

College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2022 – December 2022

JANUARY – 2023

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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;
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

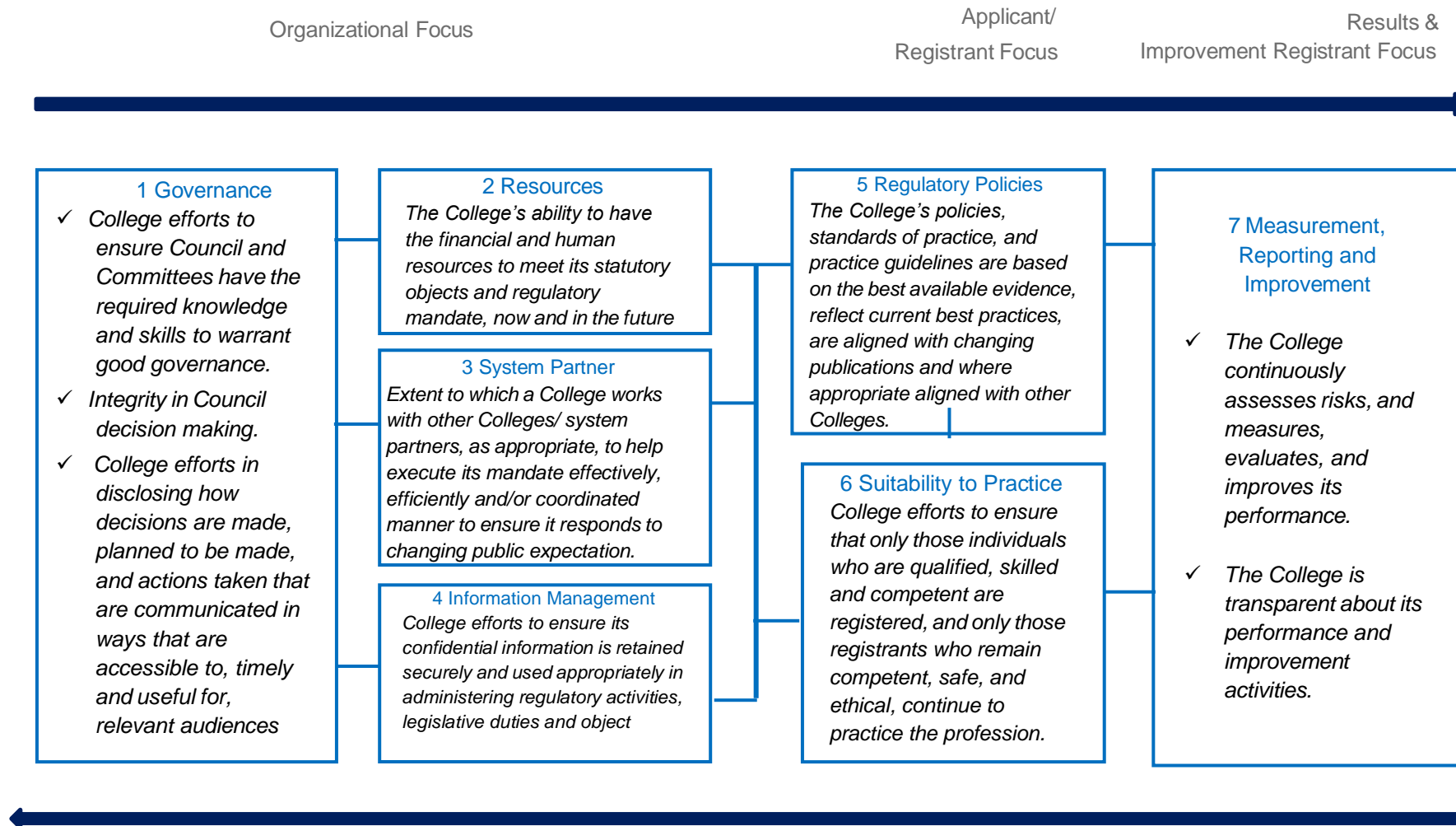


Figure 2: CPMF Domains and Standards

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 on 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 third iteration of the CPMF will continue to provide the public, the ministry, and other stakeholders with 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 Tool 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 for regulatory excellence can be refined and improved. Finally, the results 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 2022, 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 2021 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 will be posted in English and French and weblinks to the report will be shared with the Colleges once it is published.

For this reporting cycle, Colleges will be asked to report on:

- Their performance against the CPMF standards and updates on the improvements Colleges committed to undertake in their previous CPMF reports;
- Provide detailed improvement plans where they do not fully meet a benchmarked Evidence.

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.

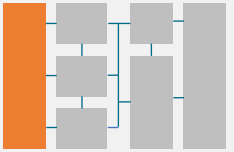
In the spirit of continuous improvement, if the College plans to improve its actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.

What has changed in 2022?

This year, eight pieces of Evidence have been highlighted within Part 1 of the Reporting Tool as ‘Benchmarked Evidence’. These pieces of evidence were identified as attributes of an excellent regulator, and Colleges should meet, or work towards meeting these benchmarks. If a College does not meet, or partially meets expectations on a benchmark, it is required to provide an improvement plan that includes the steps it will follow, timelines, and any barriers to implementing that benchmark. In subsequent CPMF reports, Colleges will be expected to report on their progress in meeting the benchmarked Evidence.

Where a College fully met Evidence in 2021 and 2022, the College may opt to respond with ‘Met in 2021 and Continues to Meet in 2022’. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to, or referencing College documents.

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
		<p>a. Professional members are eligible to stand for election to Council only after:</p> <p>i. meeting pre-defined competency and suitability criteria; and</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> The competency and suitability criteria are public: Yes <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> <p>The CRTO 2021 - 2025 Strategic Direction & Key Priorities identifies a publicly accessible Council and Committee competency-based selection criteria as essential to a highly competent and effective Council (Governance and Accountability).</p> <p>A Nomination Form is completed by professional members prior to their election/appointment to Council, which outlines our current competency and suitability criteria (Step 2 – Self-Declaration and Step 3 – Competency & Experience Questionnaire).</p> <p>Members’ eligibility criteria were expanded in the revised CRTO By-Laws (approved for circulation at the December 2, 2022 Council Meeting – Item 6.3 – pp. 58 – 60) to ensure that candidates for a Professional Member Council position:</p> <ul style="list-style-type: none"> are not the subject of any disciplinary or incapacity matter with any professional governing body and have not been found guilty by a court or other lawful authority of a criminal offence; and complete the CRTO’s orientation online module relating to the duties, obligations and expectations of Council and Committee members prior to the date of nomination.

			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p> <p>The CRTO has retained an external consultant to evaluate our March 3, 2023, Council meeting. Once that is complete, we will finalize the CRTO Council and Committee Competency Profile and plan to have it approved at our May 26, 2023, Council meeting in time for implementation in our 2023 election cycle. This profile will assess potential Professional Member Council candidates for a foundational understanding in areas such as:</p> <ul style="list-style-type: none"> • Self-regulation & the Ontario healthcare system; • Organizational governance and oversight; • Decision-making processes that foster independence and diversity of thought; • Non-profit Financial management; and • Diversity, Equity & Inclusion (DEI). <p>Once completed, we will post the updated profile online and make it available to membership and public.</p>						
		<p>ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.</p>	<table border="1"> <tr> <td data-bbox="776 776 2198 846">The College fulfills this requirement:</td> <td data-bbox="2198 776 2607 846">Partially</td> </tr> <tr> <td colspan="2" data-bbox="776 846 2607 1214"> <ul style="list-style-type: none"> • 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 and indicate the page number if training topics are public OR list orientation training topics. <p>Information regarding election timelines, eligibility, and the nomination process is publicly available on the CRTO Elections web page, which includes a Council & Committee FAQ page that provides information about the roles and responsibilities of Council members and College staff, time commitments, how committee appointments are determined, etc. There is also a Statutory Committee Fact Sheet publicly available on the CRTO website.</p> </td> </tr> <tr> <td data-bbox="776 1214 2198 1255"><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></td> <td data-bbox="2198 1214 2607 1255">Yes</td> </tr> </table>	The College fulfills this requirement:	Partially	<ul style="list-style-type: none"> • 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 and indicate the page number if training topics are public OR list orientation training topics. <p>Information regarding election timelines, eligibility, and the nomination process is publicly available on the CRTO Elections web page, which includes a Council & Committee FAQ page that provides information about the roles and responsibilities of Council members and College staff, time commitments, how committee appointments are determined, etc. There is also a Statutory Committee Fact Sheet publicly available on the CRTO website.</p>		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes
The College fulfills this requirement:	Partially								
<ul style="list-style-type: none"> • 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 and indicate the page number if training topics are public OR list orientation training topics. <p>Information regarding election timelines, eligibility, and the nomination process is publicly available on the CRTO Elections web page, which includes a Council & Committee FAQ page that provides information about the roles and responsibilities of Council members and College staff, time commitments, how committee appointments are determined, etc. There is also a Statutory Committee Fact Sheet publicly available on the CRTO website.</p>									
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes								

