College Performance Measurement Framework (CPMF) Reporting Tool

November 2021 – FINAL

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Introduction

The College Performance Measurement Framework (CPMF)

The CPMF has been developed by the Ontario Ministry of Health (the Ministry) 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.

Each College will report on seven Domains with the support of six components, as illustrated in Table 1.

Table 1: CPMF Measurement Domains and Components

1	**Measurement domains**	→	Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	**Standards**	→	Performance-based activities that a College is expected to achieve and against which a College will be measured.
3	**Measures**	→	More specific requirements to demonstrate and enable the assessment of how a College achieves a 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.

CPMF Model

The seven measurement domains shown in Figure 1 are the critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to key statutory functions and organizational aspects that enable a College to carry out its functions well. The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator.

Figure 1: CPMF Model for Measuring Regulatory Excellence

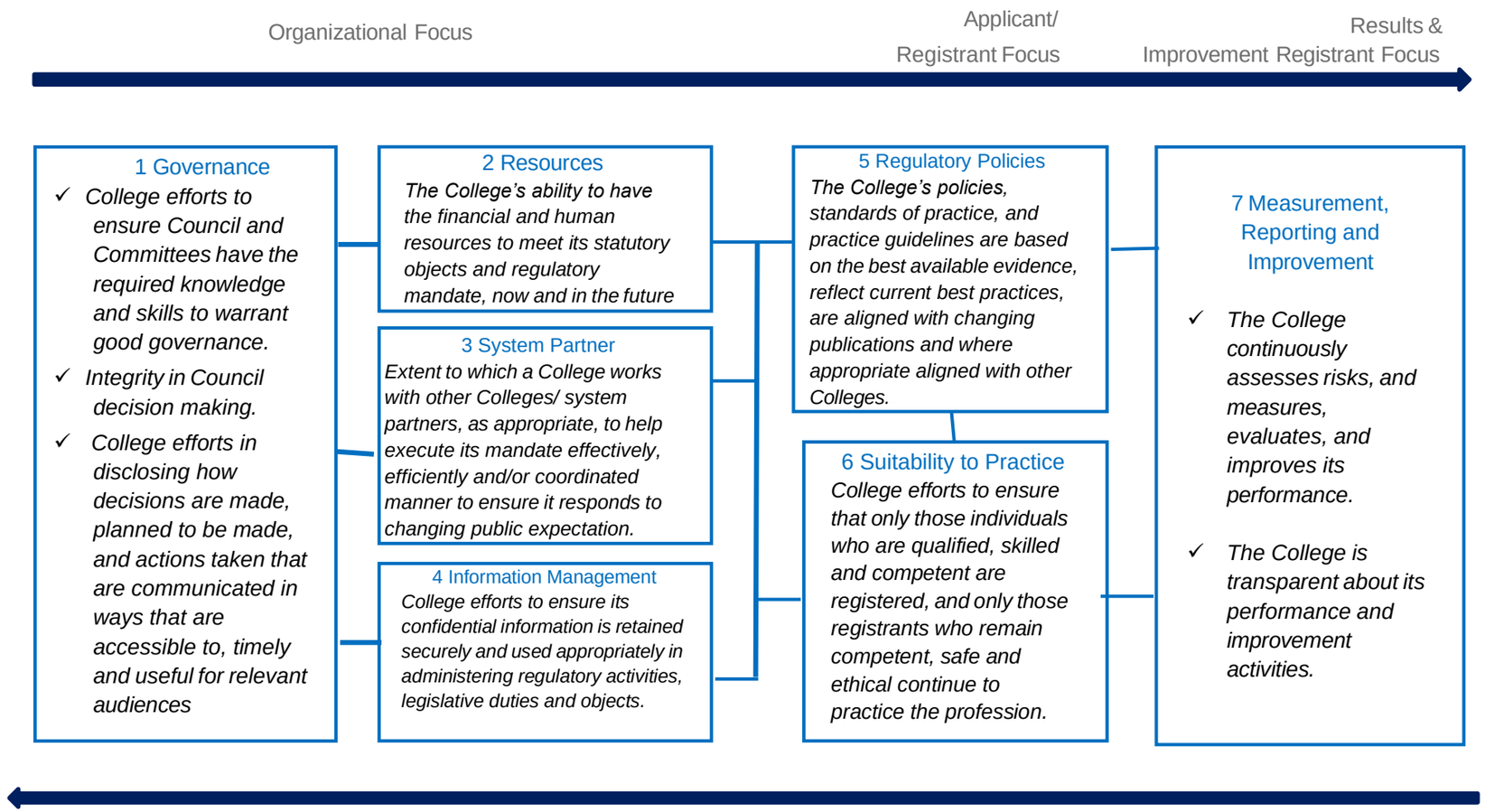


Figure 2: CPMF Domains and Standards

Domains	Standards
Governance	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.
	2. Council decisions are made in the public interest.
	3. The College acts to foster public trust through transparency about decisions made and actions taken.
Resources	4. The College is a responsible steward of its (financial and human) resources.
System Partner	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.
	6. The College maintains cooperative and collaborative relationships responds in a timely and effective manner to changing public expectations.
Information Management	7. Information collected by the College is protected from unauthorized disclosure.
Regulatory Policies	8. 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.
Suitability to Practice	9. The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.
	10. 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.
	11. The complaints process is accessible and supportive.
	12. All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public
	13. The College complaints process is coordinated and integrated.
Measurement, Reporting and Improvement	14. The College monitors, reports on, and improves its performance.

The CPMF Reporting Tool

The second iteration of the CPMF Reporting Tool (along with the companion Technical Specifications for Quantitative CPMF Measures document) will continue to provide comprehensive and consistent information to the public, the 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 and their progress on improvement commitments identified in the 2020 CPMF Report;
2. complete the self-assessment;
3. post the completed CPMF Report on its website; and
4. submit the CPMF Report to the ministry.

The purpose of the first and second iterations 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. At this time, the ministry will not assess whether a College meets or does not meet the Standards.

The information reported through the completed CPMF Reporting Tools may help to identify areas of improvement that warrant closer attention and potential follow-up. 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 and second iterations may stimulate discussions about regulatory excellence and performance improvement among Council members and staff within a College, as well as between Colleges, the public, the ministry, college registrants/members, and other stakeholders.

Additionally, in 2021 the ministry developed a Summary Report highlighting key findings regarding the commendable practices Colleges already have in place, collective strengths, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public as per their 2020 CPMF Reports. The focus of the Summary Report is on the performance of the regulatory system (as opposed to the performance of each individual College) and on areas where opportunities exist for colleges to learn from each other.

The ministry's Summary Report is available:
In English: health.gov.on.ca/en/pro/programs/hwrob/regulated_professions.aspx, and
In French: health.gov.on.ca/fr/pro/programs/hwrob/regulated_professions.aspx

As this will be the second time that Colleges will be reporting on their performance against the CPMF standards, the Colleges will be asked to report on:

- Improvements a College committed to undertake in the previous CPMF Report;
- Changes in comparison to baseline reporting from the 2020 CPMF Report; and
- Changes resulting from new or refined standards, measures, and evidence.[1]

Completing the CPMF Reporting Tool

While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the 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.

In the spirit of continuous improvement, if the College plans to improve its activities or processes related to the respective Measure or Evidence, it is encouraged to highlight these planned improvement activities.

What has changed in 2021?

Based on feedback from the Colleges, the ministry made improvements to the current CPMF Reporting Tool, making it easier to complete.

- In Part 1 - These changes include drop-down menus, bookmarks to Measures, and additional information for clarification. Where a question remained unchanged from the 2020 CPMF reporting tool and a College fully met the Standard or Evidence, a College may opt to respond with 'Meets Standard' to illustrate that the current response is consistent with last year's response for the same Evidence. However, if there were changes between 2020 and 2021, the College is required to provide this updated information, including supporting information (i.e. provision of relevant links). Please note that this option is limited to only certain Evidence and is not available for all Evidence. 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.

- In Part 2 - Colleges are requested to refer to the Technical Specifications Document for detailed guidance on how to complete the section on Context Measures. Additionally, the ministry has also applied a drop-down menu where appropriate and has hyperlinked the definitions to a glossary of terms for easier navigation.

[1] Informed by the results from the first reporting iteration, the standards, measures, and evidence were evaluated by a second CPMF Working Group and where appropriate were further refined for the second reporting cycle. Additionally, Colleges will also be asked to report on Measures where it was identified that further information is required to establish baseline information relevant to the intent of the requested Evidence.

