT supporting this policy at this time.</p> <p>9. After having considered all other alternatives the policy is the most effective solution at this time.</p>				
		Negative	Ø	Positive	
		<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
		Disagree	↔	Agree	
		①	②	③	④
		①	②	③	④
		①	②	③	④
		①	②	③	④

MARCH 2020

Interpretation of Authorized Acts

PROFESSIONAL PRACTICE GUIDELINE



Professional Practice Guideline

CRTO publications containing practice parameters and standards should be considered by all Ontario Respiratory Therapists in the care of their patients/clients and in the practice of the profession. CRTO publications are developed in consultation with professional practice leaders and describe current professional expectations. All Members are required to abide by these CRTO publications, and they will be used in determining whether appropriate standards of practice and professional responsibilities have been maintained.

It is important to note that employers may have policies related to an RT's ability to accept delegation to dispense medications. If an employer's policies are more restrictive than the CRTO's expectations, the RT must abide by the employer's policies. Where an employer's policies are more permissive than the expectations of the CRTO, the RT must adhere to the expectations of the CRTO.

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Introduction

Scope of Practice of Respiratory Therapy

The scope of practice outlined in the [Respiratory Therapy Act \(RTA\)](#) states:

The practice of respiratory therapy is the providing of oxygen therapy, cardio-respiratory equipment monitoring and the assessment and treatment of cardio-respiratory and associated disorders to maintain or restore ventilation (RTA. s.3)

While the **professional scope of practice**, as defined by the RTA, is broad, each RT has their own **personal scope of practice** that is influenced by factors such as their role within their specific practice setting. It is important to remember that having the authority to perform a controlled act does not mean it is appropriate to do so. The CRTO's Standards of Practice states that a Respiratory Therapist must practice within both the professional scope of practice and their personal scope of practice ([Standard 4 – Competence/Ongoing Competence](#)).

It is also important to note that not all tasks that might fall under a particular authorized act are within the scope of practice of Respiratory Therapy.

For Example...

“Administering a substance by injection or inhalation” is a controlled act authorized to RTs. This enables RTs to administer medications by injection that are within the RT scope of practice (e.g., flu vaccines, procedural sedation, etc.). However, medications such as forms of botulinum toxins (i.e., Botox) are outside of the RT scope of practice. Therefore, to administer those types of substances, a formal delegation process is required.



Controlled Acts, Public Domain & Authorized Acts

Controlled Acts

The *Regulated Health Professions Act, 1991* (RHPA) identifies 14 **controlled acts** that pose significant risk of harm to the public of Ontario [RHPA section 27(2)]. These acts may only be performed by the regulated health care professionals who are authorized by their profession-specific Acts (e.g., *Respiratory Therapy Act* (RTA)).

If that authority has not been granted to an individual via their professional specific legislation, there are two alternative processes by which a controlled act can be performed, which are as follows:

1. **Legislative Exceptions & Exemptions**

The RHPA identifies certain exceptions where an individual may perform controlled acts even if they do not have the necessary authority to do so, and these are outlined in the [Exceptions within the RHPA](#) section of this practice guideline. In addition, there are exemptions in other legislation that enables Respiratory Therapists and other healthcare professions to perform other specific tasks. This is outlined in the [Exemptions within the Controlled Acts Regulation](#) section of this practice guideline.

2. **Delegation**

Authority to perform a controlled act may be obtained through the process of delegation from a regulated health professional who has the authority to perform the controlled act to another person (regulated or unregulated), who does not have this authority. The controlled acts that are not authorized to Respiratory Therapists but that could be delegated are outlined in the [Delegation of Controlled Acts Not Authorized to Respiratory Therapists](#) section of this practice guideline.

Public Domain

If a task is not a controlled act, then it is considered to be in the public domain and may be performed by anyone (regardless of whether they are a regulated healthcare professional or not), provided they are competent to do so. Regulated health professionals must adhere to the standards of practice of their respective profession while performing activities that fall within the public domain.

Examples of Public Domain Tasks...

1. Administering an oral medication;
2. Spirometry (with no bronchodilators)

Controlled Acts Authorizrd to Respiratory Therapists

The [Respiratory Therapy Act \(RTA\)](#) is the profession-specific legislation that lists the five controlled acts authorized to Respiratory Therapists (RTs)* in Ontario. These five controlled acts are referred to as the profession's authorized acts** and are as follows:

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.*

* In this practice guideline, "Respiratory Therapists (RTs)" refers to CRTC Members who hold an Active General Certificate of Registration with the CRTC with no terms, conditions or limitations preventing them from performing any authorized acts. Graduate Respiratory Therapists (GRTs) and Practical (Limited) Respiratory Therapists (PRTs) have specific terms, conditions and limitations that are outlined below.

** All five authorized acts may be performed on adult, pediatric and neonatal populations.

PLEASE NOTE:

Authorized Act #4 enables **RRTs, PRTs & GRTs** to perform all procedures that fall under the authorized act [Administering a substance by injection or inhalation](#), **provided they have a valid order.**

Authorized Act #5 enables only **RRTs** to administer a substance that is "prescribed" in regulation. In this case, the regulation is the [Prescribed Substance Regulation](#) and the substance is oxygen. **This authorized act does not have the requirement of an order.** Therefore, an RRT can independently administer oxygen, provided they are not prevented from doing so by any other piece of legislation or policies. More information can be found on this act in the [Administering a prescribed substance by inhalation](#) section of this practice guideline.

Authorized Act #1

Performing a prescribed procedure below the dermis

In this first authorized act, “prescribed” means prescribed in regulation. The [Prescribed Procedures Regulation](#) lists the specific procedures included under the controlled act of “performing a prescribed procedure below the dermis” and separates them into two categories: basic and advanced. Table 1 outlines what procedures are contained within the regulation and provides some examples of specific procedures. Please note that the list of examples is not exhaustive and is offered simply as a point of clarification.

Table 1: Prescribed Procedures below the Dermis

PROCEDURE	EXAMPLES
Basic	
i. Arterial, venous, and capillary puncture.	● Arterial Blood Gas.
ii. Insertion, suturing, aspiration, repositioning, manipulation and removal of an arterial cannula.	● Arterial line.
iii. Insertion, suturing, aspiration, repositioning, manipulation, and removal of a venous cannula.	● Peripheral IV ● Internal Jugular Vein cannulation
Advanced	
i. Manipulation or repositioning of a cannula balloon.	● Pulmonary Capillary Wedge Pressure (PCWP). ● Intra-Aortic Balloon Pump (IABP)
ii. Chest needle insertion, aspiration, reposition, and removal.	
iii. Chest tube insertion, aspiration, reposition and removal.	
iv. Bronchoscopic tissue sample for the purpose of bronchoalveolar lavage and endobronchial brushing.*	
v. Intraosseous needle insertion.	
vi. Subcutaneous electrode placement for interoperation and perinatal fetal monitoring.	

* Tissue biopsy is not included as part of this procedure because it requires the sample to be taken below the mucous membrane, which is not authorized to RTs. To perform a tissue biopsy, delegation is required.

Specific Requirements for Performing Prescribed Procedures below the Dermis

- To perform any procedure classified as Advanced, a Registered Respiratory Therapist (RRT) must have completed a CROTO approved certification/recertification program within the past two years. More information is available in the CROTO's [Certification Programs for Advanced Prescribed Procedures below the Dermis PPG](#).
- Graduate Respiratory Therapists (GRTs) and Practical Respiratory Therapists (PRTs) must not perform any procedure classified as Advanced, even if they have successfully completed an approved certification program.
- PRTs must not perform any procedure classified as Basis unless they have been granted to do so by the CROTO's Registration Committee (i.e., have specific terms and conditions applied to their certificate of Registration).

Table 2: Procedures Below the Dermis & Tracheostomy Tube Changes.

PROCEDURE	RRT	GRT*	PRT
Basic prescribed procedures.	✓	✓	**
Advanced prescribed procedures.	✓		

Regional Anesthesia

The insertion of spinal, epidural blocks and peripheral nerve blocks are not authorized under the current *Prescribed Procedures* regulation; therefore, delegation is required. The injection of medication through these routes; however, falls under “*administering a substance by injection or inhalation*”, which is authorized to RTs.

Authorized Act #2

Intubation beyond the point in the nasal passages where they normally narrow or beyond the larynx

The second controlled act authorized to RTs is *intubation beyond the point in the nasal passages where they normally narrow or beyond the larynx*. “Beyond the larynx” is interpreted by the CRTO as at or below the level of the larynx, whether you are referring to the airway or the esophagus, including access by oral, nasal, and artificial opening routes.

Examples of tasks an RT can perform under this authorized act are:

- Endotracheal intubation, including nasal and oral routes, as well as bronchoscopic assisted techniques;
- Laryngeal mask insertion;
- Nasogastric tube insertion and the insertion of specially designed nasogastric tubes with EMG electrodes that cross the diaphragm for the purpose of Neurally Adjusted Ventilatory Assist (NAVA);
- Nasal airway insertion; and
- Feeding tube insertion.

Authorized Act #3

Suctioning beyond the point in the nasal passages where they normally narrow or beyond the larynx

The third controlled act authorized to RTs is *suctioning beyond the point in the nasal passages where they normally narrow or beyond the larynx*. Beyond the larynx is interpreted as at or below the level of the larynx, whether you are referring to the airway or the esophagus, including access by oral, nasal, and artificial opening routes.

An RT may perform suctioning via a number of routes, including nasopharyngeal, tracheal, nasogastric, and bronchoscopic. The RTA does not require an order for this authorized act; however, other pieces of legislation may have an impact on whether or not an order is required (e.g., *Public Hospitals Act – Hospital Management Regulation*). In addition, an RT must comply with their employer’s policies and procedures regarding suctioning.

Authorized Act #4

Administering a substance by injection or inhalation

The fourth controlled act authorized to RTs is *administering a substance by injection or inhalation*.

1. Under this act, an RT may administer a substance by inhalation in the following forms:
 - **Liquids** (e.g., surfactant, epinephrine instillation)
 - **Powders** (e.g., Turbuhaler™, Diskus™)
 - **Aerosols** (e.g., wet nebulization, bronchodilators, narcotics, antibiotics, bronchoprovocators (e.g., Methacholine)
 - **Gases**
 - o anesthetic (e.g., Nitrous oxide)
 - o non-anesthetic (e.g., Oxygen, Heliox, Nitric Oxide, Compressed Air)
 - o specialized (e.g., Carbon Monoxide, Helium, Nitrogen)
 - o pressurized (e.g., invasive and non-invasive positive pressure ventilation - including CPAP, BiPAP, Hyperbaric Oxygen Therapy)
 - **Vapors** (e.g., anesthetic agents such as Isoflurane)
2. Under this act, an RT may administer substances by injection via the following routes:
 - **Intravascular** (e.g., Intravenous D5W, Normal Saline, Ringers Lactate, blood products)
 - **Intramuscular** (e.g., Vaccines, Vitamin K, Narcan, Epinephrine)
 - **Intradermal** (e.g., TB test)
 - **Sub-cutaneous** (e.g., Xylocaine, Heparin)

PLEASE NOTE:

Vaccines administered by RTs must only be those recommended in established guidelines (e.g., ATS, CTS) for the management of cardiorespiratory and associated disorders (e.g., Influenza, Pneumococcal Pneumonia).

Non-Invasive Positive Pressure Ventilation (NIPPV)

It is the position of the CRTO that air that has been augmented, whether by changing the concentration of the constituent gases (e.g., adding oxygen) or by adjusting the pressure beyond atmospheric, constitutes “*administering a substance by...inhalation*”. Therefore, the application of NIPPV is a controlled act and should only be performed by health care professionals who have the statutory authority (4th authorized act in the [Respiratory Therapy Act](#)) as well as the requisite education, training and clinical competence.

Authorized Act #5

Administering a prescribed substance by inhalation

The [Prescribed Substances Regulation](#) currently lists oxygen as the substance that RTs can administer. RRTs, PRTs & GRTs have always been able to - and still are able to - administer oxygen on the order of a physician, midwife, dentist or nurse practitioner. The difference with the 5th authorized act is that, similar to suctioning, it does not have the requirement of an order. This means that RRTs, depending on where they work, can independently initiate, titrate or discontinue oxygen-based solely on their own professional judgment. **Please note that this authorized act only applies to RRTs.**

It is important to understand, however, that there are other pieces of legislation and policies that limit where RTs can independently administer oxygen. The most applicable piece of legislation, in this instance, is the [Public Hospitals Act – Hospital Management Regulation](#), which stipulates that every act performed in a public hospital requires an order and limits who can provide those orders. However, this restriction does not apply to non-public hospital/community practice settings (e.g., Home Care, Family Health Teams, private community-based clinics, etc.).

In addition, the [Home Oxygen Therapy Policy and Administration Manual](#) (October 2019) currently stipulates that the initiation and discontinuation of oxygen must be ordered by a physician and that any changes to the prescription are the responsibility of the ordering physician.

For more information, please refer to the [Oxygen Therapy CBPG](#) and the [Independent Administration of Oxygen](#) FAQ.

For Example...

An RRT working in the community who has been asked to provide oxygen to a patient who is self-paying for the therapy. In this situation, the RRT may initiate, titrate and/or discontinue therapeutic oxygen based solely on their own professional judgement. The RRT must make their own determination on the patient's oxygen settings and set their own fee structure. As with any situation when charging for clinical services, the RRT will need to ensure that:

1. the therapy is clinically indicated;
2. they are not in a conflict of interest;
3. the patient is making a fully informed decision on their course of care; and
4. they are charging a fair and reasonable rate for their services*.

*Currently, RRTs do not have the ability to bill OHIP for services.

Hyperbaric Oxygen Therapy (HBOT)

The 5th authorized act, in combination with the *Prescribed Substances regulation*, permits RTs to independently administer therapeutic oxygen. Therefore, in a hyperbaric clinic located outside of a hospital, RRTs can administer oxygen without the additional requirement of an order from a physician or other authorizer. However, this administration of oxygen must occur in accordance with a diagnosis and prescribed treatment plan (e.g., dive depth/pressure, time, etc.) that has been determined by the most responsible physician. RRTs cannot independently initiate hyperbaric therapy.