		<p><i>Additional comments for clarification (optional):</i></p> <p>The CRTO is in the process of developing an online Council and Committee 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. The topics covered in this module are as follows:</p> <ul style="list-style-type: none"> • The role of a regulatory body and the mandate of the CRTO; • The legislated responsibilities of Council; • The necessary elements of good governance; • The responsibilities of a Council member (e.g., confidentiality, objectivity, accountability, etc.); and • A brief overview of the Committees and their respective time commitments. <p>The anticipated completion date of the online module is April 2023.</p>
	<p>b. Statutory Committee candidates have:</p> <p>i. Met pre-defined competency and suitability criteria; and</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • The competency and suitability criteria are public: Yes • <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> <p>The CRTO 2021 - 2025 Strategic Direction & Key Priorities identifies a publicly accessible Council and Committee member competency-based selection criteria as essential to a highly competent & effective Council (Governance & Accountability).</p> <p>A Nomination Form is completed by professional members prior to their election/appointment to a Committee, which outlines our current competency and suitability criteria (Step 2 – Self-Declaration and Step 3 – Competency & Experience Questionnaire).</p> <p>Members’ eligibility criteria were expanded in the revised CRTO By-Laws (approved for circulation at the December 2, 2022, Council Meeting – Item 6.3 – pp. 58 – 60) to ensure that candidates for a Professional Committee Member positions:</p> <ul style="list-style-type: none"> • are not the subject of any disciplinary or incapacity matter with any professional governing body and have not been found guilty by a court or other lawful authority of a criminal offence; and • completes the CRTO’s orientation online module relating to the duties, obligations and expectations of Council and Committee members prior to the date of nomination.

		<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p> <p>The CRTO has retained an external consultant to evaluate our March 3, 2023, Council meeting. Once that is complete, we will finalize the CRTO Council Competency Profile and plan to have it approved at our May 26, 2023, Council meeting in time for implementation in our 2023 election cycle. This profile with assessment potential Professional Committee Member candidates for a foundational understanding of:</p> <ul style="list-style-type: none"> • Self-regulation & the Ontario healthcare system; • Organizational governance and oversight; • Decision-making processes that foster independence and diversity of thought; • Non-profit financial management; and • Diversity, Equity & Inclusion (DEI). 				
	<p>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.</p>	<table border="1" style="width: 100%;"> <tr> <td data-bbox="776 721 2198 776">The College fulfills this requirement:</td> <td data-bbox="2198 721 2612 776">Partially</td> </tr> <tr> <td colspan="2" data-bbox="776 776 2612 1399"> <ul style="list-style-type: none"> • 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 and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. <ul style="list-style-type: none"> • Currently, Committee- specific orientations occur after the Professional Member has been elected/appointed. This is done primarily because Committee appointments are made 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 our legal counsel (Steinecke, Maciura & LeBlanc). Once appointed, all Inquiries, Complaints & Reports Committee (ICRC) members are encouraged to complete the HPRO Discipline Orientation Workshops. • Information regarding election timelines, eligibility, and the nomination process is available on the CRTO Elections web page, which includes 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. There is also a Statutory Committee Fact Sheet available on the CRTO website. </td> </tr> </table>	The College fulfills this requirement:	Partially	<ul style="list-style-type: none"> • 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 and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. <ul style="list-style-type: none"> • Currently, Committee- specific orientations occur after the Professional Member has been elected/appointed. This is done primarily because Committee appointments are made 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 our legal counsel (Steinecke, Maciura & LeBlanc). Once appointed, all Inquiries, Complaints & Reports Committee (ICRC) members are encouraged to complete the HPRO Discipline Orientation Workshops. • Information regarding election timelines, eligibility, and the nomination process is available on the CRTO Elections web page, which includes 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. There is also a Statutory Committee Fact Sheet available on the CRTO website. 	
The College fulfills this requirement:	Partially					
<ul style="list-style-type: none"> • 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 and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. <ul style="list-style-type: none"> • Currently, Committee- specific orientations occur after the Professional Member has been elected/appointed. This is done primarily because Committee appointments are made 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 our legal counsel (Steinecke, Maciura & LeBlanc). Once appointed, all Inquiries, Complaints & Reports Committee (ICRC) members are encouraged to complete the HPRO Discipline Orientation Workshops. • Information regarding election timelines, eligibility, and the nomination process is available on the CRTO Elections web page, which includes 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. There is also a Statutory Committee Fact Sheet available on the CRTO website. 						

			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>
			<p><i>Additional comments for clarification (optional):</i></p> <p>The CRTO is in the process of developing an online Council and Committee 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. The topics covered in this module are as follows:</p> <ul style="list-style-type: none"> • The role of a regulatory body and the mandate of the CRTO; • The legislated responsibilities of Council; • The necessary elements of good governance; • The responsibilities of a Council member (e.g., confidentiality, objectivity, accountability, etc.); and • A brief overview of the Committees and their respective time commitments. <p>The anticipated completion date of the online module is April 2023.</p>	
		<p>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.</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2021, continues to meet in 2022</p>
			<ul style="list-style-type: none"> • 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 and indicate the page number if training topics are public OR list orientation training topics. <p>Please click here to view the CRTO 2021 CPMF Report (page 13).</p> <p>Update:</p> <ul style="list-style-type: none"> • The Council Orientation Presentation has been updated and is presented to every newly appointed Public Member. This orientation session is conducted either in-person or virtually and is facilitated by the Registrar. If possible, the orientation also includes a tour of our office space, a one-on-one meeting with Committee support-staff, and a tour of a downtown teaching hospital facilitated by one of their staff Respiratory Therapists (RTs) to gain a better understanding of the RTs role in the healthcare system. • A Council Orientation Checklist has been developed to outline everything that must be covered prior to a new Public Member’s first Council meeting. 	

			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional):</i>		
		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:	The College fulfills this requirement:	Partially
		<ul style="list-style-type: none"> i. Council meetings; and ii. Council. 	<ul style="list-style-type: none"> • Please provide the year when Framework was developed OR last updated. • Please insert a link to Framework OR link to Council meeting materials and indicate the page number where the Framework is found and was approved. • Evaluation and assessment results are discussed at public Council meeting: Choose an item. • <i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i> 	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes
		<i>Additional comments for clarification (optional)</i>		
		The CRTO has retained an external consultant to evaluate our March 3, 2023, Council meeting. The results of this evaluation will form the basis of the CRTO Council Evaluation Framework that will be brought forward for approval at the May 26, 2023, Council meeting. Once approved, the evaluation framework will be applied at every Council meeting.		