Part 1: Measurement Domains

	Measure **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.**	
DOMAIN 1: GOVERNANCE	STANDARD 1	
	Required Evidence	**College Response**
	a. Professional members are eligible to stand for election to Council only after: i. meeting pre-defined competency and suitability criteria; and	The College fulfills this requirement: **Partially** • The competency and suitability criteria are public: Yes *If yes, please insert a link to where they can be found, if not please list criteria.* The **CRTO 2021 - 2025 Strategic Direction & Key Priorities** (approved at the **December 2021 Council meeting** - item 4.2**)** identifies a publicly accessible Council competency self-evaluation as essential to a highly competent & effective Council (Governance & Accountability) A **Nomination Form** is completed by professional members prior to their election/appointment to Council, which outlines our current competency and suitability criteria. Eligibility criteria for professional members seeking a Council seat are outlined on our website in the **CRTO Election Process Policy** & the **CRTO By-Laws** (By-Law 2, s.2 - *Elections, Appointments & Duties of Council and Committee Members)* and candidates seeking nomination are asked to reference this material prior to submitting their application. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* **Yes** *Additional comments for clarification (optional):* The CRTO is currently revising its Election Process Policy and developing a more expansive set of criteria for professional Council members based on best practices, such as: - ***Universal Principles of Good Governance for RHPA Colleges*** - ***Council Competencies and Eligibility Criteria*** established by Health Profession Regulators of Ontario's (HPRO) Governance Working Group - ***Leading with Intent: Board Source index of non-profit board practices***

		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:	Partially
			• Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link to the website if training topics are public ***OR*** list orientation training topics. Currently, a full orientation occurs after the professional member has been elected/appointed to Council. The **CRTO Council & Committee Orientation** is approximately 2 hours in length, is conducted in-person or virtually and is facilitated by the Registrar. Information regarding election timelines, eligibility, the nomination process is publicly available on a **CRTO Elections** web page. The CRTO website also has a **Council & Committee FAQ** page that includes information on the roles and responsibilities of Council members and College staff, time commitments, how committee appointments are determined, etc. Potential nominees are directed to review this information as well as the section of the **CRTO By-Laws** (By-Law 2, s.2 - *Elections, Appointments & Duties of Council and Committee Members)* relevant to elections, appointments & duties of Council. The **Introduction to the RHPA** video series is made available to all prospective CRTO Committee members.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional): The CRTO is in the process of developing an online Council Orientation elearning module that professional members seeking nomination to Council will be required to complete in advance. This module will include a knowledge assessment component. In addition, the **HPRO's Governance Training for HRPA Colleges** is offered to existing professional Council members. The HPRO Board has discussed moving this to an elearning module format. In that case, completion of the module would also become a requirement for all professional members seeking nomination to our Council.	
		b. Statutory Committee candidates have: i. Met pre-defined competency and suitability criteria; and	The College fulfills this requirement:	Partially
			• The competency and suitability criteria are public: Yes • *If yes, please insert a link to where they can be found, if not please list criteria.* A **Nomination Form** is completed by professional members prior to their election/appointment to a Committee. Once elected/appointed, the professional member is assigned to committees based on our **Committee Member Appointment Guidelines**. Eligibility criteria are outlined in the **CRTO Election Process Policy** & the **CRTO By-Laws** (By-Law 2, s.2 - *Elections, Appointments & Duties of Council and Committee Members)* and nomination candidates are asked to reference this material prior to completing their application. **Note:** We stated "yes" last year to this item and "partially" this year. This is because although we have always required Committee members who are elected/appointed to meet certain criteria, we have plans underway to revise our criteria with the goal of consistently ensuring we select the best possible candidates for our statutory committees.	

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional): The CRTO is currently revising its Election Process Policy and developing a more expansive set of criteria for professional Committee members based on best practices, such as: - ***Universal Principles of Good Governance for RHPA Colleges*** - ***Council Competencies and Eligibility Criteria*** established by Health Profession Regulators of Ontario's (HPRO's) Governance Working Group - ***Leading with Intent: Board Source index of non-profit board practices***	
		ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.	The College fulfills this requirement:	Partially
			• Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link to the website if training topics are public ***OR*** list orientation training topics for Statutory Committee. Currently, Committee- specific orientations occur after the professional member has been elected/appointed. This is done primarily because Committee appointments are done after the election/appointment process is completed (see **Committee Member Appointment Guidelines**). Each member (public & professional) of a statutory committee undergoes a yearly committee-specific orientation session facilitated by the CRTO staff liaison. In addition, the Registration Committee conducts an additional annual orientation on registration decision-making processes conducted by Richard Steinecke (Steinecke, Muriura & LeBlanc). And all Inquiries, Complaints & Reports Committee (ICRC) members have the opportunity to complete the **HPRO Discipline Orientation Workshops**. Election information regarding timelines, eligibility, responsibilities, and nomination process is publicly available on a **CRTO Elections** web page. There is also a **Statutory Committee Fact Sheet** publicly available on the CRTO website. In addition, the CRTO website has a **Council & Committee FAQ** page that includes information on the roles and responsibilities of Council members and College staff, time commitments, how committee appointments are determined, etc. Potential nominees are directed to review this information as well as the section of the **CRTO By-Laws** (By-Law 2, s.2 - *Elections, Appointments & Duties of Council and Committee Members)* relevant to elections, appointments & duties of the Council. The **Introduction to the RHPA** video series is made available to all prospective CRTO Committee members. Note: We stated "yes" last year to this item and "partially" this year. This is because although we have always required Committee members who are elected/appointed to take part in an orientation process after they are elected/appointed, we are currently in the process of developing an online module they will be required to complete as part of their eligibility criteria.	

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
Additional comments for clarification (optional): The CRTO is in the process of developing an online Committee Orientation elearning module that professional members seeking nomination to Council will be required to complete in advance. **HPRO's Governance Training for HRPA Colleges** is offered to existing professional Committee members. The HPRO Board has discussed moving this to an elearning module format. In that case, completion of the module would also become a requirement for all professional members seeking nomination to a Committee.	

		c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	The College fulfills this requirement:	Yes
			• Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link to the website if training topics are public ***OR*** list orientation training topics. A full orientation occurs after the public member has been elected/appointed to Council. The **CRTO Council & Committee Orientation** is approximately 2 hours in length, is conducted in-person or virtually and is facilitated by the Registrar. Prior to the pandemic, the public member orientation included a tour of our office space and a one-on-one meeting with each CRTO staff member. Also prior to the pandemic, arrangements were made to have new public members take part in an in-person orientation conducted by one of our professional members at a local hospital. This was done to better aquatint public members with the role Respiratory Therapists (RT) play in the healthcare system. We hope to be able to initiate this undertaking again in the future. All Inquiries, Complaints & Reports Committee (ICRC) members have the opportunity to complete the **HPRO Discipline Orientation** workshops. All Public appointees also have the opportunity to complete the **HPRO Governance Training for RHPA Colleges** course.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
			Additional comments for clarification (optional):	

Measure 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.	
Required Evidence	**College Response**
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: i. Council meetings; and ii. Council.	The College fulfills this requirement: No
	• Please provide the year when Framework was developed ***OR*** last updated. • Please insert a link to Framework ***OR*** link to Council meeting materials where (updated) Framework is found and was approved. • Evaluation and assessment results are discussed at public Council meeting: No • *If yes, please insert a link to the last Council meeting where the most recent evaluation results have been presented and discussed.* In 2021, the CRTO did not have a formal framework to evaluate the effectiveness of Council or Council meetings. However, the **CRTO 2021 - 2025 Strategic Direction & Key Priorities** (approved at the **December 2021 Council meeting** - item 4.2) identifies the need for a framework to regularly evaluate the effectiveness of Council meetings & Council. (Governance & Accountability).
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes
	Additional comments for clarification (optional) Early in 2022, the CRTO Council completed a **Board Self-Assessment** (BoardSource) online survey aimed at evaluating governance performance. The purpose of this was to obtain some baseline data for our effectiveness framework. The results of this survey will be shared on the CRTO website. The CRTO has partnered with a number of other Colleges through HPRO to retain a College Effectiveness Framework Development project consultant to: • Recommend content for Council and Committee meeting evaluations • Create competency matrices

	• Make recommendations regarding educational opportunities for Council and Committee members

		b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:	No
			• A third party has been engaged by the College for evaluation of Council effectiveness: No • *If yes, how often over the last five years?* • Year of last third-party evaluation. In 2021, the CRTO did not have a process to evaluate the effectiveness of Council at a minimum of every three years. However, the **CRTO 2021 - 2025 Strategic Direction & Key Priorities** (approved at the **December 2021 Council meeting** - item 4.2) recognizes the need for a framework to regularly evaluate the effectiveness of Council meetings & Council with a third-party assessment of Council effectiveness at a minimum of every three years. (Governance & Accountability).	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional) The CRTO has partnered with a number of other Colleges through HPRO to retain a College Effectiveness Evaluation Assessment project consultant to: • Create a system for review and reports that may include: o reviewing Council documents o observing Council and Committee meetings o evaluating Council policies • Implement evaluation assessments	

		c. Ongoing training provided to Council and Committee members has been informed by: i. the outcome of relevant evaluation(s); ii. the needs identified by Council and Committee members; and/or	The College fulfills this requirement:	Partially
			• Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training. • Please insert a link to Council meeting materials where this information is found ***OR*** • Please briefly describe how this has been done for the training provided over the last year. In 2021, Council requested additional training regarding financial literacy, and two live educational sessions were provided prior to our regular Council meetings on **May 28** and **September 24**. As part of our financial literacy training, the following educational videos are houses on our Council and Committee member portal: • The Language of Finance • Monitoring Progress • Annual Financial Audit In addition, the following documents were developed and are housed on our Council and Committee member portal: • A Guide to Financial Statements of Not-for-Profit Organizations • Financial Analysis • Not-for-Profit Audit Committee Guidebook	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional): The **CRTO 2021 - 2025 Strategic Direction & Key Priorities** (approved at the **December 2021 Council meeting** - item 4.2) recognizes the need for ongoing training provided to Council and Committee members informed by the outcome of relevant evaluation(s) and the needs identified by Council and Committee members (Governance & Accountability). An Educational Needs Assessment has been developed and will be completed by all CRTO Council & Committees members in 2022. So far, Council has identified the following as educational priorities related to our strategic direction: • Developing & Monitoring Key Performance Indicators • Diversity, Equity & Inclusion • Non-Profit Board Governance	