In both the hospital and community setting, certification as a Hyperbaric Technologist by the Undersea and Hyperbaric Medical Society (UHMS) sets the industry standard and that any RRT administering HBOT would be expected to perform to. In the Oxygen Therapy CBPG, the CRTO outlines the list of 14 indications for hyperbaric oxygen therapy that are established by the UHMS. Health Canada supports the application of HBOT that is based on the UHMS guidelines and warns against “off label” uses that have not been scientifically proven to be effective. Therefore, the CRTO does not endorse “off label” use of HBOT and the engagement of an RT in such activity by an RT may be considered professional misconduct (*Professional Misconduct Regulation (s.7) - Recommending, dispensing or selling medical gases or equipment for an improper purpose*). In addition, the CRTO's Standards of Practice states that RTs must refrain from making a representation about a remedy, treatment, device or procedure for which there is no generally accepted scientific or empirical basis. (Standard 8 – Evidence Informed Practice)

Considerations when Performing Authorized Acts

When determining if it is appropriate to perform an authorized act, an RT must first consider the following:

- *Is the performance of the authorized act in the best interest of the patient?*
 - *Do they possess the requisite competencies (knowledge, skills & abilities) to perform the authorized act safely?*
 - *Is the performance of this particular task within the Scope of Practice of Respiratory Therapy?*
 - *Does their Certificate of Registration permit them to perform it (i.e., do they hold the appropriate certificate of registration required, and are there any terms, conditions, or limitations on their Certificate of Registration preventing them from performing this task?)*
 - *Is an Authorizing Mechanism (Direct Order or Medical Directive) required to perform this authorized act, and, if so, do they have a valid order (direct order or medical directive) from an authorized prescriber?*
-

Authority & Authorizing Mechanisms

As mentioned at the beginning of this practice guideline, other methods of gaining the authority to perform a controlled act are delegation and exceptions that exist within specific pieces of legislation, such as the RHPA and the Controlled Acts Regulation.

Delegation of Controlled Acts Not Authorized to Respiratory Therapists

RTs may, in some specific circumstances, receive delegation to perform a controlled act that is not authorized to Respiratory Therapists. This is permitted provided the specific task to be performed falls within the [Scope of Practice of Respiratory Therapy](#). The controlled acts that RTs are permitted to accept delegation are as follows:

- *Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis. (RHPA s.27 (2)1)*
- *Putting an instrument, hand or finger,*
 - *beyond the external ear canal,*
 - *beyond the opening of the urethra,*
 - *beyond the labia majora,*
 - *beyond the anal verge,*
 - *into an artificial opening into the body. (RHPA s.27 (2)6)*
- *Applying or ordering the application of a form of energy prescribed by the regulations under the RHPA.* (RHPA s.27 (2)7)*

*The [Controlled Acts Regulation](#) (Forms of Energy) outlines the specific tasks that fall under this controlled act.
- *Dispensing a drug as defined in the Drug and Pharmacies Regulation Act.* (RHPA s.27 (2)8)*

* RTs are not permitted to receive delegation for the other portions of this controlled act, which are prescribing, selling, or compounding a drug and supervising the part of a pharmacy where such drugs are kept. More information on Dispensing is available in the CRTO's [Administering and Dispensing Medications PPG](#).
- *Allergy challenge testing of a kind in which a positive result of the test is a significant allergic response. (RHPA s.27 (2)13)*

More information on the delegation process is available in the CRTO's [Delegation of Controlled Acts Professional Practice Guideline](#) (PPG).

Exceptions within the *RHPA*

The *RHPA* contains certain exceptions that enable someone who is not otherwise authorized to perform a controlled act in specific circumstances, provided they have the requisite competence (knowledge, skills, and judgment) to perform the task safely. The exceptions outlined in the *RHPA* are as follows:

- *Rendering first aid or temporary assistance in an emergency; (RHPA s.29 (1)a)*
- *Fulfilling the requirements to become a member of a health profession and the act is within the scope of practice of the profession and is done under the supervision or direction of a member of the profession; (RHPA s.29 (1)b)*

PLEASE NOTE:

Student RTs do not require delegation to perform controlled acts. They are permitted to perform controlled acts authorized to Respiratory Therapists via the exception in the *RHPA* provided:

1. they are enrolled in a program to become a Respiratory Therapist, and only perform the authorized acts as part of their educational program;
2. the authorized acts are within the Respiratory Therapy scope of practice; AND
3. they perform these authorized acts under the supervision or direction of a Member of the profession.

- *Treating a person by prayer or spiritual means in accordance with the tenets of the religion of the person giving the treatment; (RHPA s.29 (1)c)*
- *Treating a member of the person's household and the act is a controlled act set out in paragraph 1, 5 or 6 of subsection 27 (2) (RHPA s.29 (1)d), which are:*
 - o *Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis. (RHPA s.27 (2)1)*
 - o *Administering a substance by injection or inhalation. (RHPA s.27 (2)5)*

Exceptions within the *RHPA* (continued)

- o Putting an instrument, hand or finger,
 - beyond the external ear canal,
 - beyond the point in the nasal passages where they normally narrow,
 - beyond the larynx,
 - beyond the opening of the urethra,
 - beyond the labia majora,
 - beyond the anal verge, or
 - into an artificial opening into the body. (RHPA s.27 (2)6)
- *assisting a person with his or her routine activities of living and the act is a controlled act set out in paragraph 5 or 6 of subsection 27 (2) (RHPA s.29 (1)d), which are:*
 - o *Administering a substance by injection or inhalation. (RHPA s.27 (2)5)*
 - o *Putting an instrument, hand or finger,*
 - *beyond the external ear canal,*
 - *beyond the point in the nasal passages where they normally narrow,*
 - *beyond the larynx,*
 - *beyond the opening of the urethra,*
 - *beyond the labia majora,*
 - *beyond the anal verge, or into an artificial opening into the body. (RHPA s.27 (2)6)*

Exemptions within the *Controlled Acts Regulation*

Tracheostomy Tube Changes

The authority for RTs to perform tracheostomy tube changes for an established stoma and for a fresh stoma is derived from the [Controlled Acts Regulation](#) (s.14).

Table 3: Procedures below the Dermis & Tracheostomy Tube Changes

PROCEDURE	RRT	GRT*	PRT
Tracheostomy tubes change for a stoma that is more than 24 hours old.	✓	✓	**
Tracheostomy tubes change for a stoma that is less than 24 hours old.	✓		

* GRTs require general supervision to perform a controlled act and are not permitted to delegate any controlled acts.

** PRTs are only able to perform tracheostomy tubes change for a stoma that is more than 24 hours old if explicitly permitted to do so by the terms and conditions of his/her certificate of registration.

PLEASE NOTE:

Due to the fact that tracheostomy tube changes are now listed as an exemption in the *Controlled Acts regulation*, respiratory therapists (RRTs, GRTs and PRTs) are no longer permitted to delegate tracheostomy tube changes.

PLEASE NOTE:

The timelines regarding tracheostomy tube changes of > and < 24 hours refers to surgical tracheostomies, not Percutaneous Tracheostomies. When changing percutaneous tracheostomy tubes, RTs must ensure they are doing so in accordance with their organizational policy with respect to timelines.

Diagnostic Ultrasound

The Forms of Energy section of the [Controlled Acts Regulation](#) outlines the procedures that fall under the controlled act “application of a form of energy”. One of those procedures is the application of soundwaves for diagnostic ultrasound. Diagnostic ultrasound is used to visualize structures (e.g., for procedural guidance) and requires frequencies between 2 and 20MHz .

As of January 1, 2019, RTs who wish to use diagnostic ultrasound in their practice (e.g., radial arterial line catheterization, lung ultrasound) require **both delegation and a valid order** (direct order or medical directive). Information regarding the delegation process can be found in the CRTO’s [Delegation of Controlled Acts PPG](#). Information regarding orders can be found in the CRTO’s [Orders for Medical Care PPG](#).

Information on ultrasound is available on the CRTO’s [Diagnostic Ultrasound Communiqué](#). In addition, the Respiratory Therapy Society of Ontario (RTSO) has assembled resource documents, including templates that can be adapted to local practice settings to assist RTs in establishing the necessary delegation and order processes. This material can be found on the RTSO webpage entitled [Point of Care Ultrasound Delegation and Medical Directive Resources for RRTs and RRT/AAs](#).

Authorizing Mechanisms (Direct Orders and Medical Directives)

Of the five controlled acts authorized to RTs via the *RTA*, three require additional authorizing mechanisms such as direct orders or medical directive.

Table 4: Authorizing Mechanisms

<i>RTA</i>	DIRECT ORDER/MEDICAL DIRECTIVE REQUIRED?
#1. Performing a prescribed procedure below the dermis.	Yes
#2. Intubation beyond the point in the nasal passages where they normally narrow or beyond the larynx.	Yes
#3. Suctioning beyond the point in the nasal passages where they normally narrow or beyond the larynx.	No
#4. Administering a substance by injection or inhalation.	Yes
#5. Administering a prescribed substance by inhalation.	No

The *RTA* s 5(1) states RTs are only permitted to accept a direct order/medical directive from one of the following regulated health care professionals:

- *a member of the College of Physicians and Surgeons of Ontario, the College of Midwives of Ontario or the Royal College of Dental Surgeons of Ontario;*
- *a member of the College of Nurses of Ontario who holds an extended certificate of registration under the Nursing Act, 1991; or*
- *a member of a health profession that is prescribed by regulation.*

Additional information on authorizing mechanisms can be found in the CRTO's [Orders for Medical Care PPG](#).

Other Considerations

Relevant Legislation


It is a standard of practice that RTs practice within the ethical and legislative framework that influences the practice of respiratory therapy. In other words, you must ensure that you satisfy any other legislative requirements regarding the authority to perform controlled acts, authorized acts, and procedures that may be required by your practice setting, for example, the *Public Hospitals Act* or the *Independent Health Facilities Act*.

Employers Requirements

Your employer may have policies related to your authority to perform procedures, including controlled acts, authorized acts, and acts that fall within the public domain. If your employer's policies are more restrictive than the CRTO's requirements— you should abide by your employer's policies. Where your employer's policies are more permissive than the requirements of the CRTO — you must adhere to the requirements of the CRTO.

For clarification about procedures or activities that are not listed in this guideline, please contact the CRTO's Manager of Quality Practice at hamp@crtto.on.ca.

Notes:



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

Manager, Quality Practice
College of Respiratory Therapists of Ontario
180 Dundas Street West, Suite 2103
Toronto, Ontario M5G 1Z8

Phone **416-591-7800**
Toll Free **1-800-261-0528**

Fax **416-591-7890**
E-mail **questions@crto.on.ca**

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Title: **Investments**

Date originally approved:
June 15, 2007

Number: **CP-Investments-130**

Date(s) revision approved:
June 2, 2017

POLICY

All funds maintained in the reserve funds of College of Respiratory Therapists of Ontario ("CRTC") may be invested with professional investment managers or investment counselors ("Portfolio Managers") as designated by the Council. There shall be a written contract with the Portfolio Managers specifying terms of the contract, fees and investment objectives, etc. The contract and investment objectives shall be reviewed in accordance with this policy and procedures.

INVESTMENT ARRANGEMENTS

- The Council of the CRTC ("Council") shall have the responsibility for the management of the CRTC's investments in accordance with this policy.
- The Council shall act prudently in making investment decisions for the CRTC and in so doing shall specifically consider all relevant criteria, including the following:
 - a) general economic conditions;
 - b) the possible effect of inflation or deflation;
 - c) the expected total return from income and the appreciation of capital;
 - d) needs for liquidity, regularity of income and preservation or appreciation of capital; and,
 - e) any need to diversify the investments.
- The Council may decide to retain Portfolio Managers to advise with respect to the management of the investments.
- The Council should ensure that no conflict of interest is created by retaining any Portfolio Managers.
- The Council shall delegate its responsibility for the management of the CRTC's investments to the Executive Committee.
- Any withdrawals from the investment accounts will be directly deposited into the CRTC's operating bank account.

AUTHORIZED PERSONNEL

Council shall designate, by resolution, those officers and other persons authorized to carry out the investment business of the CRTO with the banks, trust companies, investment counselors, investment managers, etc. The officers and persons authorized by the Council shall have the authority and power to:

- a) Invest, withdraw, redeem, accept, deposit or transfer the CRTO's money with the designated institutions;
- b) Execute any agreement relating to the investment business and defining rights and powers of the parties thereto;
- c) Lodge the securities for safekeeping with any of the institutions designated by the Council;
- d) Authorized personnel are any two of the following:
 - i. President of the Council
 - ii. Vice President of the Council
 - iii. Registrar
 - iv. Finance and Office Manager

INVESTMENT GUIDELINES

The College expects its investment to be made in the investments categories as set out in attached Appendix A.

Schedule I (Domestic) Banks refers to those institutions that are regulated federally by the Office of the Superintendent of Financial Institutions (OSFI) and includes chartered banks, credit unions, trusts, and other financial services companies that offer banking services. Investments will only be made in instruments issued by (i) governments or (ii) corporations that are members of the Canadian Deposit Insurance Corporation (CDIC).

OPERATING FUND INVESTMENT POLICY

Accessible funds of the CRTO will be invested in low-risk, money market instruments that guarantee security of the principal investment and which yield a greater return than interest earnings on the bank account. Invested funds should be in high liquidity instruments in order to provide operating cash as required.