	<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<p>The College fulfills this requirement:</p>	<p>No</p>
		<ul style="list-style-type: none"> • Has a third party been engaged by the College for evaluation of Council effectiveness? No • <i>If yes, how often do they occur?</i> • Please indicate the year of last third-party evaluation. <p>In 2022, the CRTO did not have a process to have a third-party evaluate the effectiveness of Council at a minimum of every three years. However, the CRTO 2021 – 2025 Strategic Direction & Key Priorities 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).</p>	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>
		<p><i>Additional comments for clarification (optional)</i></p> <p>The CRTO has retained an external consultant to evaluate our March 3, 2023, Council meeting. The assessment is based on the principles of good governance within the legislative landscape of the <i>Regulated Health Professions Act (RHPA)</i>, to ensure:</p> <ul style="list-style-type: none"> • Council members have received member orientation/training in advance of attending their first Council meeting; • Council members understand a Conflict of Interest (COI) in the context of the RHPA and the Council’s business, and attest to having no COI or must declare a COI in advance of every Council meeting; • The public interest is considered in every decision of Council; • Transparency is optimized in all Council decision-making; • In-camera matters are considered by Council only when confidentiality for legal purposes or privacy issues requires such; and • Right-touch Regulation is applied to Council decision-making with matters posing the greatest risk to public protection, warranting the greatest regulatory resources. <p>The results of this evaluation will form the basis of the CRTO Council Evaluation Framework that will be brought forward for approval at the May 26, 2023, Council meeting. Once approved, the evaluation framework will be applied at every Council meeting.</p>	

		<p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <p>i. the outcome of relevant evaluation(s);</p> <p>ii. the needs identified by Council and Committee members; and/or</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>	
			<ul style="list-style-type: none"> Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. Please insert a link to Council meeting materials and indicate the page number where this information is found OR Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. <p>i & ii An Educational Needs Assessment was conducted for Council in March 2022. The outcome indicated that Diversity, Equity & Inclusion (DEI) was a top educational priority for Council. Therefore, the CRTO hosted the following facilitated educational sessions for Council and Committee members, as well as CRTO staff in 2022:</p> <ul style="list-style-type: none"> March 22, 2022 – Anti-Black Racism, Anti-Indigenous Racism, Anti-Racism/Anti-Oppression (ARAO Training Session #1) May 10, 2022 – ARAO Training Session #2 November 17, 2022 – ARAO Training Session #3 		
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional):</i></p>		

		<p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. <p>At the CRTO’s Education Day (September 23, 2022), the Council took part in the following training:</p> <ul style="list-style-type: none"> • Privacy for the College of Respiratory Therapists of Ontario • Combating Cybersecurity Risks in Canada’s Healthcare Sector <p>In addition, the following educational modules were developed by the CRTO and must be completed by each Council and Committee members:</p> <ul style="list-style-type: none"> • Role of the Chair • Committees • Regulatory Framework • Financial Literacy Training <ul style="list-style-type: none"> ○ Language of Finance ○ Annual Financial Audit ○ Monitoring Progress • Meeting in a Virtual World <p>In 2022, the CRTO formalized its Risk Management Framework, which includes the identification of the necessary training programs in order to modify or mitigate certain organizational risks.</p> <p>Using the Self-Assessment Guide for Year-End 2022 developed as part of Health Profession Regulators of Ontario’s (HPRO’s) Anti-Racism in Health Regulation Project, the CRTO is at the Proactive level with respect to Diversity, Equity & Inclusion (DEI) initiatives relative to this standard.</p>	<p>Yes</p>
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		Our preliminary assessment is that overall, our College is at the following level, in terms of building capacity to reflect evolving public expectations with respect to Diversity, Equity, and Inclusion:			
		INACTIVE <ul style="list-style-type: none"> • Council and committee members have no awareness to support DEI • There is no diversity of identities among council/committee members 	REACTIVE <ul style="list-style-type: none"> • Decision-makers (council or committee members) display some DEI awareness or skills with limited effectiveness in applying DEI concepts when making decisions • There is limited diversity of identities among council/committees 	PROACTIVE <ul style="list-style-type: none"> • Several council/committee members self-identify in a way that reflects the diversity of the populations we serve/the public • There have been some learning events or resources provided to decision makers 	PROGRESSIVE <ul style="list-style-type: none"> • DEI lens is applied consistently throughout all committees, working groups and projects • DEI competency is a factor in making council/ committee assignments • Council and committee members driving DEI, providing advocacy, and engaging with training and educational opportunities
		<p>In the last year, our College has provided the following learning activities:</p> <ul style="list-style-type: none"> • Three (3) Facilitated Anti-Black Racism, Anti-Indigenous Racism, Anti-Racism/Anti-Oppression (ARAO) Training Sessions for CRO • Indigenous Awareness module completed by staff for National Day for Truth & Reconciliation (Sept. 30, 2022). <p>These activities have been informed by:</p> <ul style="list-style-type: none"> • CRO's DEI Plan (approved by Council March 2022). • Council Effectiveness Survey (reported at the May 2022 Council meeting). 			
		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:		
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	
<p>a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is:</p> <p>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</p> <p><u>Further clarification:</u></p> <p>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.</p>	<p>The College fulfills this requirement:</p> <p>Yes</p> <ul style="list-style-type: none"> • Please provide the year when the 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 last review. <p>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. Beginning in 2021, the CRTO Conflict of Interest Policy was incorporated into the revised CRTO By-Laws (By-Law 2 - Council and Committee - Schedule A). The key elements relating to the Council Code of Conduct (Schedule A - Part 1) and Conflict of Interest (Schedule A - Part 2) are as follows:</p> <ul style="list-style-type: none"> • Council's fiduciary duties, as well as the expectations regarding accountability, competence, and integrity • diversity & inclusion • clear definition of what is, and what is not, considered to be a conflict of interest for a Council and/or Committee member • how conflict of interests can be avoided • managing personal bias <p>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 – pp. 414 - 485) for circulation to our stakeholders (the revised By-Laws received final approval by Council on March 4, 2022 (Item 8.1 – pp. 199 – 273). Our By-Laws were again reviewed, revised and approved for circulation to our stakeholders at our December 2, 2022 Council meeting (Item 6.3 - pp. 35 – 89).</p>	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>

	ii. accessible to the public.	The College fulfills this requirement: <ul style="list-style-type: none"> Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy OR Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. <p>Please click here to view the CRTO 2021 CPMF Report (page 22).</p>	Met in 2021, continues to meet in 2022
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional)</i>	
	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). <u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.	The College fulfills this requirement: <ul style="list-style-type: none"> Cooling off period is enforced through: By-law Please provide the year that the cooling off period policy was developed OR last evaluated/updated. Last updated March 4, 2022 Please provide the length of the cooling off period. 1 year How does the College define the cooling off period? <ul style="list-style-type: none"> – Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number; – Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; OR – Where not publicly available, please briefly describe the cooling off policy. <p>Please click here to view the CRTO 2021 CPMF Report (page 22).</p> <ul style="list-style-type: none"> In the CRTO's most recent By-Laws (which received final approval on March 3, 2023) the cooling off period is outlined in By-Law #2 – Council and Committees - s2.07 and 2.08. 	Met in 2021, continues to meet in 2022

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	
	<p>c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. <u>Additionally:</u></p> <ul style="list-style-type: none"> i. the _____ completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda.</u> 	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • 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: Choose an item. • Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. <ul style="list-style-type: none"> i. The CRTO 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). The Conflict-of-Interest Declarations are included in each Council meeting minutes. ii. The online questionnaire includes a link to the portion of the CRTO By-Laws that contains a definition of conflict of interest (By-Law 2 - Council and Committee - Schedule A - Part 2). iii. To ensure that there is no conflict specific to the materials being discussed at the Council meeting, the Council meeting agenda is shared with Council members prior to a Council member completing the conflict-of-interest questionnaire. This ensures that any specific conflicts with agenda items can be declared, and allows for a more customized conflict check, specific to the materials being covered in at the Council meeting. Staff will review any declarations to further consider if a declaration (if not actual), can still be perceived as a conflict. The questionnaire is completed online by all members prior to the meeting, and the outcome is reported and becomes part of the minutes at the meeting. iv. At the beginning of each Council meeting, Council chair will do a verbal conflict check announcement to ensure that Council member's declarations have not changed subsequent to the council member completing their conflict declaration questionnaire. Further. Conflict of interest is also 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. 	