- Meeting Effectiveness

		iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion. Further clarification: Colleges are encouraged to define public expectations based on input from the public, their members and stakeholders. Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.	The College fulfills this requirement:	Partially
			• Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training. • Please insert a link to Council meeting materials where this information is found ***OR*** • Please briefly describe how this has been done for the training provided over the last year. The **CRTO 2021 - 2025 Strategic Direction & Key Priorities** (approved at the **December 2021 Council meeting** - item 4.2) articulates the College's commitment to embedding the principles of diversity, equity and inclusion in our processes through Diversity, Equity & Inclusion (DEI) training for Council, Committee & staff members (Core Business Practices). It also outlines the CRTO's plan for a comprehensive Risk Management Framework (Core Business Practices). The CRTO Council and staff took part in an Indigenous Awareness training session through **Indigenous Corporate Training Inc.** on September 29, 2021.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional): Work is currently underway at the CRTO to develop an organizational Risk Management Plan. Part of that project necessitated the creation of a **Succession Plan for Senior Leadership**, which was approved at the **March 4, 2022, Council meeting** (item 4.3). Our risk strategy will include education for Council and Committee members regarding mitigation strategies for potential IT risks and vulnerabilities. On March 22, 2022, CRTO Council and the Patient Relations Committee members participated in Anti-Bias training through **Competence Consultants & Associates**.	

DOMAIN 1: GOVERNANCE	STANDARD 2	Measure **2.1 All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.**	
		Required Evidence	**College Response**
		a. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is: i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g. Diversity, Equity and Inclusion); and <u>Further clarification:</u> Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders and the public. While there will be similarities across Colleges such as Diversity, Equity and Inclusion, this is also an opportunity to reflect additional issues, expectations and emerging initiatives unique to a College or profession.	The College fulfills this requirement: Yes • Please provide the year when Council Code of Conduct and 'Conflict of Interest' Policy was last evaluated/updated. • Please briefly describe any changes made to the Council Code of Conduct and 'Conflict of Interest Policy' resulting from the review. The CRTO Council Code of Conduct and Conflict of Interest guidelines previously existed in policy and in the 2019 version of the CRTO By-Laws. The policy has since been incorporated into the revised **CRTO By-Laws** (By-Law 2 - Council and Committee - Schedule A). The key changes made to the sections relating to the Council Code of Conduct (Schedule A - Part 1) and Conflict of Interest (Schedule A - Part 2) are as follows: • clearly articulated Council's fiduciary duties, as well as the expectations regarding accountability, competence, and integrity • diversity & inclusion section added • provided a definition and what is and what is not considered to be a conflict of interest for a Council and/or Committee member • expanded section on how a conflict of interests can be avoided • added a section on managing personal bias The CRTO By-Laws are reviewed every three years, or more frequently as required. Our 2019 By-Laws were reviewed and revised in 2021, approved by Council on **December 3, 2021** - item 8.3) for circulation to our stakeholders (the revised By-Laws received final approval by Council on **March 4, 2022** - Item 8.1).

		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
		Additional comments for clarification (optional)	

	ii. accessible to the public.	The College fulfills this requirement:	Yes
		• Please insert a link to the Council Code of Conduct and 'Conflict or Interest' Policy ***OR*** Council meeting materials where the policy is found and was discussed and approved. The Council & Committee **Code of Conduct** (By-Law 2 - Council and Committee - Schedule A - Part 1) and the **Conflict of Interest** (By-Law 2 - Council and Committee - Schedule A - Part 2) are posted on a micro-site, making them easily searchable and readily accessible to the public.	
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
		Additional comments for clarification (optional)	
	b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e. cooling off periods). Further clarification: Colleges may provide additional methods not listed here by which they meet the evidence.	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
		• Cooling off period is enforced through: By-law • Please provide the year that the cooling off period policy was developed ***OR*** last evaluated/updated. • Please provide the length of the cooling off period. • How does the college define the cooling off period? – Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced; – 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. A "cooling-off period" existed in the CRTO's previous (2019) By-Laws (s. 16.10 b & 16.11 b) and is articulated in the newly revised **CRTO By-Laws** (By-Law 2: Council & Committee - *Elections, Appointments & Duties of Council and Committee Members* - s.2.08b & 2.09 b), which states: *A Member is eligible for election as a Council Member or a Professional Committee Appointee within the twelve (12) months before the date of the nomination, the member has not been:* *i. an employee of the CRTO; or ii. 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; or iii. in a position that could create an actual, potential, or perceived conflict of interest with respect to their Council duties.*	

		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
		Additional comments for clarification (optional)	
	c. The College has a conflict of interest questionnaire that all Council members must complete annually. Additionally: 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 specific to the meeting agenda.	The College fulfills this requirement:	Partially
		• Please provide the year when conflict of interest the questionnaire was implemented ***OR*** last evaluated/updated. • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: No • Please insert a link to the most recent Council meeting materials that includes the questionnaire. Conflict of interest is addressed annually by having each Council/Committee member complete a **Record of Affiliations.** This allows them to identify in advance any organizations or individuals with whom they have a relationship which may translate to an actual, potential or perceived conflict of interest. The Record of Affiliations is reviewed and updated annually. Conflicts of interest declarations for ICRC, Quality Assurance & Registration matters involving CRTO members are made in advance (via email) of establishing each respective panel.	
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
		Additional comments for clarification (optional) The CRTO has recently created a conflict-of-interest questionnaire for Council and Committee members to complete prior to each meeting, and this process was implemented at the **March 4, 2022, Council meeting** (item 2,0). This questionnaire includes a link to portion of the **CRTO By-Laws** that contains a definition of conflict of interest (By-Law 2 - Council and Committee - Schedule A - Part 2). The completed questionnaire will be appended to subsequent Council packages.	

		d. Meeting materials for Council enable the public to clearly identify the public interest rationale 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).	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
			• Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. • Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale. The CRTO created a new **Policy Framework** in 2021 and has conducted an extensive review of all College policies, procedures, practice guidelines, etc. As part of this review, Council documents have been revised to clearly articulate the public interest rationale, as well as how the agenda item is aligned with the **CRTO 2021 - 2025 Strategic Direction & Key Priorities**. The **December 3, 2021 Council meeting** material package provides examples of the CRTO Briefing Notes (e.g., item 5.5 - Conflict of Interest Professional Practice Guideline), which articulate the public interest rationale of the agenda item. In addition, the Council agenda (item 3.0) outlines which domain of the CRTO Strategic Direction each item is intended to address (e.g., Governance & Accountability, Core Business Practices, etc.).	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
			Additional comments for clarification (if needed)	

		e. The College has and regularly reviews a formal approach to identify, assess and manage internal and external risks. This approach is integrated into the College's strategic planning and operations. Further clarification: Formal approach refers to the documented method or which a College undertakes to identify, assess and manage risk. This method or process should be regularly reviewed and appropriate. Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations. Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.	The College fulfills this requirement:	Partially
			• Please provide the year the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College ***OR*** Council meeting materials where the risks were discussed and integrated into the College's strategic planning activities. In 2021, the CRTO did not have a formal, organization-wide risk management plan. However, the **CRTO 2021 - 2025 Strategic Direction & Key Priorities** (approved at the **December 2021 Council meeting** - item 4.2) outlines the College's commitment to developing a comprehensive Risk Management Framework Formal process to identify & monitor internal & external organizational risk. Regarding specific internal risks, the CRTO currently has an **Incident Response Plan** that articulates how the CRTO would detect and respond to cybersecurity incidents and/or data breaches.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (if needed) The CRTO has recently hired a full-time employee whose key role will be developing, implementing, and monitoring an organizational risk management plan. This initiative will include the creation of risk-related policies & procedures. To strengthen our IT infrastructure, we have retained a cybersecurity company (**ISA**) that is currently conducting an in-depth IT security architecture review to: • identify any potential vulnerabilities • recommend remedial solutions to any potential areas of risk • provide 24/7/365 support in the event of a system breach In addition, the Council approved our **Succession Plan for Senior Leadership** at the **March 4, 2022 Council meeting** (item 4.3).	

DOMAIN 1: GOVERNANCE	STANDARD 3	Measure 3.1 Council decisions are transparent.	
		Required Evidence	**College Response**
		a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College's website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement: Partially • Please insert a link to the webpage where Council minutes are posted. • Please insert a link to where the status updates on implementation of Council decisions to date are posted ***OR*** where the process for requesting these materials is posted. Council minutes are posted on the **CRTO website** for the seven most recent meetings. Historical minutes are available on request, as noted on the Council material web page. Status updates were not available on the CRTO website in 2021. However, there is a notation on the Council material web page that updates can be obtained from the Registrar upon request. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Yes *Additional comments for clarification (optional)* A format for providing regular operational status updates on our website regarding Council action items is currently in development.