INVESTMENT POLICY – APPENDIX A
PROPOSED INVESTMENT CATEGORIES ELIGIBLE FOR INVESTMENT

From time to time, and subject to the CRTO's Investment Policy, the funds that are not required for day to day operations may be invested in any or all of the following investment categories:

Investment Category	Term Limitation	Portfolio Limitation	Minimum Rating	Additional Portfolio Limitations
Cash		Unlimited		
Federal Government:				
Treasury bills	365 days	100%		
Bonds	365 days to 3 years	50%		
Bonds	3 to 5 years	20%		Total investments 3 to 5 years not to exceed 20% of portfolio
Provincial Government:				a. Total provincials not to exceed 50% of portfolio b. Investment in any one province not to exceed 25%
Securities/Notes	365 days	40%	AA	
Bonds	365 days to 3 years	40%	AA	
Bonds	3 to 5 years	20%	AA	Total investments 3 to 5 years not to exceed 20% of portfolio
Schedule 1 (Domestic) Banks:				
GICS	365 days to 3 years	75%		Total investments in any one bank not to exceed 35% of total portfolio
Banker's Acceptance	365 days to 3 years	50%		
Canadian Corporations:				
Commercial Paper	365 days	10%	R-I Mid	Limit any single holding to 10% of portfolio

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Policy: Investments
Number: CP-Investments-130
Date: 15/06/2007

PROCEDURE

INVESTMENT REVIEW PROCEDURES

Responsibility for managing the CRTO's investment portfolio is vested in Council and delegated to the Executive Committee. The Committee works closely with the CRTO's staff to monitor the performance of the portfolio. The specific investment review procedures are as follows:

1. Review quarterly investment reports at Executive Committee meetings.
2. Review of investment performance by the Portfolio Manager with (i) the Registrar and Finance and Office Manager on a quarterly basis (ii) the Executive Committee on a semi-annual basis and (iii) the Council as required.
3. Review investment objectives annually and seek approval of the Council for any necessary revisions.
4. Report to Council annually on investment performance, policy, etc.
5. Review contract with the Portfolio Managers on a regular basis.

OPERATING FUND INVESTMENT PROCEDURE

In order to maximize the rate of return on available cash flow, accessible funds of the CRTO will be invested in low-risk, money market instruments that guarantee security of the principal investment and which yield a greater return than interest earnings on the bank account. Invested funds should be in high liquidity instruments in order to provide operating cash as required.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Title: **Office Security Policy**

Number: **AD-Office Security-050**

Date originally approved: **October 30, 2018**

Date(s) revision approved: **N/A**

PURPOSE

In an organization that by mandate supports the public interest, and by practice supports openness and transparency, there is a need to balance the accessibility and use of the CRTO office with the need to provide a safe and secure environment for staff, volunteers and visitors. This policy sets out the efforts taken to protect persons, their possessions, and information held by the CRTO against possible threats such as:

- unauthorized access to the CRTO office,
- fire, flood or other natural disaster,
- physical assault while on site, or
- loss of sensitive information.

Recognizing that convenience must sometimes be compromised in order to maintain security, the goal of this policy is to set out processes that will permit access to the CRTO office by external stakeholders, while offering staff and volunteers a safe environment to meet and work. Each CRTO-community member must share in the responsibility to provide security for all people and property.

Online security is addressed in other CRTO policies related to technology and electronic communications.

SCOPE

This policy applies to all staff, Council members, Non-Council Committee members, and other volunteers who attend the CRTO office.

BACKGROUND

The CRTO is the regulatory body for the profession of Respiratory Therapy in Ontario. The CRTO regulates the profession by setting out requirements for entry to practice. In addition, the CRTO develops standards of practice, programs to facilitate Members' continuing competence and mechanisms to promote interprofessional collaboration and relations between the CRTO and its stakeholders. The CRTO also has processes to address concerns about Members.

In carrying out its mandate, the CRTO and its statutory committees are responsible for making decisions that have the potential to impact individuals' ability to practise as Respiratory Therapists in Ontario. These decisions, particularly if perceived unfavourably, have the potential to provoke emotional responses from the recipients. Some examples of decisions that may elicit negative reactions include:

- communication of internationally educated health professional's assessment results or denying an applicant a certificate of registration,
- requiring a Member to complete a specified continuing education or remediation program (SCERP), or
- referring allegations of professional misconduct against a Member to the Discipline Committee for a hearing.

There is the potential for emotionally charged issues to turn into physical confrontations when visitors with a grievance or perceived grievance against the CRTO attend at the office. The majority of health regulatory colleges in Ontario have faced some level of threat related to their statutory obligations. In addition, the CRTO could also be faced with a threat related to its locale, which is in close proximity to Canada Corrections Services, court houses, hospitals, and government consulates.

While the risk of fire, flood or natural disaster affecting the office is remote, the building management company has initiated fire drills to prepare occupants for the possible need to evacuate the premises urgently. A staff member, who has been identified as the “Fire Marshall,” will receive additional training from the building management company and be responsible for ushering internal stakeholders out of the office.

In order to mitigate risks, the CRTO has developed this policy to set out the measures in place to offer a reasonable degree of protection to internal stakeholders, their possessions and information held by the CRTO.

DEFINITIONS

Assembly Point: in case of evacuation, internal stakeholders should assemble at the Starbucks Coffee Company located at 150 Dundas St. W. (at Elizabeth Street); if the Starbucks is not a secure location, the alternate assembly point is the North-East corner of Bay and Dundas Streets, in front of the entrance to The Atrium.

Building Management Company: currently Crown Property Management; responsible for the maintenance and security of all common spaces at 180 Dundas St. W., Toronto.

Cross-over Floors: the floors that have unlocked stairwell doors, permitting access to the elevator lobby and the alternate stairwell; floors 5, 10, 15, 20 and 24.

External Stakeholders: key external stakeholders to the CRTO, who are most likely to attend the office, are the public of Ontario, persons holding certificates of registration (i.e., Members), applicants for registration, and complainants (i.e., persons who bring forward concerns regarding the care provided by or conduct illustrated by Members).

File/Supply Room: the room denoted by “FILES” on Appendix A; accessible by key card with an additional exit door to the 21st floor hallway.

Internal Stakeholders: primarily staff, Council members, Non-council committee Members, Competency Assessors, PORTfolio Peer Assessors, Working Group Members, any other ad hoc appointees or volunteers.

Main Entrance: the door externally labelled as the College of Respiratory Therapists of Ontario / l’Ordre des thérapeutes respiratoire de l’Ontario, accessible from the elevator lobby on the 21st floor at 180 Dundas Street West, Toronto.

Off-Hours: any time exclusive of Office Hours.

Office: the physical space of approximately 3,450 sq.ft. known as Suite 2103 on the 21st floor of the 26-floor office tower, located at 180 Dundas Street West in Toronto, Ontario; see Appendix A.

Office Hours: the CRTO operates during the hours of 08:30 to 16:00, Monday to Friday. During these hours staff will be physically present (unless notice is otherwise posted). Two or more staff need to be present in order for visitors to be permitted access to the Office.

Sensitive Information: the majority of information that the CRTO gathers and utilizes is confidential in nature. For example:

- applications for registration containing personal contact information,
- investigation reports containing personal health records,
- details of Members' professional development, and
- banking and financial documents containing account details, social insurance numbers, etc.

By virtue of this, internal stakeholders should treat paper documents and electronic communications from the CRTO as sensitive and take steps to secure and protect the content.

Threats: a threat can be defined as any potential event or act (deliberate, accidental or natural hazard) that could cause injury to people, information and sensitive files, valuable physical assets, critical service delivery, or building physical structure and technical components assets. Examples of threats include fire, break-enter-theft, and verbal or physical assault.

Visitors: any person(s) attending at the CRTO office for the purposes of delivering, meeting, consulting or presenting to staff, Committees or Council on an ad hoc basis. Visitors to the office will not have had the benefit of being educated on CRTO security measures and therefore, should depend on staff to direct them in the event of a threat.

Volunteers: for the purposes of this policy, an individual who is elected or appointed to fulfill a specific role for the CRTO which may include Council members, Non-Council Committee members, Competency Assessors, PORTfolio Peer Assessors, Working Group members or other ad hoc group members; excludes CRTO staff.

POLICY

PHYSICAL SECURITY

A number of measures have been enacted to ensure the physical security of people, their possessions and information held by the CRTO. The majority of interactions with external stakeholders take place online via the Members Only web portal on the CRTO website (e.g., registration renewal, PORTfolio, Relevant and Launch). The office does not have a lot of "walk-in" business and visitors are escorted at all times while on site.

However, the CRTO is responsible for assessing applicants and Members, and for addressing complaints or concerns regarding Members' practice. As a result of these activities, persons interacting with the CRTO may receive unfavourable messages (e.g., denial of registration, requirement to attend an Oral/Verbal Caution) which elicit emotional responses directed towards the organization and its staff. This policy outlines the steps taken to mitigate risks to persons and possessions; safety of individuals always comes before properties.

Security camera: A closed-circuit television (CCTV) camera is installed external to the entrance door in such a way that it provides a view down the hallway and of an individual at the door. The images from this camera are accessible to all staff desktop computers via the internet and [exacqVision](#) software. The software stores approximately 30 days or 20 hours worth of video on a dedicated computer in the file/supply room; the software only records video when there is motion detected by the camera. In addition, a monitor is mounted internally, adjacent to the

entrance door, which streams the view from the CCTV camera, allowing individuals to see who is on the other side of the door when exiting.

Controlled access:

- *Electronic access* – CRTO was provided with twenty-five (25) key cards by Security Tech Inc., the supplier, installer and programmer of the controlled access components. Staff are equipped with key cards that electronically unlock the main entrance door and the door to the file/supply room. The locks on these doors may be overridden by a traditional key that is master keyed to the building lock set.
- *Intercom* – intercom units are located beneath the security camera in the hallway, and inside the office beside the reception desk. The intercom permits two-way communication between a person in the hallway and CRTO staff. Persons at the main entrance door must press the button on the intercom to ring the doorbell. The intercom unit inside the office is equipped with a button that unlocks the main entrance door.

Issuance of key cards: the CRTO will provide a key card to each permanent, full-time staff member. Key cards are programmed individually through [Entrapass](#) software on a secure server in the file/supply room by an appointed staff person.

Accessing the office off-hours: unlimited access to 180 Dundas Street West office building is available during the hours of 07:00 to 19:00. Outside of those hours a separate key card provided by the building management company must be swiped to enter the main-floor lobby. Permanent, full-time staff are provided with a key card by the CRTO Finance & Office Manager who contacts the building management company upon their hiring. The same building management key card is required to activate the elevator during off-hours, which will only deliver staff to the 21st floor. The CRTO key card is then required to unlock the office.

Allowing visitors access to the office: during office hours staff are responsible for responding to visitors who attend at the office; at least two (2) staff must be present in order for a visitor to be permitted access to the office. When *only* two staff are present in the office, both must attend the main entrance to permit the visitor access.

Incident management:

- *Internal physical assault* – steps have been taken to prevent unauthorized access to the CRTO office, however, the types of decisions being made by staff and committees creates an environment for emotionally charged discussions. To lessen the risk of assault staff are encouraged to:
 - schedule meetings with external stakeholders in advance and post the meeting time on the shared Outlook staff calendar; if negative information is expected to be communicated in the meeting, the staff calendar posting should be shaded **red**;
 - preferably have at least two (2) internal stakeholders attend meetings with external stakeholders;
 - hold meetings with external stakeholders in the boardroom/media room;
 - leave the meeting room door open where possible;
 - seat internal stakeholders closest to the meeting room door;
 - utilize the file/supply room as a “safe” space in which to retreat;
 - call “9-1-1” if threatened;
 - utilize the first aid kit and automated external defibrillator (AED) located in the file/supply room if necessary; and,

- if safe to do so, exit the file/supply room through the external hallway door and remove themselves from harms' way and meet at the assembly point.
- *Break, Enter & Theft* – although the CRTO does not, on the surface, appear to own assets of significant value that would make it a target for break, enter and theft, there is always the possibility of being a target of opportunity. Staff should be careful to only permit access to the office to visitors who are known to them or scheduled on the staff calendar to attend the office. In addition, staff should accompany authorized visitors throughout the office. Any personal items of value should be kept out of sight where possible. Police and the building management should be alerted if break, enter or theft is suspected.
- *Unauthorized Access* – although unlikely to go unnoticed during office hours, unauthorized access to the office may occur if the main entrance door is not secured, a visitor follows an internal stakeholder inside when the door is opened, or a person obtains a staff member's key card. Should unauthorized access occur, staff are advised to speak with the individual and redirect them, if appropriate. In the case of a physical threat, see the above guidelines. If theft is suspected, police and the building management should be notified.
- *Fire* – in case of fire, the Fire Marshall should alert all internal stakeholders of the need to immediately evacuate the office. When exiting the office during a fire, avoid using the elevators and utilize the stairwells. Once clear of the building, gather at the assembly point. A fire extinguisher is located in the file/supply room, along with a first aid kit and AED.