			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	
		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:	Met in 2021, continues to meet in 2022
			<ul style="list-style-type: none"> 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 and indicate the page number. <p>Please click here to view the CRTO 2021 CPMF Report (page 24).</p> <ul style="list-style-type: none"> A more recent example of how the public interest rationale is articulated and how the items for Council’s decision are linked to the CRTO’s Strategic Direction can be found in the December 2, 2022 Council Meeting Materials package (p. 90). 	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (if needed)</i>	
		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.	The College fulfills this requirement:	Yes
		<p><u>Further clarification:</u> 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.</p>	<ul style="list-style-type: none"> Please provide the year that 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 and indicate page number. <p>The CRTO 2021 - 2025 Strategic Direction & Key Priorities outlines the College's commitment to developing a comprehensive Risk Management Framework to identify and monitor internal and external organizational risk. In 2022, the CRTO embarked on the development of a comprehensive, organization-wide Risk Management Framework, which was approved at the December 2, 2022, Council meeting (pp. 90 – 107).</p> <p>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. To strengthen our IT infrastructure, we retained a cybersecurity company (ISA) that conducted an in-depth IT security architecture review to:</p>	

		<p>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.</p> <p>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.</p>	<ul style="list-style-type: none"> • 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 <p>The CRTO conducted a comprehensive review and updated the (internal) Office Security Policy and Procedure (including updates to a number of security measures, e.g., the office security camera) (Strategic Direction Report, p. 12).</p> <p>In addition, the Council approved our Succession Plan for Senior Leadership Policy at its September 23, 2022 Council meeting (pp. 17 – 27).</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (if needed)</i></p>	

Measure:		
3.1 Council decisions are transparent.		
Required Evidence	College Response	
<p>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.</p>	<p>The College fulfills this requirement:</p> <p>Yes</p> <ul style="list-style-type: none"> 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. <ul style="list-style-type: none"> Currently, the full Council packages are posted on the CRTO website for the past two and a half years of meetings. By the end of 2023, we will have three years worth posted. The Council meeting minutes for the past two years are also posted on the same webpage. Beginning in December 2022, the CRTO began posting Council Meeting Highlights. There is a notation on this same webpage stating that status updates can be obtained from the Registrar upon request. In addition, we have added a notation that Council packages, minutes and meeting highlights can be obtained in French upon request. The CRTO developed the Strategic Plan (quarterly) Progress Report, which provides updates on the implementation of Council decisions related to the strategic initiatives. 	
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
	<p><i>Additional comments for clarification (optional)</i></p>	

		<p>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).</p> <ul style="list-style-type: none"> 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
			<ul style="list-style-type: none"> • Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. <p>The upcoming meeting date and the four most recent Executive Committee 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 2, 2022 – page 202).</p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

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:	Met in 2021, continues to meet in 2022	
	<ul style="list-style-type: none"> Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. Please click here to view the CRTO 2021 CPMF Report (page 28).		
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
	<i>Additional comments for clarification (optional)</i>		
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:	Met in 2021, continues to meet in 2022	
	<ul style="list-style-type: none"> Please insert a link to the College's Notice of Discipline Hearings. Please click here to view the CRTO 2021 CPMF Report (page 28).		
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
	<i>Additional comments for clarification (optional)</i>		

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).	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> 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 and indicate page number. <p>The CRTO 2021 - 2025 Strategic Direction & Key Priorities outlines the CRTO's commitment to embedding the principles of diversity, equity, and inclusion in College processes (Core Business Practices). The CRTO's Patient Relations Committee (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 - pp. 132 - 138).</p> <p>In August 2022, the CRTO contracted Canadian Equality Consulting (CEC) to help develop our Diversity, Equity, and Inclusion (DEI) Strategy. CEC developed customized DEI surveys for CRTO staff, as well as Council and Committee members. The DEI Summary Report based on the outcomes of these surveys is posted on the CRTO website.</p> <p>A Navigating Canada's Complex Histories e-course to commemorate National Truth & Reconciliation Day was completed by all CRTO staff in the fall of 2022 (module created and provided by CEC).</p> <p>The following facilitated DEI training for CRTO staff Council & Committee members was provided:</p> <ul style="list-style-type: none"> March 22, 2022 – Anti-Black Racism, Anti-Indigenous Racism, Anti-Racism/Anti-Oppression (ARAO Training Session #1) May 10, 2022 – ARAO Training Session November 17, 2022 – ARAO Training Session #3 <p>Using the Self-Assessment Guide for Year-End 2022 developed as part of Health Profession Regulators of Ontario's (HPRO's) Anti-Racism in Health Regulation Project, the CRTO is at the Proactive level with respect to Diversity, Equity & Inclusion (DEI) initiatives relative to this standard.</p>	
		Yes

			<p>Our preliminary assessment is that overall our College is at the following level, in terms of having a DEI plan that is integrated and appropriately resourced.</p>
<p>INACTIVE</p> <ul style="list-style-type: none"> • DEI initiatives are not part of reporting • DEI is not defined • DEI issues are considered at a surface level when they arise • Legal aspects of DEI are met • The College has not made DEI specific resourcing or funding commitments 	<p>REACTIVE</p> <ul style="list-style-type: none"> • There is very limited involvement in DEI initiatives • DEI may be defined • DEI issues are considered at a surface level when they arise • Some equity-seeking groups are considered • There are limited KPIs, typically output / activity measures • DEI specific resourcing or funding is being explored 	<p>PROACTIVE</p> <ul style="list-style-type: none"> • There is a designated individual with accountability for DEI progress and action planning • Bias in decision-making is minimized • Policies and processes are updated with DEI in mind • There is some monitoring and measurement of outcomes in place • There is some evidence that policies are having a positive impact • DEI specific funding applications have been submitted to non-profit, provincial, or federal funding agencies • DEI specific internal resources have been allocated 	<p>PROGRESSIVE</p> <ul style="list-style-type: none"> • There is a consistent planning and budgeting process for DEI initiatives and progress integrated into business planning • The strategic plan incorporates DEI and Key Performance Indicators (KPIs) are tracked • Partnerships with DEI stakeholders are nurtured • There is strong evidence of positive outcomes from inclusive policies • More patients have access to culturally safer and evidence-informed care • DEI is included, resourced and/or funded in key projects; impact has been demonstrated through project evaluation
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>		
<p><i>Additional comments for clarification (optional)</i></p>			
		<p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>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.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number 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. <p>The CRTO's Patient Relations Committee (PRC) proposed the adoption of the Ontario MOH Health Equity Impact Assessment (EIA). This proposal was approved at the March 4, 2022 Council Meeting and the CRTO Equity Impact Assessment Tool was adopted at that time (item 7.4.3 - pp. 139-189).</p> <p>The CEC Consultants conducted a policy and process review of two CRTO documents (Employee Handbook and Accessibility Standards Policy) through an equity lens and established an assessment framework that the CRTO can apply to all its policies. This DEI policy review framework requires the following questions to be asked when evaluating an organizational policy or process:</p>

1. Are there individuals or groups that could be disproportionately affected?
2. Does it perpetuate or help to dismantle barriers for marginalized groups?
3. Does it reinforce any negative stereotypes? Is it written in clear and accessible language?
4. Does it use the most up-to-date and inclusive language? Does it contribute to advancing DEI?