		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
			• Please insert a link to the webpage where Executive Committee minutes / meeting information are posted. The four most recent Executive meeting minutes are posted on the **CRTO website**. In addition, an Executive Committee report is provided at every Council meeting and is included in the Council meeting material posted on our website prior to each Council meeting (e.g., **December 3, 2021 Council meeting minutes**- agenda item 6.2)	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
			Additional comments for clarification (optional)	

Measure 3.2 Information provided by the College is accessible and timely.		
Required Evidence	**College Response**	
a. With respect to Council meetings: i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	Yes
	• Please insert a link to where past Council meeting materials can be accessed ***OR*** where the process for requesting these materials is clearly posted. i. The Notice of Council meeting and all relevant Council meeting material is posted two weeks in advance on the CRTO **Council Meetings** web page. ii. Council meeting minutes remain accessible on that same web page for one and a half years, and there is a notation stating that historical minutes are available upon request. Also available on the page is the full Council package for the past 3 meetings.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
	Additional comments for clarification (optional)	
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement:	Yes
	• Please insert a link to the College's Notice of Discipline Hearings. **Notices of Discipline Hearings** are posted on the CRTO website and state that notices of hearings will be posted at least one (1) month in advance and include a link to the allegations posted on the Public Register.	

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
Additional comments for clarification (optional)	

Measure

3.3 The College has a Diversity, Equity and Inclusion (DEI) Plan.

Required Evidence	College Response	
a. The DEI plan is reflected in the Council's strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g. DEI training for staff).	The College fulfills this requirement:	Partially
	• Please insert a link to the College's DEI plan. • Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved. In 2021, the CRTO did not have a formal DEI plan. However, the **CRTO 2021 - 2025 Strategic Direction & Key Priorities,** (approved at the **December 2021 Council meeting** - item 4.2) makes a commitment to embedding the principles of diversity, equity, and inclusion in College processes (Core Business Practices). The CRTO also revised its **Employee Handbook** in 2021 to reflect the diversity of its current and future staffing complement (e.g., the provision of religious holidays in addition to provincial statutory holidays). The CRTO Council and staff took part in an Indigenous Awareness training session (**Indigenous Corporate Training Inc**.) on September 29, 2021.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
	Additional comments for clarification (optional) **Anti-bias training** for all of Council, the professional members on the Patient Relations Committee (PRC) and staff took place March 22, 2022. The CRTO's PRC was tasked with developing a **DEI Plan**, the framework for which was approved at the **March 4, 2022 Council meeting** (item 7.4.2). The committee have issued a Request for Quotes (RFQ) for the selection of a consultant to conduct a DEI organizational review in 2022.	

		b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory. Further clarification: Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders and patients it serves.	The College fulfills this requirement:	Partially
			• Please insert a link to the Equity Impact Assessments conducted by the College ***OR*** please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program or process) in which Equity Impact Assessments were conducted. In 2021, the CRTO did not have a formal Equity Impact Assessment (EIA) process. However, the **CRTO 2021 - 2025 Strategic Direction & Key Priorities**, (approved at the **December 2021 Council meeting** - item 4.2) identifies the need for an EIA (Core Business Practices).	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional) The CRTO's Patient Relations Committee (PRC) proposed adoption of the Ontario MOH **Health Equity Impact Assessment**, and this proposal was approved at the **March 4, 2022 Council meeting** (item 7.4.3).	

DOMAIN 2: RESOURCES	STANDARD 4	**Measure** **4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.**

Required Evidence	College Response	
a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated. Further clarification: 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.	The College fulfills this requirement:	Yes

- Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan ***AND*** a link to most recent approved budget.
- Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.

The CRTO's Executive Committee and Council review and approve the College's quarterly financial statements and investment portfolio at every meeting. The annual budget for our fiscal year (March 1 - end of February) is reviewed and approved at our early-spring Council meeting. The CRTO's 2021-2022 budget was approved at the **March 5, 2021 Council meeting** (Item 3.3).

The results of the CRTO's annual financial audit are reviewed and approved by the Executive Committee and Council at our late-spring meeting. in 2021, Council approved the audited report on **May 28, 2021** (item 3.1). A copy of the audited financial report is provided each year in the **CRTO Annual Report** (note that the 2021-2022 audited report will not be available for publication until the end of our fiscal year in 2022).

The **CRTO 2021 - 2025 Strategic Direction & Key Priorities** (approved at the **December 2021 Council meeting** - item 4.2) emphasized our commitment to ensuring clear financial alignment with strategic priorities (Core Business Practices). Therefore, in 2021 the CRTO:

- streamlined and simplified the reporting format of the financial statement for the Executive and Council
  - Example - **December Council meeting material** (item 5.2 - pages 38 & 40)
- revised the CRTO Investment Policy and Procedure to more clearly articulate how our net assets (including reserves) are managed.
- created a non-statutory Finance & Audit Committee
- provided two Financial Literacy training sessions for all public & professional Council members.

	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
	Additional comments for clarification (optional)	

		b. The College: 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 ii. possesses the level of reserve set out in its "financial reserve policy".	The College fulfills this requirement: Partially • Please insert a link to the "financial reserve policy" ***OR*** Council meeting materials where financial reserve policy has been discussed and approved. • Please insert the most recent date when the "financial reserve policy" has been developed ***OR*** reviewed/updated. • Has the financial reserve policy been validated by a financial auditor? No The CRTO previously had an Investment Policy, which has been revised and renamed **Investment & Management of Net Assets Policy** to encompass the administration of our financial reserves. This policy and its accompanying procedure were reviewed (but not formally validated) by our financial auditor and was approved at the **December 3, 2021 Council meeting** (item 8.1) to go out for feedback from our stakeholders. The CRTO possesses the levels of reserve set out in our **Investment & Management of Net Assets Procedure**. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Yes *Additional comments for clarification (if needed)* The CRTO Finance & Audit Committee is currently reviewing the CRTO Investment & Management of Net Assets Policy & Procedure. Once this review is complete, and the Policy is approved by Council, we have it validated by our Auditor and placed on the CRTO website.

		c. Council is accountable for the success and sustainability of the organization it governs. This includes: i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g. processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).	The College fulfills this requirement:	Partially
			• Please insert a link to the College's written operational policies which address staffing complement to address current and future needs. • Please insert a link to Council meeting materials where the operational policy was last reviewed. **Note:** Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success. As a general rule, Council does not formally approve operational policies. Their primary role regarding operational issue is to ensure the budget they approval is sufficiency resourced. However, operational policies are routinely presented to Council for their information, consideration and feedback. Council reviewed our updated **CRTO Employee Handbook** at the **December 3, 2021 meeting** (item 8.4) which outlines all our employee-related policies and procedures. This handbook was created in collaboration with our legal counsel (Steinecke Maciura LeBlanc) and serves as both our employment policy & procedure.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional) A **Succession Plan for Senior Leadership** framework has been developed and approved by CRTO Council on **March 4, 2022** (item 4.3). This plan will be rolled into a policy based on our **Policy Framework** and as part of the CRTO's organizational risk management plan.	

		ii. regularly reviewing and updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).	The College fulfills this requirement:	Partially

- Please insert a link to the College's data and technology plan which speaks to improving College processes ***OR*** please briefly describe the plan.

The CRTO currently has an **Incident Response Plan** that articulates how the CRTO would detect and respond to cybersecurity incidents and data breaches, determine their scope and risk, respond appropriately and quickly, and communicate the results and risks to all stakeholders.

The plan covers such incidences as:

- Unauthorized Access or Usage
- Service Interruption or Denial of Service
- Malicious Code
- Network System Failures (widespread)
- Application System Failures
- Unauthorized Disclosure or Loss of Information
- Privacy Breach
- Information Security/Data Breach

Externally, material for Registration Committee & ICRC panels is posted within the Member Login portion of the CRTO website, which can only be accessed by authorized individuals. This material is also password protected.

Internally, specific CRTO files (both those stored electronically and in paper format) can only be accessed by authorized staff members (e.g., Human resources records can only be accessed by the Registrar).

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes

Additional comments for clarification (optional)

In January 2022, CRTO retained a cyber management consulting firm (**ISA**) to perform an in-depth IT security architecture review to identify any potential vulnerabilities

- ISA will recommend remedial solutions to any potential areas of risk
- they will also provide 24/7/365 incident response services

As part of this initiative, the CRTO will be developing some educational sessions on cybersecurity best practices for staff, Council and Committee members.

In April 2022, the CRTO will complete the digitalization and electronic storage process of all remaining paper member records.

Also in 2022, the CRTO has allocated financial resources towards the possible purchases of a different database that may better meet our needs.

DOMAIN 3: SYSTEM PARTNER

STANDARD 5 and STANDARD 6

Measure / Required evidence: N/A	College response *Colleges are requested to provide a narrative that highlights their organization's best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.* *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 dialogue.*
The two 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 two standards. Instead, Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health. Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.	**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.** Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession 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: • *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.).* Board member of the **National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB)**, which consists of eight regulatory bodies for respiratory therapy in Canada. The CRTO is participating in a NARTRB Standards of Practice working group to create a common set of practice standards that will further strengthen the **National Competency Framework**, which in turn facilitates labour mobility across Canadian jurisdictions. Board member of **Health Profession Regulators of Ontario (HPRO)**, an organization that enables ongoing information sharing between Ontario health regulatory bodies and the coordination of working groups, such as the Information Sharing Working Group which a common policy on how and when regulators share concerns about Members with other relevant bodies (police, other Colleges, government organizations, etc.). Member of the **Accreditation Canada's Equal Council** and provide regulator representation on **Health Standards Organization** accreditation surveys of RT educational programs in Ontario. For more information, please see **STD 5 - System Partners - Engagement**.

	Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations. 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 asked to provide information by system partners, or where the College proactively seeks information in a timely manner. • *Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.* • *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).* **Citizens' Advisory Group (CAG) -** The CRTO is a member of CAG, which is currently administered by the CPSO, and consists of a panel of citizens selected to provide feedback to regulators on any given topic/initiative through the "public lens". **HPRO Anti BIPOC Racism working group** - engaged in focus groups for both Registrar/Presidents and Council members & College staff to discuss diversity, equity, inclusion and belonging within the context of healthcare regulation & how racism and bias are enabled or mitigated through regulatory processes. Receive regular updates on the work of this group at the twice-monthly HPRO Registrar's meeting. **Public Health Ontario (PHO)- Infection Prevention & Control Team** - in 2021, the CRTO interacted with PHO frequently to establish clear guidance for our members, particularly regarding Aerosol Generating Medical Procedures (AGMPs), many of which are used frequently in RT practice. **Infection Prevention & Control (IPAC) Knowledge Translation & Exchange Working Group -** this group, consisting of representatives from the various health regulatory bodies, and the MOH & PHO was established to facilitate information sharing regarding current public health standards and protocols, as well as available IPAC educational resources. **Office of the Fairness Commissioner -** in addition to our compliance with the OFC requirements, the CRTO uses this office as an advisory to guide the development and application of our competency-based assessment. **Public Health Agency of Canada** - collaborated with our provincial professional association (RTSO) to assist PHAC in identifying potential additional pools of RTs to supplement the federal Health Human Resources surge deployment capabilities.

DOMAIN 4: INFORMATION MANAGEMENT	STANDARD 7	**Measure** **7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.**

Required Evidence	College Response	
a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement:	Yes

- Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information.

The CRTO has the following organizational policies to protect against and addresses unauthorized disclosure of information:

Council & Committee members, as well as staff, assessors and other internal stakeholders are bound by legislation and the **CRTO Confidentiality Policy**. This policy sets out the duty of confidentiality of persons employed, retained or appointed by the College and to explain the CRTO's minimum expectations pursuant to section 36(1) of the *RHPA*.

The **CRTO Privacy Policy & Procedure** outlines:

- Organizations potentially impacted by the College's collection, use and disclosure of personal information
- Categories of individuals the CRTO may potentially collect information from
- Nature and purpose of the information collected and how it is disclosed
- Limitations on the collection, use and disclosure of personal information
- Safeguards put in place to preserve confidentiality
- Retention and destruction of personal information
- Request for individual access to information

Our College Data Request Policy covers how the CRTO deals with requests for certain membership data from researcher and third-party organizations (e.g., professional associations).

S.1.10 & 1.13 of the CRTO **Code of Conduct** (By-Law 2 - Council & Committee – Part 1) outlines the requirement for Council and Committee members to abide by the **CRTO Confidentiality Policy** & the RHPA.

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
Additional comments for clarification (optional)	

		ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.	The College fulfills this requirement: • Please insert a link to policies and processes ***OR*** please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. ii. To prevent unauthorized disclosure of information, the CRTO uses: • Secured remote access, email accounts • Virtual Private Network (VPN) • Firewall • Strong passwords • Multi-factor authentication • Anti-virus protection (end-point protection) • Update and patch software applications • Restrict access to known malicious websites • Two-way intrusion prevention ii & iii. The CRTO Office Security Policy outlines: • Physical security of office space (e.g., security camera, controlled access, etc.). • Protocol for visitor access to the office. • Incident management (e.g., unauthorized access, fire, etc.). • Information security (e.g., storage of sensitive information). S.2.21 (g) of the **CRTO By-Laws** (By-Law 2 - Council & Committee) deals with exceptional circumstances that would require the removal of a Council or Committee member who breaches the confidentiality policy of the CRTO.	Yes

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
Additional comments for clarification (optional)	

DOMAIN 5: REGULATORY POLICIES	STANDARD 8	**Measure** **8.1 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).**

Required Evidence	College Response	
a. The College regularly evaluates 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.	The College fulfills this requirement:	Yes
	• Please 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*** please briefly describe the College's evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved). In 2021 the CRTO developed a **Policy Framework** that classifies its regulatory documents into clear definitions and helps guide the CRTO's processes for establishing and revising these documents. This framework includes a **Policy Development Process** and a **Policy Development Cycle** for the review and revision of all its public-facing policies, procedures, position statement, fact sheets and By-Laws. The **CRTO Standards of Practice**, **Professional Practice Guidelines (PPGs) and Clinical Best Practice Guidelines (CBPGs)** are on a separate, yet regular schedule of review and revision every five years or earlier if there are legislative or practice standard changes. A **PPG/CBPG Tracking Table** is used to: • monitor when a document was last reviewed • when it is due to be reviewed again & the status of the review • which Committee is required to approve the revision prior to the document being presented to Council (if applicable) The Standards of Practice, PPGs and CBPGs are circulated to the CRTO membership and other key stakeholders for feedback prior to receiving final approval from Council.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
	Additional comments for clarification (optional)	

		b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines: 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; and vi. stakeholder views and feedback.	The College fulfills this requirement:	Yes
			• Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components ***OR*** please briefly describe the College's development and amendment process. As outlined in the full version of **CRTO Policy Framework**, the Guiding Principles (pp. 2 - 3) applied are aligned with those of right-touch regulation. The Policy Development Cycle (pp. 7 - 8) begins with consideration of legislative or regulatory changes, as well as changes in the healthcare environment that need to be addressed (e.g., changes in practice, patient experience, current affairs, and other trends). Once it has been determined that a policy or other regulatory document needs to be developed or revised, the CRTO conduct a jurisdictional and environmental scan to determine the approach and position taken by the profession as well as any other relevant regulated health colleges, both in Ontario and abroad. We also review the current patient experience on the issue (for example, existing or foreseeable risks, complaints and experiences that relate to the need of the policy being created or reviewed). In some cases, this is supported through forming a working group including external subject matter experts, patients and the public (p. 12). A Policy Framework Decision Tool (pp. 9 - 11) supports the implementation of our policy framework by determining which type of policy document is required depending upon who the direction is for (i.e., professional practice or regulatory). Once the policy or related document is drafted, it undergoes a **Public Consultation Process**. The document is posted for a 30 - 60 day public consultation period, depending on the urgency or depth of the topic. The CRTO encourages participation in the consultation through various methods such as its existing communication channels, social media, focus groups and citizen advisory groups, etc. To ensure transparency and encourage open dialogue, feedback is posted publicly and anonymously, and remains on the College's **Consultation web page** after the consultation has closed. Where required, the policy is also reviewed and approved by the relevant statutory committee. All policies, position statements, Professional Practice Guidelines, and Practice Policies are presented to Council for approval, along with a summary of the consultation results (pp. 8 & 13).	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional)	

		c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.	The College fulfills this requirement:	Partially
			• Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. • Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. In May 2021, the CRTO reviewed and revised its **A Commitment to Ethical Practice** guideline to include a section on **Diversity, Equity and Inclusion**. This section includes sample scenarios related to RT practice to make the concepts easier to understand.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional) The CRTO's PRC was tasked with developing a **DEI Plan** and **selecting an Equity Impact Assessment**, both of which were approved at the **March 4, 2022 Council meeting** (items 7.4.2 & 7.4.3 respectively). This Equity Impact Assessment will be used to ensure that all CRTO policies, practices, and decision-making processes are consistent, fair and do not present any unintended consequences.	

		Measure **9.1 Applicants meet all College requirements before they are able to practice.**	
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 9	**Required Evidence**	**College Response**
		a. Processes are in place to ensure that 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.)[2].	The College fulfills this requirement: Yes met in 2020, continues to meet in 2021 • Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements ***OR*** please briefly describe in a few words the processes and checks that are carried out. • Please insert a link ***OR*** please briefly describe 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.). The **CRTO Entry-to-Practice Competency Assessment Policy** sets out the criteria and processes used by the Registration Committee to determine whether or not an applicant for registration meets the registration requirements under paragraph 55(2)(b) of the ***Registration Regulation***. The **CRTO Application for Registration Document Requirements Policy** lists the documents applicants for registration are required to submit. **Registration Requirements** are listed on a designed web page that outlines the requirements (education, examination, language proficiency, etc.) and how the applicant demonstrates they meet the requirement The steps for **Applicants from Other Canadian Jurisdictions** outlines the requirement for candidates to submit **Registration Verification Form** and **Employment Verification Form**. The steps for **Applicants Educated Outside of Canada** lists the required supporting documentation (course-by course credential evaluation, educational review, etc.). An **Application for Registration Guide for Applicants Educated outside Canada** is also available on our website to clarify the process for IEHP candidates, as well as our **Entry-to-Practice Assessment Process Fact Sheet**. 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 see the CRTO's **Determining Applicants' Suitability to Practice Fact Sheet**.

[2] 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.