INFORMATION SECURITY

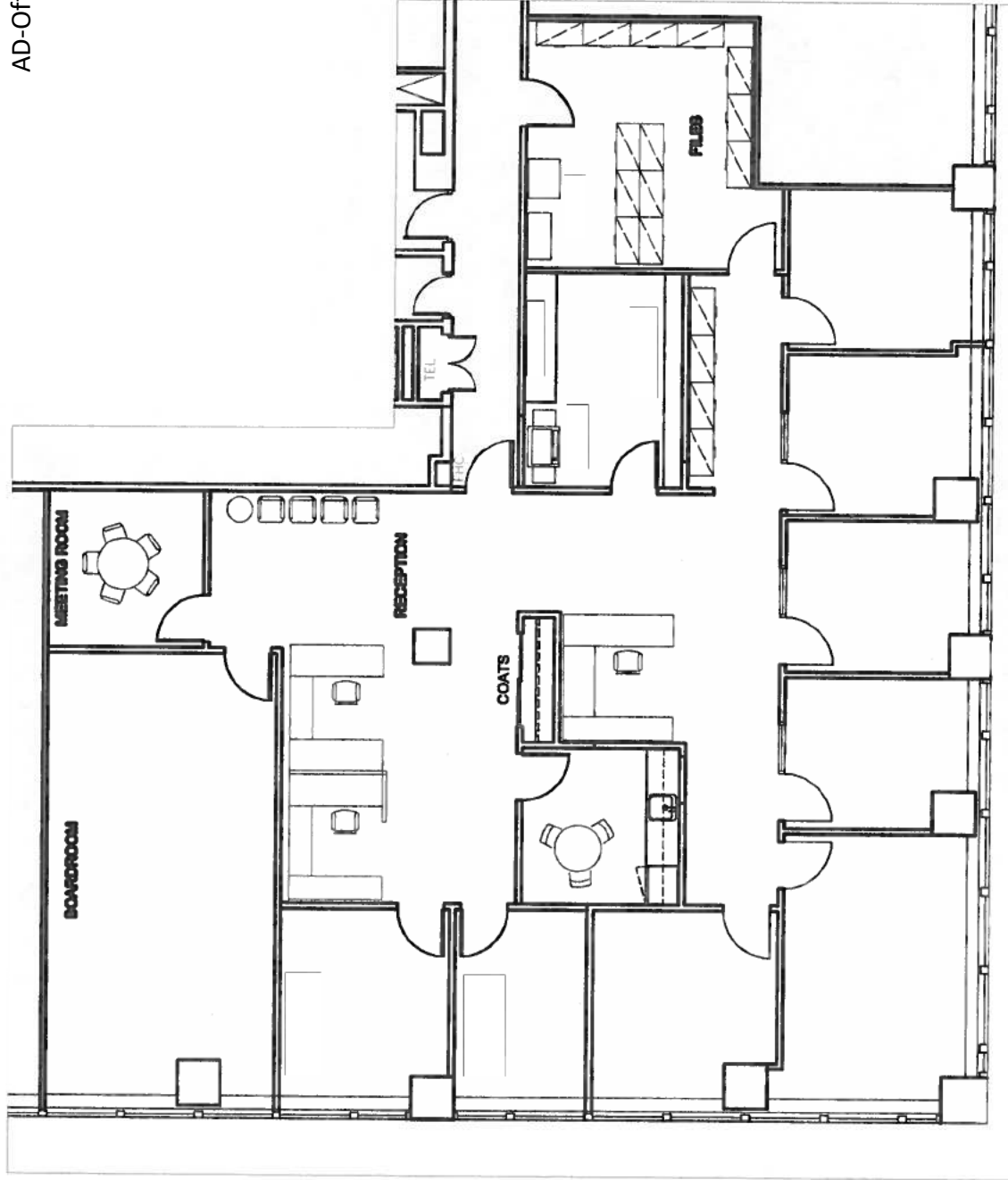
Storage of sensitive information: when not in use, internal stakeholders should store sensitive information in secure, locked files or cabinets. If the material is no longer required in paper format, scanning and storing the information electronically is encouraged as password protected logins and back-ups ensure the long-term security of the information.

Visitors' access to sensitive information at office: much of the information gathered and utilized by the CRTO is confidential in nature (e.g., personal contact information, personal health information, etc.). In order to limit visitors' access to this sensitive information when they are in the office, staff should ensure that printed material and computer monitors are not easily visible. In addition, visitors should not be permitted access to the file/supply room unless necessary and accompanied by a staff member.

Loss of Sensitive Information: internal stakeholders are bound by legislation and the CRTO's confidentiality policy and agreement ([CP-Confidentiality-010](#)). Despite this, sensitive information may be lost when internal stakeholders remove material (i.e., paper copies, USB/flash drives) from the office or discuss confidential matters in public. Any time sensitive information is released outside of the office there is a risk of breaching individuals' privacy and confidentiality rights. Steps should be taken to ensure that sensitive information is transported in a secure manner and that conversations related to it do not occur in public forums. Should sensitive information be lost, stakeholders should immediately report the loss to the Registrar & CEO.

Online security: is addressed in other CRTO policies related to technology and electronic communications.

AD-Office Security-050
Appendix "A"



Michael Lindon Designs Ltd.
Interior Design Consultants
123 Edward Street, Ste. 1112
Toronto, Ont. M5G 1E2
TEL: (416) 506-8632 FAX: (416) 506-8634

Project:
21ST FLOOR
180 DUNDAS ST. WEST
TORONTO, ON

Drawing:

PRELIMINARY PLAN LAYOUT 1

Date: 4 JAN/11

Project No.: 1776

Drawing No.:

1 OF 1

Scale: N.T.S.

Designer: M.L.

Drawn By: I.T.S.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Title: **Privacy Policy**

Number: **AD- Privacy -200**

Date originally approved:
4-February-2009

Date(s) revision approved:
N/A

POLICY

PREAMBLE

In the course of fulfilling its mandate, the College of Respiratory Therapists of Ontario (CRTC) may collect, use and disclose personal information regarding applicants for membership, members, members' patients/clients and persons employed, retained, elected or appointed for the purpose of the administration of the Legislation. The personal information being collected is critical to the CRTC's ability to effectively regulate the profession in the public interest. These regulatory activities are not of a commercial character. Accordingly, the CRTC in performance of its statutory duties is not covered by the federal legislation titled the *Personal Information Protection and Electronic Documents Act* (PIPEDA). In addition, the College of Respiratory Therapists of Ontario is specified as an "Investigative Body" under PIPEDA.

The College of Respiratory Therapists of Ontario has adopted this Privacy Policy voluntarily to provide a mechanism through which the CRTC can provide appropriate privacy rights to individuals involved in the CRTC's activities while still enabling the College to meet its statutory mandate under the RHPA, the *Health Professions Procedural Code* and the *Respiratory Therapy Act*.

Individuals who are employed, retained or appointed by the CRTC as well as every member of College Council or a College Committee, are required by section 36 of the RHPA to preserve secrecy with respect to all information that comes to their knowledge. Breach of this provision can lead to the imposition of fines of up to \$25,000.00. In addition, personal information handled by the CRTC is subject to the provisions of this Privacy Policy.

ASSUMPTIONS

This Privacy Policy has been created based on the following assumptions:

1. With respect to its regulatory activities, the CRTC is not engaged in a 'commercial activity' as set out in PIPEDA and as such the CRTC's collection, use and disclosure of personal information is not covered by PIPEDA.
2. The Privacy Policy endeavours to adapt the Canadian Standards Association principles included in Schedule 1 to PIPEDA in a manner that is appropriate for a regulatory body. However, the principles set out in Privacy Policy are not equivalent to the CSA Principles included in Schedule 1 to PIPEDA and do not comply with the requirements of PIPEDA.
3. The College of Respiratory Therapists of Ontario is specified as an "Investigative Body" under PIPEDA. This has the effect of allowing an organization or person to disclose personal information to the CRTC without the consent of the individual in order to instigate or facilitate an investigation and allows an investigative body to disclose personal information to another organization.
4. This Privacy Policy is not intended for use by members of the CRTC in connection with their obligations under PIPEDA.

DEFINITION OF TERMS

The following terms used in this Privacy Policy have the meanings set out below:

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

"Member" means a member of the CROTO.

"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 CROTO has purported to provide professional services.

"personal information" means information about an identifiable individual but does not include the name, title, or business address or telephone number of an individual.

"Privacy Committee" means the internal CROTO Committee constituted to deal with complaints regarding the manner in which personal information is handled by the CROTO, including complaints regarding an individual's request for access to his or her personal information.

PRINCIPLES

This Privacy policy is developed in accordance with the following principles.

Principle 1 - Accountability

The Information Officer is accountable for compliance with the CROTO's Privacy policies and procedures. Complaints or questions regarding the manner in which personal information is being handled by the CROTO should be directed to the Information Officer who can be reached at (416) 591-7800 or 1-800-261-0528 extension 26.

The CROTO will provide orientation and training to all new employees and appointees as well as all members of Council, committees or working groups regarding their obligations pursuant to section 36 of the RHPA and this Privacy Policy. The CROTO's policies regarding privacy and information management are available on the CROTO web site and on request by phone or by mail.

Principle 2 - Purposes of collecting and using personal information

The purpose for which the CROTO collects uses and discloses personal information is to administer and enforce the legislation.

Members

The CROTO collects and uses personal information regarding its members for a number of purposes including: communicating with members; investigating complaints regarding the conduct or actions of a member of the CROTO; assessing whether a member continues to meet the standards of qualification for a certificate of registration; carrying out the Quality Assurance Program and administering or enforcing the Legislation. (For a complete list of purposes see section 3.1 of the Privacy Procedure).

The CROTO may collect personal information regarding a member from the member, patients/clients of the member and other persons. Personal information regarding members is collected by the CROTO from time to time and at regular intervals.

The CROTO discloses personal information regarding its members only as permitted by section 36 of the RHPA

or as required by law. For example, the CRTO is required under the RHPA Procedural Code to maintain a register containing information about its members and to make this information available to an individual during normal business hours and, as of June 4, 2009) posting the information on the College web site.

Patients/clients

The CRTO collects and uses personal information regarding the patients/clients of members of the CRTO for a number of purposes including: communicating with patients/client; investigating complaints regarding the conduct or actions of a member of the CRTO; investigating whether a member has committed an act of professional misconduct or is incompetent; holding a hearing of allegations of a member's professional misconduct or incompetence or of allegations that a member is incapacitated; and administering or enforcing the Legislation (for a complete list of purposes see section 3.2 of the Privacy Procedure).

The CRTO discloses personal information regarding the patients/clients of members of the CRTO only as permitted by section 36 of the RHPA or as required by law. For example, hearings of the Discipline Committee are required, subject to certain exceptions, to be open to the public and evidence at a hearing of the Discipline Committee may include personal information regarding the member's patients/clients related to the allegations of professional misconduct or incompetence. In the case of a request for a review of a Complaints Committee decision, the RHPA Procedural Code requires that the CRTO disclose to the Board a record of the investigation and the documents and things upon which the decision was based. This may include disclosure of personal information about a patient/client.

Applicants

The CRTO collects and uses personal information regarding applicants to assess whether an applicant meets the standards of qualification to be issued a certificate of registration and to administer or enforce the Legislation. The CRTO discloses personal information regarding applicants and on occasion, their patients/clients, only as permitted by Section 36 of the RHPA or as required by law. For example, the RHPA Procedural Code provides a procedure for an applicant who does not agree with a decision of the Registration Committee to request a review or a hearing by the Board. The RHPA Procedural Code requires that the CRTO disclose to the Board a copy of the order and reasons of the Registration Committee and the documents and things upon which the decision was based (for a complete list of purposes see section 3.3 of the Privacy Procedure).

Information related to unauthorized practice and holding out

The CRTO collects and uses personal information regarding individuals who may be practising the profession of respiratory therapy and their patients/clients to investigate whether the individual has contravened or is contravening the Legislation and to administer or enforce the Legislation.

Individuals who are retained, elected or appointed

The CRTO collects and uses personal information regarding individuals who are retained, elected or appointed for the purpose of the administration of the Profession Specific Act including the following (for a list of purposes see section 3.5 of the Privacy Procedure – Information Related to Administering the Legislation).

The CRTO discloses personal information regarding the individuals referred to above only as permitted by section 36 of the RHPA or as required by law.

The CRTO will make a reasonable effort to specify the identified purposes to the individual from whom the personal information is collected, either at the time of collection or after collection but before use, except where to do so would defeat the purpose of the Legislation or be inconsistent with the Legislation.

Principle 3 - Consent

The CRTO collects personal information for the purpose of the proper administration and enforcement of the Legislation. In carrying out its objects, the CRTO has a duty to serve and protect the public interest. 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 Principle 2. However, obtaining consent of the individuals would, in many cases, defeat the purposes of the CRTO's collecting, using and disclosing the personal information. In such cases personal information will only be collected, used and disclosed without the knowledge and consent of the individual in accordance with the provisions of the Legislation. For example, personal information about a patient/client may be collected and used without the patient/client's consent for the purpose of assessing a member's practice in accordance with the QA Program or for the purpose of investigating allegations of professional misconduct in accordance with the RHPA Procedural Code and the Regulations.

Principle 4 - Limiting Collection

The CRTO collects only the personal information that is required for the purposes identified in Principle 2 of this Privacy Policy and section 3 of the Privacy Procedure. The CRTO collects personal information using procedures that are fair and lawful. Where personal information regarding patients/clients must be collected as part of the CRTO's regulatory function, the information is obtained by the CRTO as part of an investigation or quality assurance program. The focus of these inquiries is the conduct, competence or capacity of the member and the protection of the public. The CRTO only collects personal information regarding patients to satisfy this regulatory purpose.

Principle 5 - Limiting Use, Disclosure or Retention

The CRTO uses personal information only for the purposes identified in Principle 2 and in accordance with the provisions of the Legislation. Personal information is only disclosed in accordance with the provisions of section 36 of the RHPA or as required by law. In some instances the information may be de-identified prior to disclosure.

The RHPA Procedural Code, CRTO By-laws and policies clearly designate the information regarding members that is publicly available. Under the RHPA Procedural Code, the CRTO is required to publish certain information regarding discipline hearings conducted by the Discipline Committee and these discipline proceedings are, with some exceptions, open to the public. Evidence at a discipline hearing may include personal information regarding the member and the member's patients/clients related to allegations of professional misconduct or incompetence. The Panel of the Discipline Committee has the discretion to close a hearing under certain prescribed circumstances and/or restrict the publication of personal information where appropriate. Under the RHPA Procedural Code, reviews of decisions of the Complaints Committee (or ICRC) and Registration Committee by the Board are open to the public. Similarly, the Board has the discretion to restrict the disclosure of personal information in its review process. The objective of these regulatory processes is protection of the public while ensuring fairness to all parties.

The CRTO has a record retention schedule in place and conducts regular audits to ensure that personal information that is no longer required to be kept is destroyed, erased or made anonymous. Specific information regarding the record retention policy can be obtained by contacting the Information Officer of the CRTO.

Principle 6 - 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 uses its best efforts to ensure that the information it collects, uses and discloses is accurate and up-to-date. Members are required to provide the

CRTO with current name, contact and employment information and to advise the CRTO within thirty (30) days of any change.

Principle 7- Safeguards

The CRTO ensures that personal information is stored in electronic and physical files that are secure. Security measures are in place to safeguard this information which include restricting access to personal information to authorized personnel, ensuring that physical files are under lock and key and ensuring that electronic files are password protected or have restricted access. The CRTO reviews its security measures periodically to ensure that all personal information is secure.