Using the **Self-Assessment Guide for Year-End 2022** developed as part of Health Profession Regulators of Ontario’s (HPRO’s) Anti-Racism in Health Regulation Project, the CRTO is at the **Reactive** level with respect to Diversity, Equity & Inclusion (DEI) initiatives relative to this standard.

Our preliminary assessment is that overall our College is at the following level, in terms of our ability to conduct Equity Impact Assessments.

INACTIVE

- DEI in registration is limited to what is legally required
- DEI competence is not part of continuing development and quality assurance and is deferred to schools training new graduates
- Only mandatory areas of focus (e.g., sexual abuse) are being addressed.
- The complaint, investigation and tribunal processes have no scope and/or capacity for addressing DEI issues
- Focus is on the Health Profession’s act’s definition of ‘incapacitated’

Training relating to harassment or discrimination may be recommended if determined relevant as part of discipline and re-licensing

REACTIVE

- **There is anecdotal evidence of inequity**
- **Limited data may impact insight into potential issues (i.e., bias, differential failure/rejection rates)**
- **Assessment of competence may be conflated with language ability**
- **DEI competence is not a discrete part of continuing development and quality assurance**
- **Patients/clients are predominantly viewed from the bio-medical and individualist lenses**
- **The complaint, investigation and tribunal processes have limited scope and/or capacity for addressing DEI issues**
- **Biases and humility in fitness to practice decision-making are explored if raised during the process**

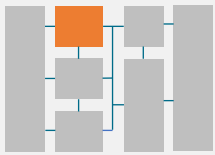
PROACTIVE

- Bridging programs are offered
 - Efforts are underway to increase access to education and credentials
 - Potential bias in assessments is being addressed
 - Eligible professional development activities include DEI
 - Patients/clients are viewed holistically, and beyond a bio-medical and individualist lens, while protecting privacy and confidentiality
 - Key concepts, (e.g., social determinants of health, recovery orientation, trauma informed care) are being explored
 - DEI training for tribunal members exists
 - DEI concerns are addressed during complaints and discipline processes
- There is some access and support addressing biases, humility and intersectionality during the complaints and discipline processes

PROGRESSIVE

- Bridging programs increase access
 - Equitable registration streams increase access for populations such as Indigenous practitioners and specialized Internationally Educated Health Professionals (IEHPs)
 - Quality assurance and continuing professional development provide safe spaces where health professionals may reflect and commit to improving their awareness and application of DEI principles in their practice
 - DEI is thoroughly considered during all phases of the complaints, investigation, and tribunal processes
 - DEI is integrated in all phases of the complaints, investigation, and tribunal processes
 - Potential biases are actively identified and managed
- Humility and intersectionality are explicitly embedded in the fitness to practice process

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>
<p><i>Additional comments for clarification (optional)</i></p> <p>Our College is actively supporting the work of the Health Profession Regulators of Ontario (HPRO) as it develops supports for Colleges to advance their work in Diversity, Equity and Inclusion within the full range of their regulatory practices. Specifically, the September 2021 report commissioned by HPRO from Dr. Javeed Sukhera recommended that regulators should critically appraise existing policies, particularly those for registration, complaints/discipline, and policy/governance. The HPRO Anti-Racism in Health Regulation project provides valuable information for our College to use in conducting these reviews within the context of an Equity Impact Assessment.</p> <p>Current HPRO project activities are designed to provide a set of guiding indicators and support tools that our College will use in the next reporting periods to enable a customized assessment of equity impact, reflecting our particular needs. Specifically, based on our preliminary assessment, we have identified priority areas for a more thorough review of strengths and gaps in 2023 Q2, for action planning in Q3-Q4, and in Q4 we will begin implementation of action to close any identified gaps.</p>			



Measure:
 4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.

DOMAIN 2: RESOURCES

STANDARD 4

Required Evidence

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.

College Response

The College fulfills this requirement:	Yes
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- Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan **AND** a link to the most recent approved budget and indicate the page number.
- Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.

As outlined in the [CRTO’s Strategic Plan – Progress Tracking 2022/23 Report](#), there were a number of activities and projects that the CRTO undertook in 2022 that were aligned with the [CRTO 2021 - 2025 Strategic Direction & Key Priorities](#), such as:

- Retained a consulting agency to align the CRTO’s approved language proficiency standards to the federally approved language proficiency tests for Canadian Immigration
- Conducting CRTO staff-led stakeholder site meetings and presentations
- Collaborating with the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB) to harmonize registration and professional practices aimed at strengthening labour mobility, such as a common jurisdictional verification process and a national set of professional and ethical standards.

The CRTO’s Strategic Direction emphasizes our commitment to ensuring clear financial alignment with strategic priorities (Core Business Practices). Therefore, in 2022, the CRTO through its Finance & Audit Committee, did the following:

- Created a series of Financial Literacy eLearning modules that have been reviewed by all Council & Committee members
- Established a tool for the Annual Assessment of the External Auditor, which was presented at the [May 27, 2022](#), Council meeting (Item 4.2 - pp. 44 – 48).
- Reviewed and revised the CRTO Investment Policy, which received final approval at the [September 23, 2022](#) Council meeting (Item 8.3 - pp. 135 – 143).

The CRTO also reviewed and revised two additional financial policies, **Procurement of Goods & Services** and **Honoraria & Expenses**, both of which were approved at the [December 2, 2022](#) Council meeting (Item 10.1 - pp. 211 – 233).

			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	
		<p>b. The College:</p> <p>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</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<p>The College fulfills this requirement:</p>	<p>Partially</p>
			<ul style="list-style-type: none"> • Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. • 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? Choose an item. <p>i. The Finance & Audit Committee created a new Financial Reserves Policy, which received final approval at the September 23, 2022 Council meeting (pp 144- 148).</p> <p>ii. The CRTO possess the level of reserves outlined in our Financial Reserves Policy, as demonstrated in our February 28, 2022 Audited Financial Statements.</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item. Yes</p>
			<p><i>Additional comments for clarification (if needed)</i></p> <p>The CRTO Reserve Policy was sent to our financial auditor (Hilborn LLP) on February 23, 2023 to be validated.</p>	

	<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>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).</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • 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 and indicate the page number. <p>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.</p> <p>The CROTO Council approved the CROTO Succession Plan for Senior Leadership Policy at the September 23, 2022, Council meeting (Item 4.6 - pp. 17 - 27).</p> <p>The CROTO Employee Handbook, which is the CROTO Employee Policy and was revised in August 2022, outlines the College’s strategy for staff recruitment, retention and development. It includes such information as:</p> <ul style="list-style-type: none"> • Compensation, salaries, and benefits • Health and safety • Performance Evaluations • Respect in the Workplace <p>As mentioned previously, the CROTO Employee Handbook was evaluated by the CEC consultants, who determined that the policy clearly demonstrates the CROTO commitment to diversity in the workplace.</p> <p>The Registrar conducts annual self and 360 evaluations for all staff aimed at facilitating personal and professional development, in accordance with the Employee Handbook. The Executive Committee conducts the annual self and 360 evaluation of the Registrar, in accordance with our Registrar & CEO Performance Review and Compensation Policy, that was revised, reviewed and approved at the September 23, 2022, Council meeting (pp. 153 – 173).</p>	<p>Yes</p>
<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>			

		<p>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).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the College’s data and technology plan which speaks to improving College processes OR please briefly describe the plan. <p>The CRTO Incident Response Plan 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. This plan was reviewed and revised February 2022.</p> <p>The CRTO also has an IT Disaster Recovery Plan that outlines the CRTO’s response to catastrophic events such as a cyberattack or ransomware. This plan was reviewed and revised in January 2022, and takes all of the following areas into consideration:</p> <ul style="list-style-type: none"> Network Infrastructure Servers Infrastructure Telephony System Data Storage and Backup Systems Software Systems Database Systems Data Output Devices <p>On an ongoing basis, the CRTO:</p> <ul style="list-style-type: none"> Maintains an inventory of accounts. Manages access control for all enterprise assets through a directory service. Uses processes and tools to create, assign, manage, and revoke access credentials for enterprise assets and software. Maintains role-based access control (e.g., Human Resources, Financial, etc.). Evaluates security software, tools, and applications to determine if they are safeguarding the College’s data. Actively manages inventory of all enterprise assets (end-user devices and servers) connected to the network, physically, virtually, remotely, and those within cloud environment. Ensures authorized software is currently supported. 	<p>Yes</p>
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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. Based on their recommendations, the CRTO completed the following system improvements in 2022:

- Enabled MFA (Multi-Factor Authentication) for Office 365.
- Installed patch management on end-user devices to perform automated application updates.
- Installed antivirus and patch management on server to safeguard and protect data.
- Applied recommended configurations on the antivirus.
- Created Guest wi-fi to prevent unauthorized access to the CRTO network.
- Maintained hardware and software inventory lists.
- Maintained an inventory of user devices (e.g., workstations, laptops).
- Removed unused/dormant user accounts.
- Installed a next generation firewall and upgraded router, switch, VPN.
- Signed up for security awareness and skills training.