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
			Additional comments for clarification (optional)	
		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, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).	The College fulfills this requirement:	Partially
			• Please 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.), a link to Council meeting materials where these have been discussed and decided upon ***OR*** please briefly describe the process and checks that are carried out. • Please provide the date when the criteria to assess registration requirements was last reviewed and updated. The CRTO's process for determining an applicant's suitability to practice is aligned with section 53 (1) of our ***Registration Regulation***. This information is outlined in the CRTO's **Determining Applicants' Suitability to Practice Fact Sheet.** To avoid fraudulent applications or documents, the CRTO requires third parties-providers (e.g., examining bodies, other regulators, RT educational programs, credential evaluation service providers, etc.) to provide the requisite document directly to the CRTO. This expectation is outlined in the CRTO's **Application for Registration Document Requirements Policy**. In 2012, the National Alliance of RT Regulatory Bodies (NARTRB) established the national **Language Proficiency for Respiratory Therapists** benchmarks, which formed the basis of the CRTO's **Language Proficiency Policy**. Note: We stated "yes" last year to this item and "partially" this year. This is because the wording of the criteria has been modified slightly and highlights a greater need to conduct a broader jurisdictional scan to ensure best practices.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes

			Additional comments for clarification (optional) The CRTO Language Proficiency Policy was recently revised, underwent a consultation process and will be presented to the CRTO Council for final approval in early April 2022. Part of this revision included a jurisdictional scan to ensure alignment with the other Ontario health regulators (e.g., English language proficiency test scores, testing facilities, etc.). The CRTO is in the midst of a review and revision of its ***Registration Regulation*.**

		Measure **9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.**		
		a. A risk-based approach is used to ensure that currency[3] and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement:	Partially
			• Please briefly describe the currency and competency requirements registrants are required to meet. • Please briefly describe how the College identified currency and competency requirements. • Please provide the date when currency and competency requirements were last reviewed and updated. • Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done. The CRTO sets the currency requirement under our **Registration Currency Requirement Policy**. 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. This two-year requirement is also in alignment with the CRTO's ***Registration Regulation*** [s.55(5) and 58(3)]. Applicants for registration who do not meet the currency requirement are referred by the Registrar to a panel of the Registration Committee for consideration. Existing members who wish to reinstate their license from an Inactive certificate of registration to an Active certificate of registration must complete an **Application for Reinstatement**. To demonstrate that they have met the currency requirements, new applicants must provide an **Employment Verification Form** from all respiratory therapy employers within the past five years. The CRTO's **Graduate Certificate of Registration Policy** outlines the parameters of a Graduate Respiratory Therapists (GRTs) certificate of registration. GRTs who successfully complete the CBRC examination are required to meet currency requirements prior to being granted a General Certificate of Registration (RRT). To do this, CRTO staff reviews when the GRTs graduated and also when they are last employed to ensure that they meet currency requirements. The **CRTO Entry-to-Practice Competency Assessment Policy** sets out the criteria and processes used by the Registration Committee to determine whether or not an applicant for registration meets the registration requirements under paragraph 55(2)(b) of the Registration Regulation. The policy applies to applicants who: · graduated from programs offered outside Canada either in respiratory therapy or in a closely related field; or · graduated from unapproved Canadian Respiratory Therapy programs that are not accredited by Accreditation Canada.	

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
Additional comments for clarification (optional) The CRTO Registration Currency Requirement Policy was recently revised, underwent a consultation process and will be presented to the CRTO Council for final approval in early April 2022.	

[3] 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).

Measure **9.3 Registration 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).	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
	• Please insert a link to the most recent assessment report by the OFC ***OR*** please provide a summary of outcome assessment report. • Where an action plan was issued, is it: No Action Plan Issued In the most recent **Fair Registration Practices Report** from the Office of the Fairness Commissioner (OFC), the CRTO was assigned a "full compliance" provisional rating (**Letter from OFC - August 26, 2021**). This means that we had successfully implemented each of the compliance recommendations that the OFC has issued, additional recommendations were not identified, and other criteria have been met.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
	Additional comments for clarification (if needed)	

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 10	Measure 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	
		Required Evidence	**College Response**
		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). <u>Further clarification:</u> Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.	The College fulfills this requirement: Yes met in 2020, continues to meet in 2021 • Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: – Name of Standard – Duration of period that support was provided – Activities undertaken to support registrants – % of registrants reached/participated by each activity – Evaluation conducted on effectiveness of support provided • Does the College always provide this level of support: Yes *If not, please provide a brief explanation:* *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Choose an item *Additional comments for clarification (optional)* The CRTO's **RelevanT** e-learning module 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 must be completed by all (Active & Inactive) CRTO Members annually over a 2-month period (Jan. - Feb.).

		Measure: **10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation[4].**
		a. The College has processes and policies in place outlining: 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;

The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021

- Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified ***OR*** please insert a link to the website where this information can be found.
- Is the process taken above for identifying priority areas codified in a policy: Yes
  If yes, please insert link to policy:

The CRTO Professional Development Program is founded on our **GROW**OM framework that highlights the diverse abilities of the profession. When completing their PORTfolioOM, members are asked to identify opportunities for professional development in 8 different competency domains.
The CRTO **Professional Development Program Policy** outlines the components of our QA program, which include:

- Launch RT Jurisprudence Assessment - to ensure new CRTO members have the appropriate degree of knowledge regarding the standards, guidelines, legislation and regulations that govern their practice.
- RelevanT eLearning Module - to ensure all members (Active & Inactive) are up-to-date with any recent regulatory changes.
- Portfolio Online for Respiratory Therapists (PORTfolioOM) - to provide evidence of ongoing professional development of all Active CRTO members.
- Specific Continuing Education or Remediation Program (SCERP) & Practice Assessment

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item

Additional comments for clarification (optional)

- Specific Continuing Education or Remediation Program (SCERP) - for members whose knowledge, skill, and judgment have been assessed and found to be unsatisfactory.
- Practice Assessment - for members who have undergone a SCERP and the QA Committee has determined that further assessment is necessary.

[4] "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).

		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 of multiple assessment activities); and	The College fulfills this requirement:	Partially

- Please 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*** please briefly describe right touch approach and evidence used.
- Please provide the year the right touch approach was implemented ***OR*** when it was evaluated/updated (if applicable).

If evaluated/updated, did the college engage the following stakeholders in the evaluation:

- *Public* No
- *Employers* Yes
- *Registrants* Yes
- *other stakeholders* Yes

The current **CRTO Professional Development Program** (PDP) was based on an evaluation that involved extensive consultation with members of the profession, employers and other health regulatory bodies. The resulting recommendations lead to the implementation of:

- A more equitable annual selection process
- A professional portfolio that provides greater integration with member's practice

The **CRTO Professional Development Program Member's Guide** outlines the:

- Components of the Professional Development Program (PDP)
- When members are required to complete which component of the program
- What constitutes successful completion

The **CRTO Launch RT Jurisprudence Assessment Member's Guide** outlines the:

- Who is required to complete the assessment
- How and when the assessment takes place
- What constitutes successful completion

The overarching goal of the CRTO PDP is to promote optimal professional development (QI approach) rather than solely serving as an audit (QA approach). The program is grounded in the CRTO's **GROW**OM framework, which is designed to both acknowledge and encourage a broad range of professional competencies. Members undergo the the CRTO PDP assessments based on the following criteria:

- Launch RT Jurisprudence Assessment - all-new CRTO members must complete within 3 months of registration.
- RelevanT eLearning Module - completed annually by all CRTO members (Active & Inactive).
- Portfolio Online for Respiratory Therapists (PORTfolioOM) - submitted every 5 years by all Active CRTO members.
- SCERP & Practice Assessment - completed only as required.

		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
		Additional comments for clarification (optional) In the upcoming PDP Evaluation, a process will be implemented to obtain input from patients who have received RT services, as well as other members of the general public.	
	iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
		• Please insert a link to the document that outlines criteria to inform remediation activities ***OR*** list criteria. The **CRTO Professional Development Program Policy** outlines when a member is required to undergo a Specific Continuing Education or Remediation Program (SCERP) (p. 5) and Practice Assessment (pp. 6 - 7).	
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item

	Additional comments for clarification (optional)

Measure:
10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.

a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.	The College fulfills this requirement:	Yes

- Please insert a link to the College's process for monitoring whether registrant's complete remediation activities ***OR*** please briefly describe the process.
- Please insert a link to the College's process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation ***OR*** please briefly describe the process.

The **CRTO Professional Development Policy** (pp. 5 - 6) articulates the process the CRTO uses to monitor completion of QA remediation activities.

Following the completion of the QA SCERP, the QAC reviews the report prepared by the individual(s) responsible for implementing and/or overseeing the remediation process. This report outlines the topics addressed in the SCERP and the outcome of the intervention. At that time, the QAC determines 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.

For ICRC SCERPs. the process is as follows:

1. The member completes a customized online elearning module that addresses the areas of concern (e.g., practice standards that have been breached). This module consists of both materials to be reviewed and questions so the member can assess their level of understanding.
2. Once the module has been submitted, the member is provided with a series of questions to review in advance of their meeting with a trained RT mentor (**SCERP - Sample Self-Evaluation**)
3. During their meeting with the RT mentor, the member discussed the question provided in advance and consider how what they have learned will impact their practice going forward.
4. Once the meeting is finished, the RT mentor completes a report that is then sent first to the Manager of Professional Conduct and then to the Registrar (**SCERP - Sample Report**).

		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
		Additional comments for clarification (if needed)	

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 11	Measure 11.1 The College enables and supports anyone who raises a concern about a registrant.	
		Required Evidence	**College Response**
		a. The different stages of the complaints process and all relevant supports available to complainants are: i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up; ii. clearly 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); and	The College fulfills this requirement: Partially • Please insert a link to the College's website that clearly describes the College's complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. • Please insert a link to the polices/procedures for ensuring all relevant information is received during intake ***OR*** please briefly describe the policies and procedures if the documents are not publicly accessible. i. The CRTO's policies for **Funding for Supportive Measures (Patient/Client)** and **Funding for Supportive Measures (Non-Patient/Client)** are publicly available on the CRTO website along with corresponding application forms. The **ICRC Checklist for Staff** was developed to guide the management of investigations of complaints and reports, as well as inquires into incapacity matters. ii. The CRTO's **Concerns About a Respiratory Therapist** web page describes the complaints process from the initial receipt of the complaint, through to possible final outcomes and the HPARB appeal process. Here the complainant can also find an **Alternative Dispute Resolution Fact Sheet**, as well as links to information of reporting obligations and funding for supportive measures, and a guide entitled **Complaints Process: Information for the Ontario Public**. The CRTO website also contains an online **Submit a Concern** form.