Employees of the CRTO receive an orientation and ongoing training regarding the information safeguards required for personal information and their importance.

The CRTO ensures that personal information that is no longer required to be retained is disposed of in a confidential and secure fashion (i.e., shredding).

Principle 8 - Openness

The CRTO's personal information management policies and procedures are available to the public and its members via the CRTO's web site at www.cрто.on.ca or can be requested by phone at (416)591-7800 or 1-800-261-0528 or by mail at Suite 2103, 180 Dundas Street West, Toronto, Ontario, M5G 1Z8. Inquiries concerning the CRTO's policies and practices for collecting, using and disclosing personal information may be directed to the Information Office.

Principle 9 - Individual Access

Where the CRTO holds personal information about an individual, upon written request, the CRTO shall allow access to the information to that individual, 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. Examples of situations where access may be denied include:

- Information contains references to another individual(s) that cannot be severed;
- Disclosure may result in significant risk of harm to the requestor or a third party;
- Information was collected or created in the course of an inspection, investigation, inquiry, assessment or similar procedure authorized by law;
- Disclosure may defeat the purposes for which the information was collected;
- Information cannot be disclosed for legal, security or commercial proprietary reasons;
- Information is subject to solicitor-client or other privilege;
- Information was generated in the course of a formal dispute or resolution process;
- The request is frivolous, vexatious, made in bad faith or otherwise an abuse of process.

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.

Individuals should send their written request for access, with contact information and sufficient information about themselves to identify them, to the Information Officer. The CRTO will make every effort to respond to the request within thirty days and to assist the individual in understanding the information. 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. The individual may then choose to file a complaint with the Registrar.

Challenging accuracy and completeness of personal information

An individual has the right to request a correction of what in his or her view, is erroneous information. Where the information forms part of a record created by another organization, then 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 challenge the accuracy or completeness of the information.

Where an individual is able to successfully demonstrate that the personal information is inaccurate or incomplete, the CRYPTO will amend the information (i.e., correct, or add information). In addition, where appropriate, the CRYPTO will notify any third parties to whom the CRYPTO has disclosed the erroneous information.

Where there is a dispute between the individual and the CRYPTO as to the accuracy or completeness of the information, then the CRYPTO will document the details of the disagreement, and, where appropriate, will advise any third party who received the contested information from the CRYPTO, of the unresolved disagreement.

Principle 10 - Challenging compliance

Complaints or questions regarding the CRYPTO's compliance with this Privacy Policy should be directed to the Registrar. If the Registrar cannot satisfactorily resolve a complaint, the CRYPTO has a formal privacy complaints procedure which includes:

- acknowledging the complaint;
- review of the complaint by the CRYPTO's Privacy Committee;
- providing a written decision and reasons to the complainant; and
- taking appropriate measures where the complaint is found to be justified.

Please note that there is a different process for handling complaints about the conduct or actions of a member of the CRYPTO. Please contact the Registrar or Manager, Policy and Investigations if you wish to file a complaint about the conduct or actions of a member of the CRYPTO.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Policy: Privacy Procedure
Number: AD-Privacy-Procedure
Date: February 4, 2009

PROCEDURE

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The CRTO's Privacy Policy deals with the College's collection, use, disclosure, security and destruction of personal information. This Procedure below is consistent with the *CRTO Privacy Policy*.

PROCEDURE

1. ORGANIZATION

Name of Organization

College of Respiratory Therapists of Ontario

1.2 CONSULTANTS AND/OR AGENCIES THAT MIGHT BE INCLUDED WITH THIS ORGANIZATION

- q Computer/Web professional/specialist
- q Database consultant
- q Auditor
- q Financial institutions
- q Shredding company
- q Hotel
- q Building Management
- q Printers
- q Communication companies, i.e. Bell & Rogers
- q Translators
- q Travel agencies, Airlines
- q Respiratory Therapy Society of Ontario
- q Canadian Society of Respiratory Therapists (CSRT)
- q Legal counsel
- q Employment agencies
- q Public relations consultant
- q Investigators
- q Government
- q Payroll companies
- q Schools of respiratory therapy
- q Educational organizations for the purpose of administering Prior Learning

Assessment Program and Access and Options Program

- q Credentialing agencies (e.g., WES)
- q Examination companies including Canadian Board of Respiratory Care (CBRC)
- q Professional Portfolio reviewers and on-site assessors
- q Accreditation organizations including Council on Accreditation for Respiratory Therapy Education (CoARTE)
- q Canada Post, Courier companies and mailing houses
- q Financial institutions
- q Other regulatory bodies (Ontario and other jurisdictions)
- q Hearing support organizations (e.g., court reporters; process servers)

1.3 DESIGNATED INFORMATION OFFICER

Finance and Office Manager

1.4 ROLE OF THE INFORMATION OFFICER

The role of the information officer includes:

- ✓ Reviewing the organization's collection, use, disclosure and destruction of personal information;
- ✓ Implementing and monitoring policies and procedures to protect personal information;
- ✓ Being the contact person for member or public inquiries about information handling;
- ✓ Establishing and implementing an internal complaints procedure concerning the CRTC's Privacy Policy and Procedure;
- ✓ Training and continually updating staff on the CRTC's Privacy Policy and Procedure;
- ✓ Providing training for Council and Committee members during the orientation on the CRTC's Privacy Policy and Procedure;
- ✓ Monitoring CRTC's compliance;
- ✓ Publishing the CRTC's Privacy Policy and Procedure.

2. INFORMATION AND ACTIVITIES COVERED BY THE PRIVACY POLICY

The CRTC may collect personal information from members, patients/clients, applicants for registration and other individuals as follows:

2.1 INVENTORY OF CATEGORIES OF INDIVIDUALS THE COLLEGE COLLECTS INFORMATION FROM:

- q Members;
- q Applicants for registration and potential members including students;
- q Individuals who have been, but are no longer, members of the College;
- q Employers;
- q Colleagues and co-workers of members;
- q Patients/clients and their families;
- q Individuals who may be practising the profession but are not members of the CRTC;
- q Council and Committee members and potential Council and Committee members;
- q Staff;
- q Contract staff (non-employees);
- q Consultants (lawyers, investigators, accountants);
- q Volunteers;
- q Witnesses.

2.2 INVENTORY OF TYPE OF PERSONAL INFORMATION COLLECTED

Members

- q Name
- q Home contact information, including e-mail address
- q Languages spoken
- q Registration #
- q Gender
- q Age
- q Education, training, certification (including country of education; examination and evaluation results; transcripts;)
- q Registration history in other jurisdictions;
- q Citizenship and residence status
- q Association and other memberships
- q Work history and hours worked
- q Criminal/offence history
- q CRO Complaint history
- q Employer disciplinary actions
- q Disciplinary actions in other jurisdictions
- q Quality Assurance information (including peer reviews, performance reviews; professional portfolio)
- q Financial transactions with the College
- q Correspondence with the organization
- q Activities related to scope of practice
- q Personal health information

Potential members

- q Name
- q Home contact information, including e-mail address
- q Languages spoken
- q Gender
- q Age
- q Education, training, certification (including country of education; examination and evaluation results; transcripts;)
- q Registration history in other jurisdictions
- q Citizenship and residence status
- q Association and other memberships
- q Work history and hours worked
- q Employment status
- q Criminal history
- q Employer disciplinary actions
- q Disciplinary actions in other jurisdictions
- q Quality Assurance information in other jurisdictions
- q Financial transactions with the College
- q Credit card number(s)
- q Correspondence with the organization
- q Activities related to scope of practice in other jurisdictions

Patients/clients

- q Name

- q Home contact information including e-mail address
- q Identification numbers (OHIP, SIN #)
- q Gender
- q Age
- q Marital status
- q Health history including assessments, treatment, laboratory and other test results
- q Correspondence with the organization

Council and committee members and potential Council and committee members

- q Name
- q Home contact information, including e-mail address
- q Age
- q Gender
- q Identification (SIN #)
- q Financial transactions with the College
- q Resume information (including employment history)
- q Membership in other organizations
- q Correspondence with the College

Staff

- q Name
- q Home and emergency contact information, including e-mail address
- q Age
- q Gender
- q Identification (SIN #)
- q Payroll information and other financial transactions with the College.
- q Resume information (including employment history)
- q Employment contract
- q Reference checks
- q Performance appraisals
- q Correspondence with the College
- q Personal health information

Contract staff (non-employees – temporary/casual staff)

- q Name
- q Home contact information, e-mail information
- q Age
- q Gender
- q Identification (SIN #)
- q Financial transactions with the College
- q Resume information (including employment history)
- q Correspondence with the College

Consultants (lawyers, investigators, accountants)

- q Name
- q Home contact information, including e-mail address
- q Gender
- q Financial transactions with the College

- q Resume information (including employment history)
- q Correspondence with the College

Witnesses (including expert witnesses)

- q Name
- q Home contact information, including e-mail address
- q Identification number (SIN #)
- q Gender
- q Age
- q Marital status
- q Resume information
- q Financial transactions with the College
- q Correspondence with the organization

Employers

Public information only

People who may be practicing

- q Name
- q Home contact information, including e-mail address
- q Gender
- q Age
- q Education, training, certification
- q Employment status
- q Activities related to scope of practice
- q Criminal history
- q Correspondence with the organization

3. PURPOSE OF COLLECTING AND USING PERSONAL INFORMATION

The purpose for which the College collects and uses personal information is to administer and enforce the Legislation.

3.1 INFORMATION ABOUT MEMBERS

The CRTO collects and uses personal information regarding its members for the following purposes:

- q Communication with members;
- q Investigating complaints regarding the conduct or actions of a member of the College;
- q Investigating whether a member has committed an act of professional misconduct or is incompetent;
- q Inquiring whether a member is incapacitated;
- q Assessing whether a member continues to meet the standards of qualification for a certificate of registration;
- q Negotiating and implementing informal resolutions, including agreements and undertakings;
- q Holding a hearing of allegations of a member's professional misconduct or incompetence or of allegations that a member is incapacitated;
- q Carrying out the Quality Assurance Program of the College, including assessing the records and practice of its members;

- q Administering the program established by the College to provide funding for therapy and counseling for persons who, while patients, were sexually abused by members of the College;
- q Investigating reports filed about members of the College under the RHPA Procedural Code;
- q Assessing whether a former member's certificate of registration should be reinstated;
- q Providing statistical information for human resource planning and demographic and research studies for regulatory purposes;
- q Providing information about members to the public for regulatory purposes such as public register information and information about discipline hearings;
- q Administering or enforcing the legislation.

3.2 INFORMATION ABOUT EMPLOYERS, COLLEAGUES (CO-WORKERS) AND PATIENTS (CLIENTS)

The College collects and uses personal information regarding the employers, colleagues and patients [clients] of members of the College for the following purposes:

- q Communicating with employers, colleagues and patients;
- q Investigating complaints regarding the conduct or actions of a member of the College;
- q Investigating whether a member has committed an act of professional misconduct or is incompetent;
- q Inquiring whether a member is incapacitated;
- q Hold a hearing of allegations of a member's professional misconduct or incompetence or of allegations that a member is incapacitated;
- q Negotiating and implementing informal resolutions, including agreements and undertakings that provide for reviewing samples of patient/client records;
- q Carrying out the Quality Assurance Program of the College, including assessing the patient/client records and practice of its members;
- q Administering the program established by the College to provide funding for therapy and counseling for persons who, while patients, were sexually abused by members of the College;
- q Investigating reports filed about members of the College under the RHPA Procedural Code;
- q Assessing whether a member continues to meet the standards of qualification for a certificate of registration including assessing the patient/client records and practice of the members;
- q Assessing whether a former member's certificate of registration should be reinstated;
- q Administering or enforcing the Legislation.

3.3 INFORMATION ABOUT APPLICANTS FOR REGISTRATION AND POTENTIAL MEMBERS

The College collects and uses personal information regarding applicants and potential members and the patients [clients] of applicants and potential members:

- q Communicating with applicants for registration and potential members;
- q Assessing whether an applicant or potential member meets the standards of qualification to be issued a certificate of registration;
- q Communicating with organizations with which the CRTC has an agreement to assess or verify credentials or to assess prior learning or competencies.
- q Administering or enforcing the Legislation.

3.4 INFORMATION RELATED TO UNAUTHORIZED PRACTICE AND HOLDING OUT

The College collects and uses personal information regarding individuals who may be practising the profession of respiratory therapy/respiratory care or holding themselves out as practicing

the profession and their patients [clients] to:

- q Investigate whether the individual has contravened or is contravening the Legislation;
- q Administer or enforce the Legislation.

3.5 INFORMATION RELATED TO ADMINISTERING THE LEGISLATION

The College collects and uses personal information regarding individuals who are retained, elected or appointed for the purpose of the administration of the Profession Specific Act including the following:

- q Reviewing prospective candidates and retaining or appointing persons for the purpose of the administration of the Act;
- q Maintaining records to ensure accurate remuneration and payment of expenses, and all documentation required by law and by the various levels of government in accordance with sound accounting practices;
- q Communicating with the person (e.g., home contact information);
- q Maintaining accurate and fair accounts of any disputes, possible conflicts of interest or misconduct involving a person retained or appointed for the purpose of the administration of the Act or a member of the Council or Committee of the College.

3.6 INFORMATION RELATED TO STAFF

The College collects and uses personal information regarding staff for the following purposes:

- q Hiring and retaining staff
- q Terminating staff
- q Communicating with staff
- q Reference checks
- q Providing salaries and benefits.

4. PURPOSE OF DISCLOSING PERSONAL INFORMATION

4.1 DISCLOSURE OF PERSONAL INFORMATION REGARDING MEMBERS, COLLEAGUES, PATIENTS [CLIENTS] OF MEMBERS OF THE COLLEGE AND POTENTIAL MEMBERS:

The College discloses personal information regarding members, colleagues, patients [clients] of members of the College and potential members only as permitted by section 36 of the RHPA or as required by law. For example:

- q The College is required to publish certain information regarding discipline hearings conducted by the Discipline Committee.
- q Under the RHPA Procedural Code, discipline hearings conducted by the Discipline Committee are open to the public. Evidence at a discipline hearing may include personal information regarding the member and the member's patients [clients], employers and colleagues related to allegations of professional misconduct or incompetence (Note: the Discipline Committee has the discretion to restrict the disclosure of certain personal information for example, publication ban on the names of witnesses).
- q Under the RHPA Procedural Code, reviews of decisions of the Complaints Committee (ICRC) and Registration Committee by the Health Professions Appeal and Review

Board are open to the public (Note: the Board has the discretion to restrict the disclosure of certain personal information for example, patient [client] names).