ISA also provides the CRTO with 24/7/365 incident response services. As part of this initiative, the CRTO began a cybersecurity training program for CRTO staff.

In April 2022, the CRTO began the process of the digitalization and electronic storage of all paper member registration and renewal records. This project was completed in October 2022

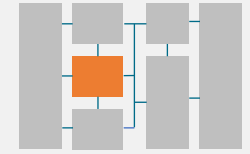
The CRTO **Records Management & Retention Policy** was reviewed, revised and approved in November 2022 [presented at the [December 2, 2022](#), Council meeting (Item 10.4 - pp. 248 – 258)].

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 3: SYSTEM PARTNER



STANDARD 5 and STANDARD 6

<p>Measure / Required evidence: N/A</p>	<p>College response</p> <p><i>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.</i></p> <p><i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i></p>
<p>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.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p>	<p>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice 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:</p> <ul style="list-style-type: none"> <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i> <p>The CRTO engages with other Ontario health regulatory bodies through membership on the Health Profession Regulators of Ontario (HPRO) Board and numerous working groups (Professional Practice, Quality Assurance, Communications) as well sub-committees (Anti-BIPOC Racism, Communication, Information Sharing, etc.). The CRTO engages with its provincial counterparts through membership on the Board of the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB), and its working groups (Standards of Practice, Registration Harmonization, etc.).</p> <p>Please follow the link to view a complete list of system partners, initiatives, and outcomes - STD 5 - CRTO System Partners – Engagement.</p>

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, mental health, labor mobility etc.). 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).*

Public/Societal Expectations:

That there are an adequate number of RTs to serve the public

- Through its work with the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB), the CRTO began work in 2022 on the review and revision of the NARTRB National Competency Framework, the development of a national Standards of Practice, and harmonization of registration practices across Canada to enable seamless labour mobility (e.g., common registration verification form, updated national language benchmarks).
- There are seven RT educational programs in Ontario, which we regularly interface with through membership on their respective Program Advisory Committees (PAC). This allows us to understand better their challenges in delivering the curriculum and, by extension, the students' acquisition of all requisite competencies. In 2022, this relationship enabled timely communication regarding implementing changes in policies and/or registration practices that impacted RT students and recent graduates.
- The CRTO has an established assessment process for graduates from unaccredited programs that is conducted in partnership with Unity Health Toronto's Li Ka Shing Knowledge Institute at St. Michael's Hospital. This site was chosen for the Clinical Skills Assessment portion of the evaluation because they have a state-of-art simulation lab that can provide the appropriate practice environment necessary to enable the candidate to demonstrate the requisite entry-to-practice RT skills (i.e., operating room, intensive care unit).

That the delivery of healthcare embodies the principles of Diversity, Equity & Inclusion (DEI)

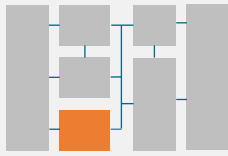
- During 2022, the CRTO engaged in facilitated DEI focus groups hosted by the Office of the Fairness Commissioner (OFC). These sessions were for both Registrar/Presidents and Council members and College staff to discuss DEI within the context of healthcare regulation and exam how racism and bias are enabled or mitigated through regulatory processes.
- CRTO staff attended a full-day Master Class on DEI at the Canadian Network of Agencies of Regulation (CNAR) October 2022 conference.
- The CRTO presents a [Strategic Direction Update Report](#) at every quarterly Council meeting and posts the revised version on the CRTO website.
- In 2022, the CRTO conducted a Standards of Practice review and revision with the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB) that involved the expansion of the existing guidance related to DEI.
- During 2022, the CRTO worked with other Ontario health regulatory Colleges (through the Health Profession Regulators of Ontario - HPRO) on the Anti-BIPOC Racism project.

That patients receive safe, competent & ethical care from Respiratory Therapists

- In 2022, the CRTO engaged with its membership and subject matter experts as part of an ongoing effort to ensure that our [Professional Practice Guidelines & Clinical Best Practice Guidelines](#) are kept up-to-date and relevant to current professional practice.
- CRTO staff meet with students in the seven Ontario RT educational programs on a regular basis to help prepare them to enter the profession. The topics presented include professionalism, professional conduct, the regulatory framework of RT practice in Ontario, and the CRTO registration process.

That patient and member data collected and retained by the CRTO remains safe & secure

- In 2022, the CRTO partnered with [ISA Cybersecurity](#) to conduct a security architecture assessment and make recommendations for system improvements. They were also contracted to provide cybersecurity awareness training for CRTO staff as well as continuous incident response services.
- The CRTO engaged in public consultation to update the **Privacy Policy**, which was approved at the [December 2, 2022](#), Council meeting (pp. 234 – 247).



Measure:

7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.

DOMAIN 4: INFORMATION MANAGEMENT

STANDARD 7

Required Evidence

- a. The College demonstrates how it:
 - i. uses policies and processes to govern the disclosure of, and requests for information;

College Response

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.
- i. CRYPTO Council & Committee members, as well as staff, assessors and other internal stakeholders are bound by legislation and the CRYPTO **Confidentiality Policy**, which was reviewed, revised and approved at the [September 23, 2022 Council meeting](#) (pp. 125 – 134) In addition, s.1.10 & 1.13 of the [CRYPTO Code of Conduct](#) (By-Law 2 - Council & Committee – Schedule A) outlines the requirement for Council and Committee members to abide by the CRYPTO Confidentiality Policy as well as the confidentiality provisions of the *Regulated Health Professions Act, 1991* and the *Code*.

At its September Education Day, CRYPTO Council and staff participated in two presentations related to disclosure of information:

- Privacy Training, which included:
 - Meaning of privacy
 - The privacy rules that guide Colleges
 - Safeguards and privacy breach response
 - Access and correction
- Combating Cybersecurity Risks in Canada’s Healthcare Sector, which included:
 - Introduction to ISA Cybersecurity
 - How Concerned Should We Be?
 - Current Security Threats: Who, What, Why?
 - The Convergence of Cyber
 - Security Tips and Tactics for Healthcare