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes

Additional comments for clarification (optional)

In January of 2022, the CRTO retained an external consultant to conduct a review of the professional conduct policies and processes to ensure that:

- all complaints processes are up to date with legislative requirements and through an environmental scan, is in line with other health regulators' approaches to complaints about members
- correspondence to complainant and member is clear, easy to understand, and provides all relevant information.
- all applicable policies are up to date with legislative requirements and are easy to understand
- complaints brought to the CRTO's attention are dealt with as promptly as possible

		iii. evaluated by the College to ensure the information provided to complainants is clear and useful.	The College fulfills this requirement:	Partially
			• Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. All policies and procedures related to the CRTO's Professional Conduct are reviewed on a regular basis as part of our **Policy Framework**, to ensure the information provided is up-to-date, accurate and easy to understand. The following policies that support the complaints process were revised in 2021: • **Registrar's Reasonable & Probable Grounds** • **Reporting to Police**	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional) The following existing professional conduct policies has now been reviewed, revised and will be presented to Council on April 8, 2022: • Disclosure of Witness Statements • Health Professions Appeal and Review Board Appeals for ICRC	
		b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement:	Partially
			Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures). The CRTO is currently meeting this requirement. However, due to the small volume of inquiry calls, our numbers do not reach the 90% threshold at this time. The CRTO received 8 calls in 2021 from members of the public, with 7 of them being responded to within 5 business days. Therefore, the percentage is: 87.5%	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes

	Additional comments for clarification (optional) In December 2021, the CRTO increased the staff support in the professional conduct department, with plans for one additional staff member in 2022. Therefore, the CRTO is in a good position for our percentage rate to move past the 90% range in 2022.

		c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g. translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).	The College fulfills this requirement: Choose an item • Please list supports available for public during complaints process. • Please briefly describe at what points during the complaints process that complainants are made aware of supports available. The CRTO's web page **Concerns About a Respiratory Therapist** contains information regarding all aspects of the CRTO's complaint process. Further, initial acknowledgment of timelines for an investigation, possible outcomes of the ICRC and members' rights to respond to a complaint are confirmed with Complainant. In relation to transparency regarding decision-making process, this is achieved in three ways: 1. CRTO website content specific to complaints outlines who makes decision (ICRC) and possible outcomes. 2. Intake phone call, this information is again discussed with complainant. 3. Acknowledgment letter to complainant, post intake call, also provides information regarding timelines for an investigation, and possible outcomes. In relation to accessibility and inclusivity: 1. Majority of investigators the CRTO contracts with have the ability to interview Complainant in French, if required. 2. All information, if requested, will be translated to French. 3. All template letters and decisions are gender-neutral. 4. Email address for both investigator, and senior member of professional conduct team are provided to complainant during initial contact to ensure that both the investigation questions and process can be addressed. The CRTO attempts to respond to all emails within 24 hours. Relevant Documents: 1. **Acknowledgment Letter to Complainant Template** 2. **Delay Letter Template** 3. **Notice of Decision to Complainant Template**

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
Additional comments for clarification (optional)	

Measure

11.2 All 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, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).	The College fulfills this requirement:	Choose an item

- Please insert a link to document(s) outlining how complainants can contact the College during the complaints process ***OR*** please provide a brief description.
- Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process ***OR*** please provide a brief description.

- Once a complaint is submitted, typically within 5 business days, a telephone call is set up with the Complainant as an intake call. During the call, complainant concerns are validated, a brief description of the CRTO complaints process is provided, and confirmation with the complainant that they have intent to proceed is established.
- Formal acknowledgment of the complaint is provided via correspondence, which includes a link to the CRTO's **Complaints Process Guide**, complaint process and contact information for the Manager and/or Coordinator of CRTO professional conduct.
- Once the matter is assigned for investigation, the complainant is made aware via email and notified of the investigator's name. Investigator then contacts the complaint to complete a formal interview.
- Post-interview, the complainant's statements are provided to the complainant to confirm accuracy. If the investigation is delayed past 150 days, delay letters providing a reason for delay and contact information for CRTO professional conduct staff is provided.

		• Once the investigation is completed, the complainant is provided with statements and submission of the registrant and invited to make additional submissions. Once decision is rendered, decision and reasons are provided to complainant along with information on how to appeal to HPARB.	
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item

			Additional comments for clarification (optional)
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	**Measure** **12.1 The 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).	The College fulfills this requirement: Yes met in 2020, continues to meet in 2021 • Please insert a link to guidance document ***OR*** please briefly describe the framework and how it is being applied. • Please provide the year when it was implemented ***OR*** evaluated/updated (if applicable). 1. Intake assessment occurs and consists of a conversation with the complainant to clarify their concerns and explain the complaints process. **2.** A **Reasonable & Probable Grounds (RPG) Assessment Form** is submitted to the Registrar, which summarizes the concerns in the 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. **3.** **ICRC Case Summary & Disposition Worksheet** is provided to the ICRC Panel. This document highlights all the standards that are applicable to the concerns investigated. It also provides a risk assessment matrix with specific questions regarding: • severity of harm from member conduct, assessment on competency gap of the member • the risk level of the member's conduct, prior history considerations, member's accountability to the process and concerns raised. The worksheet provides a list of possible outcomes and ranks them in order of the final risk score tallied based on the above considerations

		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item
		Additional comments for clarification (optional)	

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 13	Measure **13.1 The 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:	Partially
			• Please insert a link to the policy ***OR*** please briefly describe the policy. • Please 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'). The CRTO's **Reporting to Police Policy** outlines what happens when information comes to the attention of the Registrar and the Registrar is of the opinion that the conduct or actions of a member may be criminal in nature. Respiratory Therapy regulators in other provinces will request information from the CRTO regarding a member's conduct history, if/when the member seeks registration with another province. In response, the CRTO provides a brief memo to the regulator describing the conduct history (if any) and the outcomes of and ICRC action taken against the member.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (if needed) The CRTO is part of an HRPO Information Sharing working group aimed at developing an approach that is consistent across regulators as it relates to proactive and reactive disclosure under s.36 of the *RHPA*.	

DOMAIN 7: MEASUREMENT, REPORTING AND IMPROVEMENT — STANDARD 14	**Measure** **14.1 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.**	
	Required Evidence	**College Response**
	a. Outline the College's KPI's, including a clear rationale for why each is important.	The College fulfills this requirement: **No**
		• Please insert a link to a 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), a link to Council meeting materials where this information is included ***OR*** list KPIs and rationale for selection. In 2021, the CRTO did not have a formal process for selecting, monitoring and reporting KPIs. However, The **CRTO 2021 - 2025 Strategic Direction & Key Priorities** (approved at the **December 2021 Council meeting** - item 4.2) identifies an ongoing commitment to performance improvement through the: • Tracking & review of Key Performance Indicators (KPIs) linked to the CRTO strategic objectives. • Ongoing monitoring on KPI dashboards.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? **Yes**

		Additional comments for clarification (if needed) The CRTO has begun work on creating KPIs to track our performance in the following 3 key areas: 1. Strategic priorities 2. Regulatory Functions 3. Operational practices	
	b. The College regularly reports to Council on its performance and risk review against: i. stated strategic objectives (i.e. the objectives set out in a College's strategic plan); ii. regulatory outcomes (i.e. operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and iii. its risk management approach.	The College fulfills this requirement:	Partially
		• Please insert a link to Council meetings materials where the College reported to Council on its 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. i. At the **March 5, 2021, Council meeting** (item 3.2) a **Strategic Direction Report** was provided on the previous (2016 - 2020) Strategic Direction and Key Priorities.	
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
		Additional comments for clarification (if needed) ii Council will review a Strategic Direction Status Report at the May 2022 Council meeting, which will include our governance and operational indicators. iii. This report will also include an overview of the development process of our risk management plan.	

Measure	
14.2 Council directs action in response to College performance on its KPIs and risk reviews.	
a. Council uses performance and risk review findings to identify where improvement activities are needed.	The College fulfills this requirement: **Partially**
	• Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities. In 2021, the CRTO did not have a formal performance & risk review process. However, the **CRTO 2021 - 2025 Strategic Direction & Key Priorities** (approved at the **December 2021 Council meeting**) identified the need for the following projects that have already been initiated: • Revised financial statement & investment portfolio presentation • A policy that clearly outlines the management of financial reserves • Finance & Audit Committee • DEI training for Council, Committee & staff members • The formal process to identify & monitor internal & external organizational risk (e.g., financial & human resources, cyber security, etc.) • Succession plan for senior leadership
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? **Yes**
	Additional comments for clarification (if needed) Both our KPI framework and risk management plan will form the basis of the annual performance and risk review in 2022.