- q Personal information about members may be disclosed to another regulatory body for registration purposes.
- q Personal information, such as home addresses, may be provided to organizations such as printers and mailing houses for the purpose of communication with members.
- q Financial information for the purpose of audits.

Where appropriate, steps will be taken to de-identify personal information, for example:

- removing the home contact information from letters of complaint copied to members and member responses sent to complainants;
- de-identifying witness statements;
- de-identifying patient records at Discipline hearings.

4.2 PERSONAL INFORMATION RELATED TO STAFF

The College discloses personal information regarding staff for the following purposes;

- q Providing references on consent
- q To payroll companies for the purpose of providing salaries
- q To insurance companies for the purpose of providing benefits.
- q To Revenue Canada
- q To the College auditor
- q To financial institutions
- q Home contact information to other staff on consent

5. LIMITING COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

5.1 LIMITING USE, DISCLOSURE OR RETENTION

The College collects and uses personal information only for the purposes identified in this document and in accordance with the provisions of the Legislation. The College collects personal information using procedures that are fair and lawful. Personal information is only disclosed in accordance with the provisions of section 36 of the RHPA or as required by law.

5.2 CONSENT

Personal information will only be collected, used and disclosed without the knowledge and consent of the individual for the purpose of the administration or enforcement of the Legislation and in accordance with any applicable provisions of the Legislation.

6. SAFEGUARDS, RETENTION AND DESTRUCTION

6.1 SAFEGUARDS

The College ensures that all personal information stored in electronic and physical files is secure. Security measures are in place to safeguard this information which includes:

- ✓ Restricting access to personal information to authorized personnel;
- ✓ Providing and accessing information on a "needs to know" basis only;
- ✓ Ensuring that physical files are under lock and key;
- ✓ Ensuring that electronic files are password protected or access restricted;

- ✓ Reviewing security measures periodically to ensure that all personal information is secure;
- ✓ Ensuring that employees of the College receive an orientation and ongoing training regarding the information safeguards required for personal information and their importance;
- ✓ Ensuring that Council and Non-Council Committee members are educated regarding the College's privacy policies and confidentiality provisions.
- ✓ Ensuring that consultants and non-employees are educated regarding the College's privacy policies and confidentiality provisions.

6.1.1 Paper files

Restricting paper files

Personal information is restricted as follows:

Area	Staff	Other
Members		
<u>Registration files</u>	All staff	Legal counsel; members own file upon request (see section 9); Registration Committee Panels; HPARB
<u>Complaints and Discipline files</u>	Registrar; Manager of Policy and Investigations	Complaints (ICRC), Discipline and Fitness to Practise Panels, Executive Committee; HPARB Investigators, legal counsel
<u>Quality Assurance files</u>	Manager of Quality Assurance; Professional Practice Advisor; Registrar	Assessors; Quality Assurance Committee Panels;
<u>PSA information</u>	Manager of Quality Assurance; Professional Practice Advisor; Registrar	Examination development companies; item writers and item reviewers
Potential members Application information	Registrar; Registration Officer; Finance and Office Manager (or designate)	Educational organizations for the purpose of administering Prior Learning Assessment , credential assessment, CITTES and access and options programs; legal counsel; Registration Committee Panels
Patients/clients including name, contact information, OHIP, gender, age, marital status, health history, correspondence	Registrar; Manager of Policy and Investigations; Professional Practice Advisor; Manager of QA (for QA purposes only)	On-site assessors; investigators; legal counsel; Complaints (ICRC), Discipline and Fitness to Practise Panels; Executive Committee
Council and Committee members and potential Council and Committee		

members		
Name , home contact info	All staff	Council/Committees
Age, gender, financial transactions with the College, information, correspondence with the College	Registrar; Finance and Office Manager	
Resumes	Registrar; Finance and Office Manager	Executive Committee
Staff;		
Payroll, benefits	Registrar; Finance and Office Manager	Payroll companies, insurance companies, Revenue Canada
Home contact information	All staff	
Personnel file	Registrar; certain restricted information to Managers	Legal counsel
Personal health information	Registrar; certain restricted information to Managers	

Mechanism for restricting personal information held in paper files

- Information is shared on a “need to know” basis.
- Office areas are restricted to staff.
- No non-staff permitted in work areas without continuous monitoring.
- Care is taken to ensure that all documents containing personal information cannot be viewed by unauthorized persons (i.e., files not left open at reception or left on desks unattended).
- All documents containing personal information is locked away when staff are not present (room and/or filing cabinets locked).
 - Staff responsible for locking designated filing cabinets;¹
 - Last person to leave the office must ensure that all locked rooms (registration) are locked;
 - Last person to leave must ensure main office door is locked.
- All staff and non-staff must sign a confidentiality agreement.
- Non-staff not permitted entry into building after hours without notification from staff.
- Staff are issued a security card to enter the building after hours.
- Separate filing cabinets with separate staff key assignments² are implemented for certain files (complaints files; human resources).
- Double key mechanism for some sensitive materials.
- There is a log book used for tracking Registration Files when they are taken from the registration file room.
- There is a policy for taking documents out of the office as follows:
 - A tracking mechanism for files with log book (to be kept at the reception desk) to log files in and out;
 - While in transit to another location documents containing personal information must be with the staff person at all times, and locked away out of sight when

¹ See Appendix 1 – designation list

² See Appendix 2 for key assignments

- unattended;
 - A file containing personal information must not be read in the company of others (e.g. at work or on public transit).
- Information provided to the Quality Assurance panels may be de-identified.
- Where possible home contact information is not shared between complainants and the member being complained against (e.g. is severed from copies shared between complainants and members);
- Where complaints/reports refer to more than one member, personal information related to other members shall be severed where possible;
- For information on member access to their own files see section 9 of this document.

Transfer of paper information

Mail

The following steps are taken in order than personal information transferred by mail remains secure:

- Mail is placed in a sealed envelope sent by Canada Post, courier or delivered by hand by staff;
- Highly sensitive information (e.g., complaints and discipline, payroll) is marked "confidential".
- Mail to be picked up in person is placed in sealed envelope and the identity of the recipient should be confirmed.
- All addresses should be confirmed by sender by checking the current address on the database.

Faxes

- Outgoing fax must be face down;
- Fax number must be confirmed by the recipient and double-checked by sender;
- Fax machine must be securely located;
- Fax is distributed on arrival;
- Outgoing fax must have cover sheet marked "confidential";
- Outgoing fax is collected after transmission;
- Recipients must be called in advance when confidential fax is being transmitted.

6.1.2 ELECTRONIC AREAS

Restricting electronic files.

Electronic files are restricted as follows:

Area	Staff	Other
Members		
<u>Registration file</u>	All staff have access to database; database is password protected	Database consultants; legal counsel
<u>Complaints (ICRC) and Discipline</u>	Registrar; Manager of Policy and Investigations	Legal counsel, investigators
<u>Quality Assurance</u> Professional portfolios;	Manager of Quality Assurance; Professional	Professional portfolio reviewers; Assessors;

³ See Appendix 4 – request for personal information form

⁴ See Appendix 5- Terms of Reference, Privacy Committee

professional standards assessment	Practice Advisor; Registrar	Assessment companies;
<u>PSA information</u>	Manager of Quality Assurance; Professional Practice Advisor; Registrar	Examination testing consultants
Potential members Application information	All staff	Database consultant; educational organizations for the purpose of administering PLA; credentialing agencies (contact information only)
Patients/clients	Registrar; Manager of Policy and Investigations	Legal counsel, investigators
Council and Committee members and potential Council and Committee members		
Name, home contact info	All staff	Council/Committee members, auditor, legal counsel
Age, gender, financial transactions with the College, information, correspondence with the College	Registrar; Finance and Office Manager	Auditor, legal counsel, Revenue Canada
Resumes	Registrar; Finance and Office Manager; Manager of Policy and Investigations	Executive Committee
Staff;		
Payroll, benefits	Registrar; Finance and Office Manager	Payroll companies, insurance companies, Revenue Canada
Home contact information	All staff	
Personnel file	Registrar; Finance and Office Manager; certain restricted information to Managers	Legal counsel
Personal health information	Registrar; Finance and Office Manager; certain restricted information to Managers	Benefits company

Mechanism for restricting personal information held in electronic files:

- Desktop computers and network access restricted to staff;
- Laptop computer may be used by Council/Committee members when not connected to the network;
- Network access is password protected;

- Screen savers are password protected;
- No non-staff permitted to use College computer equipment without continuous monitoring;
- Care should be taken to ensure that all documents containing personal information cannot be viewed by unauthorized persons (i.e., monitor screens not visible from public areas, use of screen savers, files closed when unattended);
- All documents containing personal information are password protected;
- All non-staff must sign a confidentiality agreement;
- Separate network directories with separate passwords are implemented for certain files (complaints files; human resources);
- Double password mechanism for some sensitive materials;
- There is a policy for taking e-documents out of the office as follows:
 - While in transit to another location discs, laptop files containing personal information must be with the staff person at all times, and locked away out of site when unattended;
 - A file containing personal information must not be read in the company of others (e.g. at work or on public transit).
- Information provided to Quality Assurance panels may be de-identified

Transfer of electronic information

- Personal information is sent electronically with the consent of the person to whom the personal information relates/in direct response to member/patient request;
- For group emails, recipient list is suppressed;
- When possible the message is anonymized or encryption is used.

Disk/CD

Treated with the same safeguards as a transfer of paper information

6.1.3 Office areas open to non-staff

RECEPTION AREA

- No documents containing personal information (including envelopes ready for mailing) should be left on the upper counter;
- The computer screen must not be visible to non-staff;
- Personal information should not be given out over the phone when non-staff are present;
- All documents containing personal information should be kept in folders or kept out of sight.

6.2 RETENTION

The College has a record retention schedule in place (see Appendix 3) and conducts regular audits to ensure that personal information that is no longer required to be kept is destroyed, erased or made anonymous. Specific information regarding the record retention schedule can be obtained by contacting the Privacy Officer at the College.

6.3 DISPOSAL

The College ensures that personal information that is no longer required to be retained is disposed of in a confidential and secure fashion (See Appendix 3 – Method of Disposal).

7. ACCURACY

It is in the best interest of the public that the College collects, uses and discloses only accurate personal information in regulating the profession. The College therefore uses its best efforts to ensure that the information it collects, uses and discloses is accurate.

Members are required to provide the College with current name, contact and employment information and to advise the College of changes within 30 days of any change. This information is updated annually when members renew their registration with the College.

8. OPENNESS

The College's personal information management policies are available to the public and its members via the College's web site at www.crto.on.ca or can be requested by phone at (416)591-7800 or toll free at 1-800-261-0528, by e-mail at crto@crto.on.ca or by mail at:

College of Respiratory Therapists of Ontario
Suite 2103, 180 Dundas Street West
Toronto ON M5G 1Z8

Inquiries concerning the College's policies and practices for collecting, using and disclosing personal information may be directed to the Information Officer.

9. INDIVIDUAL ACCESS

Where the College holds personal information about an individual, upon written request, the College shall allow access to the personal information of that individual, 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 College to retrieve the information. Examples of situations where access may be denied include:

- ✓ Information contains references to another individual(s) that cannot be severed;
- ✓ Disclosure may result in significant risk of harm to the requestor or a third party;
- ✓ Information was collected or created in the course of an inspection, investigation, inquiry, assessment or similar procedure;
- ✓ Disclosure may defeat the purposes for which the information was collected;
- ✓ Information cannot be disclosed for legal, security or commercial proprietary reasons;
- ✓ Information is subject to solicitor-client or other privilege;
- ✓ Information was generated in the course of a dispute or resolution process;
- ✓ The request is frivolous, vexatious, made in bad faith or otherwise an abuse of process

In cases where the personal information forms part of a record created by another organization, the College 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 College.

Procedure

The College will make every effort to respond to the request within thirty days. Individuals should send their written request for access³ to their own personal information to the Privacy Officer including:

- ✓ contact information;
- ✓ purpose of request;
- ✓ type of information requested;
- ✓ sufficient information about themselves to identify them, to the Privacy Officer (registration #, DOB and signature);

Only copies of the information, not originals, will be provided. Information may be collected by hand or sent by regular mail.

In the event the College refuses to provide access to any or all of the personal information it holds, then the College will provide reasons for denying access. The individual may then choose to file a complaint with the Registrar.

Challenging accuracy and completeness of personal information

An individual has the right to request a correction of what is in his or her view, is erroneous information. Where the information forms part of a record created by another organization, then the College will refer the individual to the organization that created the record (unless it is inappropriate to do so) so that the individual may challenge the accuracy or completeness of the information.

10. INTERNAL COMPLAINTS SYSTEM

Complaints or questions regarding the College's compliance with this Privacy Code should be directed to the Privacy Officer. If the Privacy Officer cannot satisfactorily resolve a complaint, the College has a formal privacy complaints procedure which includes:

- ✓ acknowledging the complaint;
- ✓ review of the complaint by the College's Privacy Committee⁴;
- ✓ providing a written decision and reasons to the complainant; and
- ✓ taking appropriate measures where the complaint is found to be justified.

Please note that there is a different process for handling complaints about the conduct or actions of a member of the College. Please contact the Registrar or Manager of Policy and Investigations if you wish to file a complaint about the conduct or actions of a member of the College.