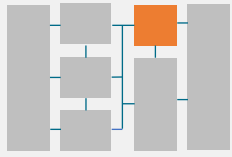
			<p>The CRTO has a Privacy Policy that was reviewed, revised and approved at the December 2, 2022 Council meeting (pp. 234 – 247). The corresponding Privacy Procedure was also reviewed and revised in December 2022 and the outlines the following:</p> <ol style="list-style-type: none"> 1. Privacy safeguards put in place to protect personal information collected, used and disclosed by the CRTO 2. Retention and destruction of personal information 3. Role of the Privacy Officer 4. Process for responding to individual access requests and challenges to the accuracy and completeness of personal information <p>The CRTO also has an administrative Records Management and Retention Policy that was reviewed, revised in 2022 and was approved by the Registrar on November 15, 2022. A copy can be found in the December 2, 2022, Council meeting package (pp. 248 – 258).</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>
<p><i>Additional comments for clarification (optional)</i></p>			
		<p>ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and</p> <p>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <p>Partially</p> <ul style="list-style-type: none"> • 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. <p>ii. Completed a security architecture assessment to identify gaps and improve the current security posture. The following controls have been updated and put in place:</p> <ul style="list-style-type: none"> • Implemented a next generation firewall to prevent rogue devices from being connected to the network unless authorized. • Replaced its Router and VPN to the latest technology to properly segment traffic, for better visibility and control of the network. • Conducted an in-person cybersecurity readiness training for staff, council, and committee members. • Signed up for annual security awareness program to influence behaviour among users to be security conscious and properly skilled to reduce cybersecurity risks. The program includes:

- New Hires Training (active 24/7) – all year round
- General Security Awareness Training (launch for all users quarterly) – 4 campaigns/year
- Phishing Campaign (launched for all users quarterly) - 4 campaigns/year
- Remediation Training (launch for all users who fail phishing campaign) - 4 campaigns/year

CRTO has an [Incident Response Plan](#) in place and signed up for 24/7/365 Incident Response service. In addition, the CRTO has an administrative [Office Security Policy](#) that was reviewed, revised in 2022 and was approved by the Registrar on August 12, 2022. The corresponding Office Security Procedure outlines the protective measures the CRTO has taken to protect against unauthorized access to any material physically housed in the CRTO office, such as an upgraded security system and controlled office access.

If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.

- iii. In 2023, the CRTO plans to incorporate the strategy for accidental disclosure of confidential information into our organizational Risk Management Framework.



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).

DOMAIN 5: REGULATORY POLICIES

STANDARD 8

Required Evidence

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.

Benchmarked Evidence

College Response

The College fulfills this requirement:

Met in 2021, continues to meet in 2022

- 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 and indicate the page number(s) **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).

Please click on the link to view the [CRTO 2021 CPMF Report](#) (page 43).

Update:

As outlined in the most recent [Strategic Plan Process Report](#), (pp. 6 – 8) in 2022 the CRTO reviewed and revised:

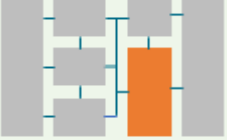
- 30 policies (and archived an additional 19)
- Six Professional Practice Guidelines

If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.

		<p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <ul style="list-style-type: none"> i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and vi. stakeholder views and feedback. <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • 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 and indicate the page number(s) OR please briefly describe the College's development and amendment process. <ul style="list-style-type: none"> i. As outlined in the full version of CRTO Policy Framework, 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). You may click on these link to see an overview of the CRTO Policy Framework and the CRTO Policy Development Process. ii. The Guiding Principles of our framework (pp. 2 - 3) are aligned with those of right-touch regulation and hold that a policy, standard or practice guideline should be appropriate to the risk posed. The policy framework was established to ensure a targeted approach - only using policies when necessary, while still providing all the necessary resources and direction to members. Before creating a new policy, or reviewing an existing one, the CRTO conducts research into the relevant data (e.g., complaints and reports, professional practice queries). iii. Once it has been determined that a policy or other regulatory document needs to be developed or revised, the CRTO conducts 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. In some cases, this is supported through forming a working group including external subject matter experts, patients, and the public (p. 12). iv. The CRTO, through its affiliation with the Health Profession Regulators of Ontario (HPRO), utilizes every opportunity to work collaboratively with other Ontario health regulatory Colleges to develop policies, standards and guidelines that apply to areas of common concern (e.g., Social Medial, Information Sharing with Third Parties). In addition, through its affiliation with the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB), the CRTO is currently involved with several projects aimed at developing policies, standards, and guidelines to be shared across all provincial jurisdictions that regulate Respiratory Therapy (e.g., updating the Language Proficiency for Respiratory Therapy policy). v. The CRTO's Public Members are involved in every phase of our policy development process, in their participation on Committees and Council. Also, where possible, the CRTO utilizes the services of the Citizen's Advisory Group as a means of obtaining information on public expectations. vi. During the CRTO's Consultation Process, documents are posted for a 30 - 60 day public consultation period, depending on the legislative requirements. 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 	<p>Yes</p>
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			<p>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 (CRTO Policy Framework - pp. 8 & 13).</p>				
			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>				
		<p>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.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td data-bbox="758 539 2198 597">The College fulfills this requirement:</td> <td data-bbox="2198 539 2575 597" style="text-align: center;">Yes</td> </tr> <tr> <td colspan="2" data-bbox="758 597 2575 1435"> <ul style="list-style-type: none"> • 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. <p>The CRTO is nine months into a three-year Diversity, Equity and Inclusion Strategy. The CRTO’s DEI Plan and Equity Impact Assessment tool were both approved at the March 4, 2022, Council meeting (pp. 132 – 189). The consulting group that the CRTO has retained to help implement our DEI plan, Canadian Equity Consulting, has conducted a thorough review of various policies, programs, documents and practices to detect issues, legal non-compliance, and equity gaps. This review was intended to help identify and remove systemic barriers to inclusion. When considering policies, guidelines, and standards through an equity lens, the CRTO asks the following questions:</p> <ol style="list-style-type: none"> 1. Are there individuals or groups that could be disproportionately affected? 2. Does it perpetuate or help to dismantle barriers for marginalized groups? 3. Does it reinforce any negative stereotypes? 4. Is it written in clear and accessible language? 5. Does it use the most up-to-date and inclusive language? 6. Does it contribute to advancing DEI? <p>The CRTO’s Code of Ethics for its members is articulated in our A Commitment to Ethical Practice document, which includes a section on Diversity, Equity & Inclusion. The CRTO Code of Ethics for Council and Committee members is outlined in the CRTO By-Laws (schedule A of By-Law #2 – Council & Committee Code of Conduct and Conflict of Interest). This includes a section on Diversity & Inclusion (s.1.19 - 1.21).</p> </td> </tr> </table>	The College fulfills this requirement:	Yes	<ul style="list-style-type: none"> • 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. <p>The CRTO is nine months into a three-year Diversity, Equity and Inclusion Strategy. The CRTO’s DEI Plan and Equity Impact Assessment tool were both approved at the March 4, 2022, Council meeting (pp. 132 – 189). The consulting group that the CRTO has retained to help implement our DEI plan, Canadian Equity Consulting, has conducted a thorough review of various policies, programs, documents and practices to detect issues, legal non-compliance, and equity gaps. This review was intended to help identify and remove systemic barriers to inclusion. When considering policies, guidelines, and standards through an equity lens, the CRTO asks the following questions:</p> <ol style="list-style-type: none"> 1. Are there individuals or groups that could be disproportionately affected? 2. Does it perpetuate or help to dismantle barriers for marginalized groups? 3. Does it reinforce any negative stereotypes? 4. Is it written in clear and accessible language? 5. Does it use the most up-to-date and inclusive language? 6. Does it contribute to advancing DEI? <p>The CRTO’s Code of Ethics for its members is articulated in our A Commitment to Ethical Practice document, which includes a section on Diversity, Equity & Inclusion. The CRTO Code of Ethics for Council and Committee members is outlined in the CRTO By-Laws (schedule A of By-Law #2 – Council & Committee Code of Conduct and Conflict of Interest). This includes a section on Diversity & Inclusion (s.1.19 - 1.21).</p>	
The College fulfills this requirement:	Yes						
<ul style="list-style-type: none"> • 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. <p>The CRTO is nine months into a three-year Diversity, Equity and Inclusion Strategy. The CRTO’s DEI Plan and Equity Impact Assessment tool were both approved at the March 4, 2022, Council meeting (pp. 132 – 189). The consulting group that the CRTO has retained to help implement our DEI plan, Canadian Equity Consulting, has conducted a thorough review of various policies, programs, documents and practices to detect issues, legal non-compliance, and equity gaps. This review was intended to help identify and remove systemic barriers to inclusion. When considering policies, guidelines, and standards through an equity lens, the CRTO asks the following questions:</p> <ol style="list-style-type: none"> 1. Are there individuals or groups that could be disproportionately affected? 2. Does it perpetuate or help to dismantle barriers for marginalized groups? 3. Does it reinforce any negative stereotypes? 4. Is it written in clear and accessible language? 5. Does it use the most up-to-date and inclusive language? 6. Does it contribute to advancing DEI? <p>The CRTO’s Code of Ethics for its members is articulated in our A Commitment to Ethical Practice document, which includes a section on Diversity, Equity & Inclusion. The CRTO Code of Ethics for Council and Committee members is outlined in the CRTO By-Laws (schedule A of By-Law #2 – Council & Committee Code of Conduct and Conflict of Interest). This includes a section on Diversity & Inclusion (s.1.19 - 1.21).</p>							