Measure **14.3 The College regularly reports publicly on its performance.**		
a. Performance results related to a College's strategic objectives and regulatory outcomes are made public on the College's website.	The College fulfills this requirement:	Partially
	• Please insert a link to the College's dashboard or relevant section of the College's website. Following the submission of the CPMF report for 2020, the CRTO posted a **Summary Report**, which outlined our strengths and opportunities for improvement relative to the CPMF criteria.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
	Additional comments for clarification (if needed) The CRTO will provide on its website a Summary Report based on our 2021 CPMF submission.	

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 method 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 a method other than the recommended method outlined in the following Technical Document, the College is asked to provide the method in order to understand how the information provided was calculated.

The ministry has also included hyperlinks of the definitions to a glossary of terms for easier navigation.

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE	
Standard 11	
Statistical data collected in accordance with the recommended method or the College's own method: Recommended *If a College method is used, please specify the rationale for its use:*	
Context Measure (CM)	
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2021*	*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).* *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 2021. 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 13.1(a) of Standard 11.*

Type of QA/QI activity or assessment:	#
i. # Members who completed the RelevanT elearning module (professional development & peer assessment)	3503
ii. # Members who were assigned to complete the Launch RT Jurisprudence Assessment (professional development & peer assessment)	200
iii. # Members whose score fell below the Launch RT benchmark & were required to resubmit	0
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	622
vii. # Members whose PORTfolio did not meet the criteria for successful completion & were required to undergo a Peer Coaching session	23
viii. # Members required to resubmit their PORTfolio after a Peer Coaching session	0

** 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.* *NR*	

Additional comments for clarification (if needed)

RelevanT e-learning module - is an online module that consists of practice standard changes that have occurred over the past year, and is completed by all CRTO Members annually.

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.

Portfolio Online for Respiratory Therapists (PORTfolio^{OM}) - is submitted by CRTO Members with an Active certificate of registration every 5 years. The PORTfolio consists of a Self-Assessment, a Learning Log and a Learning Goal.

Table 2 – Context Measures 2 and 3

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 11

Statistical data collected in accordance with the recommended method or the College own method: Recommended

If a College method is used, please specify the rationale for its use:

Context Measure (CM)			
	#	%	*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 them to the College's QA Committee.* *The information provided here shows how many registrants who underwent an activity or assessment 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 as of the start of CY 2021, understanding that some cases may carry over.*
CM 2. Total number of registrants who participated in the QA Program CY 2021	3503 RelevanT 200 Launch RT 622 PORTfolio	100% RelevanT* 17.5% Launch RT*	
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation as of the start of CY2021.	1 Launch RT 0 PORTfolio	0.005% Launch RT* 0% PORTfolio*	

NR

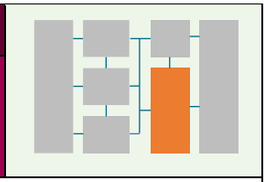
Additional comments for clarification (if needed)

The RelevanT module requires only completion and so there is no benchmark score or criteria for successful completion. (*based on total membership in 2021).

Table 3 – Context Measure 4

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 11



Statistical data collected in accordance with the recommended method or the College's own method: Recommended

If a College method is used, please specify the rationale for its use:

Context Measure (CM)				
CM 4.	Outcome of remedial activities as at the end of CY 2021:**	#	%	*What does this information tell us? 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*	0	0%	
II.	Registrants still undertaking remediation (i.e. remediation in progress)	0	0%	

NR

** This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2021.*

***This number may include any outcomes from the previous year that were carried over into CY 2021.*

Additional comments for clarification (if needed)

Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

Statistical data is collected in accordance with the recommended method or the College's own method: Recommended

If a College method is used, please specify the rationale for its use:

Context Measure (CM)					
CM 5. Distribution of formal complaints and Registrar's Investigations by theme in CY 2021	Formal Complaints received		Registrar Investigations initiated		
Themes:	#	%	#	%	
I. Advertising	0	0	0	0	*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.*
II. Billing and Fees	0	0	0	0	
III. Communication	NR	NR	5	29.41%	
IV. Competence / Patient Care	NR	NR	7	41.18%	
V. Intent to Mislead including Fraud	0	0	0	0	
VI. Professional Conduct & Behaviour	NR	NR	5	29.41%	
VII. Record keeping	NR	NR	NR	NR	
VIII. Sexual Abuse	0	0	NR	NR	
IX. Harassment / Boundary Violations	0	0	0	0	
X. Unauthorized Practice	NR	NR	0	0	
XI. Other <*please specify*>	0	0	NR	NR	
Total number of formal complaints and Registrar's Investigations**	4	100%	13	100%	

Formal Complaints NR Registrar's Investigation ** *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.*	
Additional comments for clarification (if needed)	

Table 5 – Context Measures 6, 7, 8 and 9

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

Statistical data collected in accordance with the recommended method or the College's own method: Recommended

If a College method is used, please specify the rationale for its use:

Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2021	5		
CM 7. Total number of ICRC matters brought forward as a result of a Registrar's Investigation in CY 2021	7		
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 2021	13		
CM 9. Of the formal complaints and Registrar's Investigations received in CY 2021**:	#	%	*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.*
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	0	0	
II. Formal complaints that were resolved through ADR	0	0	
III. Formal complaints that were disposed of by ICRC	0	0	
IV. Formal complaints that proceeded to ICRC and are still pending	4	100%	
V. Formal complaints withdrawn by Registrar at the request of a complainant	0	0	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	0	0	

VII. Formal complaints and Registrar's Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	0	0	

ADR
Disposal
Formal Complaints
Formal Complaints withdrawn by Registrar at the request of a complainant
NR
Registrar's Investigation

 # May relate to Registrar's Investigations that were brought to the ICRC in the previous year.

*** 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 the 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 the ICRC.*

Additional comments for clarification (if needed)

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

Statistical data collected in accordance with the recommended method or the College's own method: Recommended

If a College method is used, please specify the rationale for its use:

Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2021							
Distribution of ICRC decisions by theme in 2021*	# of ICRC Decisions++						
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	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	NR	NR	0	0	0
III. Communication	NR	NR	NR	0	0	0	0
IV. Competence / Patient Care	NR	0	0	0	NR	0	0
V. Intent to Mislead Including Fraud	0	0	0	0	0	0	0
VI. Professional Conduct & Behaviour	NR	0	NR	NR	0	0	0
VII. Record Keeping	0	0	NR	NR	0	0	0
VIII. Sexual Abuse	0	0	0	0	0	0	0
IX. Harassment / Boundary Violations	NR	0	0	0	0	0	0

X.	Unauthorized Practice	0	0	0	0	0	0	0
XI.	Other <*please specify*>	0	0	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 2021.*

++ 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 decisions.

NR

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)

Table 7 – Context Measure 11

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

Statistical data collected in accordance with the recommended method or the College own method: Recommended

If College method is used, please specify the rationale for its use:

Context Measure (CM)		
CM 11. 90th 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 2021	213	
II. A Registrar's investigation in working days in CY 2021	235	

Disposal

Additional comments for clarification (if needed)

Table 8 – Context Measure 12

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

Statistical data collected in accordance with the recommended method or the College's own method: Recommended

If a College method is used, please specify the rationale for its use:

Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	*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.*
I. An uncontested discipline hearing in working days in CY 2021	0	
II. A contested discipline hearing in working days in CY 2021	0	

Disposal
Uncontested Discipline Hearing
Contested Discipline Hearing

Additional comments for clarification (if needed)

Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

Statistical data collected in accordance with the recommended method or the College's own method: Recommended

If College method is used, please specify the rationale for its use:

Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		*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.*
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	

** 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*
Additional comments for clarification (if needed)

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

Statistical data collected in accordance with the recommended method or the College own method: Choose an item

If a College method is used, please specify the rationale for its use:

Context Measure (CM)		
CM 14. Distribution of Discipline orders by type*		*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.*
Type	#	
I. Revocation	0	
II. Suspension	0	
III. Terms, Conditions and Limitations on a Certificate of Registration	0	
IV. Reprimand	0	
V. Undertaking	0	

** 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 may not equal the total number of discipline cases.*

Revocation
Suspension
Terms, Conditions and Limitations
Reprimand
Undertaking
NR

Additional comments for clarification (if needed)

Glossary

Alternative Dispute Resolution (ADR): Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.

Return to:-Table 5

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

Return to: Table 8

Disposal: The day upon which all relevant decisions were provided to the registrant 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).

Return to: Table 5, Table 7, Table 8

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.

Return to: Table 4, Table 5

Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar 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.

Return to: Table 5

NR: Non-reportable: Results are not shown due to < 5 cases (for both # and %). This may include 0 reported cases.

Return to: Table 1, Table 2, Table 3, Table 4, Table 5, Table 6, Table 9, Table 10

Registrar's Investigation: Under s.75(1)(a) of the *Regulated Health Professionals Act, 1991* (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 which must be approved by the Inquiries, Complaints and Reports Committee (ICRC). Section 75(1)(b) of the RHPA, where the ICRC receives information about a member from the Quality Assurance Committee, it may request the Registrar to conduct an investigation. In situations where the Registrar determines that the registrant exposes, or is likely to expose, their 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.

Return to: Table 4, Table 5

Revocation: Of a member or 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 their ability to practice the profession.

Return to: Table 10

Suspension: 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 themselves 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.

Return to: Table 10

Reprimand: 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 their practice.

Return to: Table 10

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.

Return to: Table 10

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.

Return to: Table 8

Undertaking: Is a written promise from a registrant that they will carry out certain activities or meet specified conditions requested by the College committee.

Return to: Table 10