Cyber Insurance

Data Restoration – Statement of Facts



Subscriber Name:

Subscriber Address:

Province:

Website Address:

Financial Information	Last Complete Financial Year	Current Year (Estimate)
Gross Annual Revenue		

General Statements	
1	Access to all servers, firewalls and IT infrastructure components are restricted to appropriate personnel only.
2	Backups are taken at least weekly and stored in a secure off-site location, which can include a cloud hosting service.
3	You have an email and internet usage policy that has been shared with all employees.
4	You have one or more firewalls protecting external access to your systems.
5	All system users have individual, mandatory and non-trivial user IDs and passwords with periodic password changes.
6	All PCs and servers are protected with anti-virus that is updated regularly.
7	Intrusion detection and prevention tools are running throughout the network.
8	End-Point protection is in place throughout the network.
9	Employees receive awareness training and/or educational information relating to phishing and other types of attacks.
10	All remote access to your systems is protected through the use of encrypted connections such as a VPN.
11	All remote access required Dual or Multi Factor Authentication
12	You have a disaster recovery plan that is tested at least annually.
13	You have a business continuity plan that is tested at least annually.
14	You are not aware of any incidents, unscheduled network outages or other events that could reasonably give rise to a claim that have NOT been reported to HIROC.

By signing this form you agree with all statements 1 through 14 above.

Name:

Signature:

Position:

Date:

IF you cannot agree to any of the 14 statements, please provide further details here or on a separate document:

CRTO Document Tracking Table**Yellow** – Review underway.**Blue** – merged into other documents or archived.

Title	Dates of development/revision	Scheduled review/revision date	Content to be revised/rational for revision	Status	Most Responsible Group
Professional Practice Guidelines					
Abuse Awareness & Prevention http://www.crto.on.ca/pdf/PPG/abuse.pdf	May 2001 Feb 2006 July 2014 Dec. 2018	2023			Patient Relations Committee
Administering & Dispensing Medications http://www.crto.on.ca/pdf/PPG/Dispensing.pdf	Nov. 2005 July 2006 Nov. 2014	2019		Currently under review	
Certification Programs for Advanced Prescribed Procedures below the Dermis http://www.crto.on.ca/pdf/PPG/APPBD.pdf	April 2004 June 2008 June 2014 March 2020	2025			Registration Committee
Conflict of Interest http://www.crto.on.ca/pdf/PPG/conflict_of_interest.pdf	July 1996 Nov. 2005 July 2014	2019		Currently under review	
Community Respiratory Therapy Practice http://www.crto.on.ca/pdf/PPG/Community_PPG.pdf	Dec. 2018	2023			

Title	Dates of development/revision	Scheduled review/revision date	Content to be revised/rational for revision	Status	Most Responsible Group
Delegation of Controlled Acts http://www.crto.on.ca/pdf/PPG/delegation.pdf	1999, 2003, 2004, 2005 Feb.2007 Nov. 2013 Jan. 2014	2019		Currently under review	
Documentation http://www.crto.on.ca/pdf/PPG/documentation.pdf	Aug. 2000 Nov. 2005 Dec 2011 June 2015	2020		Currently under review	
Interpretation of Authorized Acts http://www.crto.on.ca/pdf/PPG/interpretation.pdf	April 2004 Feb 2011 Sept. 2014 March 2020	2025			
Orders for Medical Care http://www.crto.on.ca/pdf/PPG/OrdersMC.pdf	Nov 2004 Feb 2006 Dec 2011 Nov 2012 Jan. 2013 June 2019	2024			
Registration and Use of Title http://www.crto.on.ca/pdf/PPG/Title.pdf http://www.crto.on.ca/pdf/PPG/Title.pdf	Sept 2005 Sept 2010 Sept 2012 June 2014 March 2020	2025			Registration Committee

Title	Dates of development/revision	Scheduled review/revision date	Content to be revised/rational for revision	Status	Most Responsible Group
Respiratory Therapist as Anesthesia Assistants http://www.crto.on.ca/pdf/PPG/AA_PPG.pdf	June 2005 Sept. 2018 (became a PPG)	2023			
Respiratory Therapists Providing Education http://www.crto.on.ca/pdf/PPG/MembersAsEducators.pdf	Sept. 2005 Feb. 2008 June 2015	2020		Currently under review	
Responsibilities Under Consent Legislation http://www.crto.on.ca/pdf/PPG/UnderConsent.pdf	June 2004 Dec, 2011 July 2014	2019		Currently under review	
Clinical Best Practice Guideline					
CBPG Infection Prevention and Control http://www.crto.on.ca/pdf/PPG/Infection_Control_CBPG.pdf	Feb 2008 June 2011 Sept 2016	2021			
CBPG Oxygen Therapy http://www.crto.on.ca/pdf/PPG/Oxygen_Therapy_CBPG.pdf	November 2013	2018		Currently under review	

Position Statements					
Bloodborne and Other Infectious Pathogens http://www.crto.on.ca/pdf/Positions/bloodborne_pathogen.pdf	Sept. 2003 Jan. 2013		merged into Ethics document		
French Language Services http://www.crto.on.ca/pdf/Positions/French.pdf	Feb. 1995 Sept. 2013	2018			Patient Relations Committee
Handling, Administration and Dispensing of Controlled Substances http://www.crto.on.ca/pdf/positions/Controlled_Substances_PS.pdf	July 2014	2019		Currently under review	Executive Committee
Medical Directives and the Ordering of Controlled Acts http://www.crto.on.ca/pdf/Positions/medicaldirectives.pdf	Aug. 2003 Dec. 2011 Sept. 2012		merged into Orders for Medical Care		Executive Committee
Mandate of the CRTO http://www.crto.on.ca/public/about-us/mandate/	Original 1994-1995				Executive Committee
Use of Automated External Defibrillators (AEDs) http://www.crto.on.ca/pdf/positions/AED_PS.pdf	Dec. 2103		merge into Delegation PPG	Currently under review	Executive Committee

Zero Tolerance of Sexual and Other Forms of Abuse http://www.crto.on.ca/pdf/Positions/sexual-abuse.pdf	Dec. 1994 July 2014 Sept. 2018	2023			Patient Relations Committee
A Commitment to Ethical Practice http://www.crto.on.ca/pdf/Ethics.pdf	Dec. 2010	2019		Currently under review	
CRTO Standard of Practice http://www.crto.on.ca/pdf/Standards_of_Practice.pdf	Sept. 2010 Sept. 2017 Sept. 2019	2024			
Communiques					
Scope of Practice and Maintenance of Competency http://www.crto.on.ca/pdf/Communiques/Scope_of_Practice.pdf	March 2010 Sept 2015 March 2016 (became a communique)	2021	Change to website content		
Diagnostic Ultrasound http://www.crto.on.ca/pdf/Communiques/Ultrasound_Communique.pdf	Summer 2018	2023	Change to website content		

Archived					
CBPG Radial & Femoral Artery Cannulation http://www.crto.on.ca/pdf/PPG/Rad_Fem_Artery_CBPG.pdf	Feb 2008		Removed from website		Registration Committee
CBPG Peripheral & Femoral Vein Cannulation http://www.crto.on.ca/pdf/PPG/Periph_Fem_Vein_CBPG.pdf	March 2008		Removed from website		Registration Committee
CBPG Umbilical Artery & Vein Cannulation http://www.crto.on.ca/pdf/PPG/Umbilical_CBPG.pdf	Oct 2008		Removed from website		Registration Committee
Statement on Members Responsibility to the Public of Ontario http://www.crto.on.ca/pdf/Positions/Members_Responsibilities.pdf	2002			Archived	

Statement on Skill Development http://www.crto.on.ca/pdf/Positions/Skill-Development.pdf	Nov. 1995			Archived	
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COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Title: **Confidentiality**

Number: **CP-Confidentiality-010**

Date originally approved:
1994/07/21

Date(s) revision approved:
2017/09/07

PURPOSE

This policy sets out the duty of confidentiality of persons employed, retained or appointed by the College of Respiratory Therapists of Ontario (the “CRTC”) and to explain the CRTC’s minimum expectations pursuant to section 36(1) of the *Regulated Health Professions Act, 1991* (the “RHPA”), which states:

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...

POLICY

In the course of fulfilling his/her role, a person employed, retained, elected or appointed to the CRTC may have access to confidential information regarding applicants for membership, members of the CRTC (“Members”), former Members, Members’ patients/clients, persons employed or retained by the CRTC, members of Council, Committees and working groups, financial, proprietary or privileged material, information marked confidential, and information which by its nature and the context in which it is disclosed is confidential (collectively “Confidential Information”). Confidential Information must be kept confidential forever, not just during a person’s term/employment with the CRTC. It includes all information, not just personal information. It is the policy of the CRTC that all such individuals will agree to and abide by the terms outlined in the Confidentiality Agreement (appended).

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. The fines are higher where the offences are committed by corporations.

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 or and/or a Committee in accordance with the CRTC By-Laws.

If the disclosure of Confidential Information by a person employed, retained, elected or appointed to the CRTC is required by law, such person shall notify the Registrar as soon as reasonably possible and as much in advance of the impending disclosure as possible in the circumstances and scope of the disclosure so that the CRTC may obtain legal advice with respect to the matter, and must immediately confirm such oral notice in writing.

It is also the policy of the CRYPTO that while the provision of, or access to, Confidential Information may be required in order to permit staff, Council or non-Council/Committee members to fulfill their roles, it is an expectation that measures will be put in place to ensure that the material is disseminated and retained securely. This may require Council and non-Council/Committee members to designate a locked or secured physical location within their residences (i.e., a filing cabinet or drawer), and the use of passwords and/or encryption when using electronic files

Once a task is completed, Council and non-Council/Committee members are required to erase or destroy the information immediately. For example, disclosure of a Member's Quality Assurance assessment results may be required in order for a panel to render a decision as to whether the requirements have been satisfactorily met, but once that decision has been made all related material in the possession of Council or non-Council/Committee members must immediately be erased or destroyed. Staff must retain, secure and destroy information in accordance with CRYPTO privacy policies



CONFIDENTIALITY AGREEMENT

In consideration of permissions granted to me as an employee, service provider, 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. If applicable, 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.
7. 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. 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 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).

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.



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COMPLAINTS PROCESS

Information for the Ontario Public

Anyone as the right to complain to the CRYPTO about the professional conduct or care of a Respiratory Therapist. Although there is no time limit to bring forward a concern, you should let us know about it as soon as possible.

The College of Respiratory Therapists of Ontario (COTO) is responsible for regulating the practice of Respiratory Therapy. Our mission is to ensure that Respiratory Therapy services, provided to the public by our Members, are delivered in a safe and ethical manner.

If you have a concern about how a Respiratory Therapist treated or interacted with you or your family member, you may contact the COTO. There are many ways we can help. It is often difficult to speak directly to a health care professional about a problem or concern. Sometimes, the COTO can help you to communicate with the Respiratory Therapist so that you can resolve the problem together. Alternatively, concerns about the conduct or care provided by the Respiratory Therapist can be addressed through the complaints process. The COTO will make every effort to ensure that your concerns are handled with sensitivity.

How does the process start?

The law requires that in order to be considered a "complaint", your concern must be received in a recorded format. Most often this is done by sending your complaint in writing to the COTO (email, regular mail or our online complaints form). If you would prefer to provide your concerns in another format, contact us and we can assist you with your options. The following information should be included when possible:

- Your name, address and contact information (home and work phone numbers, email address);
- The name of the patient/client, if you are submitting the complaint on his or her behalf;
- The name and address of any other person who may have information;
- Any additional information you think may be relevant to the situation.

What happens next?

As soon as we receive a complaint it will be filed with the Registrar of the COTO.

Over →



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The Inquiries, Complaints and Reports Committee (ICRC) is a screening committee. It does not make findings of guilt or impose penalties. Neither the ICRC, nor the CRTO, has the authority to award costs or damages to patients/clients.

Your complaint will be acknowledged and referred to the Inquiries, Complaints and Reports Committee (ICRC). A Panel (a small group of the Committee that includes at least one member of the public) will consider the complaint.

As part of the process, the CRTO must inform the Respiratory Therapist that there is a complaint against her/him, and provide the RT with a copy of the complaint. The Respiratory Therapist will also be advised that s/he has the right to respond to the complaint. You may also be asked to consent to the release of any relevant medical records. All of these documents will be provided to the Panel for consideration. It is not uncommon for the Panel to request a more formal and detailed investigation in order to obtain additional information. In this case, an investigator appointed by the Registrar will investigate the complaint. The investigation may include interviewing witnesses, obtaining medical records or other documents, and speaking with co-workers and employers of the RT. When the investigation has been concluded, you will be sent a copy of the investigation report and invited to make any additional comment regarding its content. The Respiratory Therapist will have the same opportunity.

Who decides?

A Panel of the ICRC carefully reviews all the documents and makes a decision as to how the complaint should be resolved. Neither you nor the Respiratory Therapist attends the ICRC meeting. The Panel tries to arrive at a decision within 150 days of receiving the complaint.

What can the Inquiries, Complaints and Reports Committee do?

Under the law there are a number of ways the Panel can proceed including:

- ❑ Requiring the Respiratory Therapist to appear before the Panel to be cautioned;
- ❑ Referring specific allegations of professional misconduct or incompetence to the Discipline Committee for a hearing;
- ❑ Referring the Respiratory Therapist to a Health Inquiry Panel to investigate whether a physical or mental condition may be affecting the RT's ability to practice safely;

Over ➔



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The Discipline Committee holds hearings for allegations of professional misconduct or incompetence. A discipline hearing is like a trial. The CRTC acts as a prosecutor; the RT is usually represented by his/her own lawyer. As the complainant you could be called as a witness to testify.

- ☐ Requiring the Respiratory Therapist to complete a specific continuing education or remediation program; or
- ☐ Taking no action.

Letting you know the decision.

Once the ICRC has made its decision, the CRTC will inform you and the Respiratory Therapist in writing.

Will the decision be made public?

Certain decisions will be noted on the public 'Register of Members' on the CRTC website, including:

- ☐ Referrals to the Discipline Committee;
- ☐ Requirements to:
 - Appear before the Panel to be cautioned,
 - Complete an education or remediation program, or
 - Abide by an Agreement & Undertaking.

To find out more about the Register of Members visit:

<http://www.crto.on.ca/public/about-us/transparency/>

What if I'm not satisfied with the decision?

If you are not satisfied with the ICRC's decision, you may appeal your case with the Health Professions Appeal and Review Board (HPARB) within 30 days of receiving it. HPARB is an independent public board appointed by the Ontario Government. HPARB reviews decisions made by the CRTC and may:

- ☐ Agree with the decision, or
- ☐ Direct the ICRC to re-examine the case, or
- ☐ Direct the ICRC to take specified action, such as referring the Respiratory Therapist to the Discipline Committee for a formal hearing.

Who do I contact for more information?

If you would like to discuss your concern with a staff person at the CRTC, please contact one of our Manager of Professional Conduct, at (416) 591-7800 or toll free at 800-261-0528, or by email at questions@crto.on.ca.



Reasonable & Probable Grounds Assessment

MEMO

From: Shaf Rahman, Manager, Professional Conduct

To: Kevin Taylor, Registrar & CEO

Date: Month Date, Year

Re: Employer Report/Self Report/Other regarding Member Name, RRT – Reg # 123456

Concerns:

[Description of concerns]

Member Response:

[Insert if applicable]

Member Priors: Case # and Type:

[Insert if applicable]

Summary of Allegations: [Insert summary]

Allegations (specific):

[List of allegations]

Decision:

[Insert decision]

Action Required:

Review of documentation and provide direction on RPG form.

Enclosures:

[Insert title of enclosures (pg. X – X)]



Reasonable & Probable Grounds Assessment

REGISTRAR'S REVIEW:	YES	NO	N/A or Unknown
1. Could the conduct, as alleged, be seen to put the public at risk?			
2. Was the conduct relevant to the practice of Respiratory Therapy? Does it speak to the Member's knowledge, skill or judgement as a Respiratory Therapist?			
3. Could the alleged conduct be seen as being unprofessional and/or conduct unbecoming of a health care professional?			
4. A.) Has the Member had prior or subsequent conduct issues?			
B.) If yes, were they of a similar nature?			
5. Has the Member expressed remorse?			
6. Has the Member done anything to address the conduct?			
The Registrar believes, based on the above / attached information that:			
<p>a) There are insufficient reasonable and probable grounds to believe that the Member may have committed an act of professional misconduct or is incompetent,</p> <p>b) There is insufficient information to support a health inquiry under S.57 of the <i>Code</i> at this time.</p> <p>As such, NO FURTHER ACTION is required. <input type="checkbox"/></p> <p>OR</p> <p>As such, Registrar Action is required, but it will not be referred to the ICRC <input type="checkbox"/></p> <p>Registrar Action:</p>		<p>There are sufficient reasonable and probable grounds to believe the Member,</p> <p>1) has committed an act of professional misconduct, or</p> <p>2) is incompetent, or</p> <p>3) may be incapacitated.</p> <p>The Registrar refers the matter to the Inquiries, Complaints & Reports Committee for: <input type="checkbox"/></p> <p><input type="checkbox"/> appointment of an investigator, or</p> <p><input type="checkbox"/> health inquiries.</p>	



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Reasonable & Probable Grounds Assessment

		<input type="checkbox"/> Notify Member	<input type="checkbox"/> Other:
_____ KEVIN TAYLOR, REGISTRAR & CEO	_____ DATE	<input type="checkbox"/> Update iMIS/dbase	<input type="checkbox"/> Revise the Public Register

Additional notes:



CASE #	MEMBER: name	DATE: TBD
PANEL MEMBERS:		
<div><div><input type="checkbox"/> Jeff Earnshaw RRT (Chair) <input type="checkbox"/> Kelly Munoz RRT (Vice-Chair) <input type="checkbox"/> Allison Chadwick RRT <input type="checkbox"/> Rhonda Contant RRT <input type="checkbox"/> Aaron Giba RRT <input type="checkbox"/> Ginette Greffe-Laliberté RRT <input type="checkbox"/> Christa Krause RRT (Panel Chair) <input type="checkbox"/> Katherine Lalonde RRT <input type="checkbox"/> Sheena Lykke RRT</div><div><input type="checkbox"/> Lindsay Martinek RRT <input type="checkbox"/> Ginny Martins RRT <input type="checkbox"/> Denise Murphy RRT <input type="checkbox"/> Travis Murphy RRT <input type="checkbox"/> Ronald Southwell RRT <input type="checkbox"/> Bruno Tassone RRT <input type="checkbox"/> Yvette Wong <input type="checkbox"/> Kim Morris <input type="checkbox"/> Brad Bedford <input type="checkbox"/> Jeffrey Schiller</div></div>		
1. CONFLICT OF INTEREST DECLARATION FOR PANEL MEMBERS:		
<p>As a member of the ICRC Panel convened to consider referrals, please answer the following questionnaire so that any potential conflicts/biases can be identified and avoided.</p> <ol style="list-style-type: none">1. Do you know the Member/Applicant in question? ^[1] For example, are you a relative^[2] or a personal friend of the Member or have you had a working/business relationship with the Member? If yes, please provide details^[3].2. Have you ever had any association with the Member's/Applicant's place of work?^[4] If yes, when and in what capacity?3. Do you have any prior knowledge of the matter under consideration or the Member's/Applicant's prior history (if it exists)? If yes, please provide details.4. Do you have any reason to believe that you might be biased or have a conflict of interest^[5] in the consideration of this matter? If yes, please provide details. <p><small>¹ The Member/Applicant who is the subject of the referral. ² Connected by blood relationship, adoption, marriage, common law or a close personal relationship. ³ Time period and nature of relationship. ⁴ Hospital, clinic, educational organization. ⁵ You have a conflict of interest where a reasonable person could conclude that your personal interests could improperly influence your judgement in performing your duties as a Council or non-Council member.</small></p>		
2. TYPE OF REFERRALS:		
<input type="checkbox"/> Complaint	<input type="checkbox"/> Employer Report	<input type="checkbox"/> Registrar's Report
3. ALLEGATIONS:		
4. BACKGROUND:		
Registration No.:	Class:	
Education:	TCLs:	
Employment History:		
Other Information/Practice Advice History:		

ICRC Prior History:	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Discipline History:	<input type="checkbox"/> NO	<input type="checkbox"/> YES
5. CASE INFORMATION:		
<ul style="list-style-type: none"> Investigator's report Supporting documentation Member's response 		
6. POLICY REFERENCE(S):		
<input type="checkbox"/> CRCO Standards of Practice: <ul style="list-style-type: none"> <input type="checkbox"/> Professional Practice Guideline: <ul style="list-style-type: none"> ➤ # content <input type="checkbox"/> Clinical Best Practice Guideline: <input type="checkbox"/> Commitment to Ethical Practice Reference:	<input type="checkbox"/> Professional Misconduct Reg. <input type="checkbox"/> Prescribed Procedures Reg. <input type="checkbox"/> Quality Assurance Regulation: <input type="checkbox"/> Other:	
7. INFORMATION SUPPORTING THE ALLEGATIONS: (include page numbers for reference)		
Specific information from the Investigator's Summary Report: <ul style="list-style-type: none"> 	Relevance of information to the allegations: <ul style="list-style-type: none"> 	

8. INFORMATION REFUTING/MITIGATING/AGGRAVATING THE ALLEGATIONS: (include page numbers from Investigator's Report and/or Supporting Documentations for reference)

9. DOES THE PANEL HAVE ENOUGH INFORMATION TO MAKE A DECISION?
☐ YES ☐ NO (indicate below from where additional information is required)

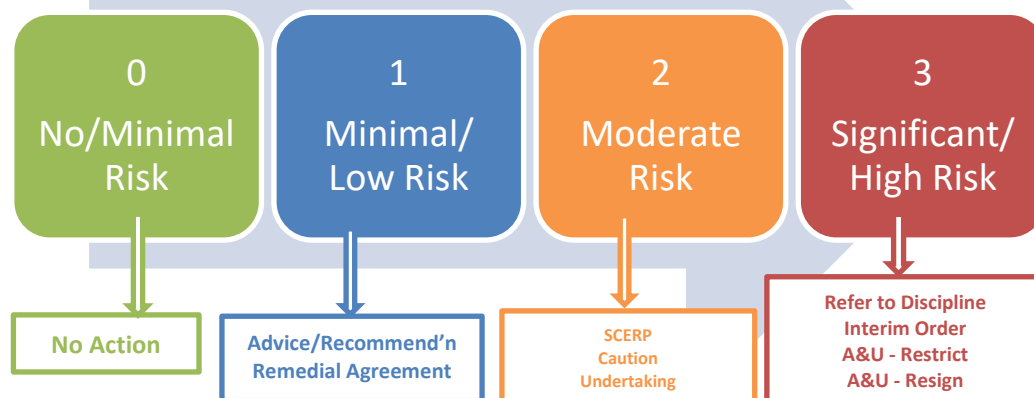
Additional Information Required:
☐ **CRCO Legal Counsel**
☐ Prosecutorial Viability Assessment (for Discipline)

☐ Decision Review/Feedback

☐ Other Opinion(s):

☐ **Member:**
☐ **Complainant/Reporter:**
☐ **Expert:**
☐ **Witness(es):**
10. RISK ASSESSMENT:

<i>Circle the appropriate risk level</i>	N/A	None	Minor	Moderate	Significant
Seriousness of the harm:		0 No harm or minimal actual/potential harm	1 Minor actual/potential harm	2 Moderate actual/potential harm	3 Significant actual/potential harm
Competence (Knowledge, Skill, Judgement) of Member:		0 None	1 Minor gap(s)	2 Moderate gap(s)	3 Significant gap(s)
Conduct of the Member:		0 No at risk behaviour	1 Low risk behaviour	2 At risk behaviour	3 Reckless/intentional
Prior History of Member:		0 None	1 One, not similar	2 One, similar	3 More than two
Accountability:		0 Insightful/reflective, has identified & completed learning plan	1 Moderate insight/reflection, most learning needs identified, willing to remediate	2 Minimal insight/reflection, few learning needs identified, minimal willingness to remediate	3 No insight/reflection, aggressive or abusive response or no response



11. PANEL OPTIONS:

Complaint	Report
<p>a) Refer specified allegations of the Member's professional misconduct or incompetence to the Discipline Committee, if:</p> <ul style="list-style-type: none"> i. The concerns are serious enough to warrant a referral to Discipline, and ii. The evidence is sufficiently strong to provide a reasonable prospect of a finding of professional misconduct or incompetence. <p>b) Negotiate an Agreement & Undertaking with the Member (to do or refrain from doing certain things); may or may not involve other parties, i.e., the Member's employer.</p> <p>c) Require the Member to complete a specified continuing education or remediation program (SCERP).</p> <p>d) Require the Member to appear before a panel of the ICRC to be cautioned.</p> <p>e) Issue a written Caution</p> <p>f) Issue written recommendations/advice or warning.</p> <p>g) Take no action on the basis that the Member has promised to do certain things (e.g., return charts inappropriately taken) with the understanding that if the Member does not do so, the complainant or Registrar can initiate fresh investigation.</p> <p>h) Take no action.</p>	<p>a) Refer specified allegations of the Member's professional misconduct or incompetence to the Discipline Committee, if</p> <ul style="list-style-type: none"> i. The concerns are serious enough to warrant a referral to Discipline, and ii. The evidence is sufficiently strong to provide a reasonable prospect of a finding of professional misconduct or incompetence. <p>b) Directing the Registrar to suspend, or to impose TCL on the Member's certificate of registration (if the Panel is of the opinion that the Member's conduct exposes or is likely to impose the patients to harm or injury (14 days' notice of intent will need to be given for Member to respond)).</p> <p>c) Negotiate an Agreement & Undertaking with the Member (to do or refrain from doing certain things); may or may not involve other parties, i.e., the Member's employer.</p> <p>d) Require the Member to complete a specified continuing education or remediation program (SCERP).</p> <p>e) Require the Member to appear before a panel of the ICRC to be cautioned.</p> <p>f) Request Member to Complete an Essay on Areas of Concern.</p> <p>g) Issue a Written Caution</p> <p>h) Issue written recommendations/advice or warning.</p> <p>i) Take no action on the basis that the Member has promised to do certain things (e.g., return charts inappropriately taken), with the understanding that if the Member does not do so, the complainant or Registrar can initiate a fresh investigation.</p> <p>j) Take no action.</p>

HIGH
RISKLOW
RISK

Other Options:

- i) Refer the parties to a **more appropriate agency** (e.g., Employment Standards, Ontario Human Rights Commission, Information and Privacy Commissioner, the courts).
- j) Refer the matter to a Health Inquiry Panel (HIP) for **incapacity** proceedings.
- k) Accept (or do not accept) the **withdrawal of the complaint**; (weigh public interest/ availability of evidence).

Other Options:

- k) Refer the matter to a Health Inquiry Panel for **incapacity** proceedings.

12. PRECEDENT(S):**13. PROPOSED DECISION/ORDER:****14. MOTION:****15. RATIONALE/REASONS:** (include references to specific standards, guidelines, legislation)

Considerations: (the Member's right to fairness & our public interest mandate, whether this decision is consistent with prior decisions & whether the decision is defensible, i.e., HPARB)

16. ARE REVISIONS TO THE REGISTER REQUIRED?

<input type="checkbox"/> NO	<input type="checkbox"/> YES (indicate below any additional information to be posted/removed) <ul style="list-style-type: none"> <input type="checkbox"/> Agreement & Undertaking – notation + synopsis <input type="checkbox"/> Bail Condition(s) – notation, the fact, content of bail condition(s) <input type="checkbox"/> Criminal Charge or Finding – notation- The fact, content of the charge, bail conditions and the date and outcome of the charge(s) <input type="checkbox"/> Caution – notation <input type="checkbox"/> SCERP – notation <input type="checkbox"/> Information related resignation/agreement to never practise as a result of a complaint or report to the ICRC – notation of resignation and agreement <input type="checkbox"/> Referral to Discipline – notation, + copy of specified allegations <input type="checkbox"/> Revocation or suspension of a cert of registration or authorization – notation <input type="checkbox"/> Removal of Info from the Register – notation of suspension and summary of issue
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