			<p>Using the Self-Assessment Guide for Year-End 2022, developed as part of Health Profession Regulators of Ontario’s (HPRO’s) Anti-Racism in Health Regulation Project, the CRTO is at the Proactive level with respect to Diversity, Equity & Inclusion (DEI) initiatives relative to this standard.</p>	
<p>Our preliminary assessment is that overall our College is at the following level, in terms of ensuring that our policies, guidelines, standards and Code of Ethics promote Diversity, Equity and Inclusion.</p>			<p>INACTIVE</p> <ul style="list-style-type: none"> • There is no DEI consideration in policies, practice standards and guidelines • DEI stakeholder relations may be perceived as outside of the regulatory mandate 	<p>REACTIVE</p> <ul style="list-style-type: none"> • Limited DEI consideration in policies, current practice standards and guidelines • Review of policies, practice standards and guidelines through a DEI-lens is being planned • External DEI stakeholders initiate relations DEI stakeholder relations are minimal and inconsistent
<p>PROACTIVE</p> <p>PROACTIVE</p> <ul style="list-style-type: none"> • DEI impact is considered when developing/renewing policies, practice standards and guidelines • Research into the best available evidence is incorporated as part of any policy/guidelines/standard review • Registrants’ questions and enquiries are handled sensitively, and alternative communication channels offered when requested • Equity-seeking groups are consulted <p>Several DEI stakeholder relations exist, mostly within short-term initiatives</p>			<p>PROGRESSIVE</p> <ul style="list-style-type: none"> • Policies and practice standards are grounded in best available evidence using a DEI-lens • DEI is embedded in each practice standard and guideline • DEI impact of the standard or guideline has been evaluated • Registrants routinely suggest how to enhance DEI in practice • There is a robust set of contacts and a consistent practice of engaging relevant stakeholders • There is ongoing collaboration across groups and health professions 	
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>	
<p><i>Additional comments for clarification (optional)</i></p>				

	<p>Measure: 9.1 Applicants meet all College requirements before they are able to practice.</p>	
	<p>DOMAIN 6: SUITABILITY TO PRACTICE</p> <p>STANDARD 9</p>	<p>Required Evidence</p> <p>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.)¹.</p>

¹ This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	
		<p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, 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.).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> • 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 and indicate page numbers 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. <p>The CRTO’s Policy Framework outlines how policies are reviewed and updated, the framework applies to all registration policies related to the CRTO’s registration requirements (e.g., currency, language proficiency, etc.). The Framework outlines a rigorous policy review process to ensure that all legislative and regulatory requirements have been met and that the CRTO policies reflect best practices. In 2022, the following registration policies addressing registration requirements were reviewed and updated under the Policy Framework:</p> <p><u>April 8, 2022, Council Meeting</u></p> <ul style="list-style-type: none"> • Entry-to-Practice Competency Assessment (pp. 114 – 121) • Entry-to-Practice Competency Assessment Appeal (pp. 122 – 128) • Labour Mobility: Applicants from Regulated Canadian Jurisdictions (pp. 129 – 135) • Registration Currency (pp. 144 – 156) <p><u>May 27, 2022, Council Meeting</u></p> <ul style="list-style-type: none"> • Graduate Certificate of Registration (pp. 239 – 245) • Approval of Canadian Education Programs (pp. 246 – 256) • Application for Registration Document Requirements (pp. 257 – 265) • Application for Registration - File Closure (p. 266 – 271) <p>In addition, the following Professional Conduct policies related to registration matters were also reviewed, revised, sent out for public consultation, approved by Council at the May 27, 2022 meeting, and have been posted on the CRTO website:</p>	

- [Unauthorized Use of Title and Holding Out Prior to Registration](#) (pp. 228 – 238)
- [Language Proficiency Requirements Policy](#) :This policy was reviewed, revised and approved at the [April 8, 2022](#), Council meeting (pp. 136 – 143). It was updated again in December 2022 in response to the recent amendments to the Regulated Health Professions Act (s. 3. (1) and (2) O. Reg. 508/22, which created a new legal obligation for Ontario regulators to accept the same tests approved by the Immigration, Refugees and Citizenship Canada (IRCC) to assess language proficiency. As part of the review process, the CRTO engaged subject matter experts to ensure that the CRTO’s approved language proficiency standards align to those approved by IRCC.

Lastly, the CRTO participated in a National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB) working group to review and update the [Jurisdictional Registration Verification form](#). This project included a review of best practices from other regulators and a legal review.

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: 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.		
<p>c. A risk-based approach is used to ensure that currency² 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.).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
<ul style="list-style-type: none"> • 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. <p>Currency</p> <p>The currency requirement for applicants for registration and Inactive members applying for reinstatement is established in the Registration Regulation [s.55(5) and 58(3)]. Applicants who do not meet the currency requirement are referred by the Registrar to a panel of the Registration Committee for consideration. The Registration Currency Requirement Policy sets out the considerations that may be used by the Registration Committee to determine whether it is in the public interest to approve an application for registration when the applicant does not satisfy the currency requirement, and if so, whether a term, condition, or limitation should be imposed on the certificate of registration. The CROTO Registration Currency Requirement Policy was reviewed and updated under the Policy Framework. The CROTO Council approved the revised policy at its April 8, 2022 meeting (pp. 144 – 156).</p> <p>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 their respiratory therapy employers within the past five years.</p> <p>The CROTO's Graduate Certificate of Registration Policy outlines the parameters of a Graduate Respiratory Therapists (GRTs) certificate of registration. GRTs who successfully complete the Canadian Board of Respiratory Care (CBRC) examination are required to meet currency requirements prior to being granted a General Certificate of Registration (RRT). To do this, CROTO staff reviews when the GRTs graduated and when they are last employed to ensure that they meet currency requirements. The CROTO Council approved the revised policy at its May 27, 2022, meeting (pp. 239 – 245).</p>		

Other Competency Requirements

The CRTO’s registration requirements and processes (e.g., education, examinations and assessments) are based on the [National Competency Framework \(NCF\)](#). The NCF lists the competencies (knowledge, skills, abilities, and judgment) considered essential for entering the practice of Respiratory Therapy in Ontario.

The [CRTO Entry-to-Practice Competency Assessment Policy](#) sets out the criteria and processes used by the Registration Committee to determine whether an applicant for registration has the required entry-to-practice competencies. The CRTO Council approved the revised policy at its [April 8, 2022](#) meeting (pp. 114 – 121).

When reviewing applications referred to the Registration Committee by the Registrar (e.g., because the applicant appears not to meet a registration requirement such as currency or competency gaps), the Registration Committee uses comprehensive risk-based assessment tools ([RC Panel Decision Tool](#)).

The CRTO’s [Professional Development Program](#) developed under the [Quality Assurance Regulation](#) ensures that once registered, members of the CRTO maintain their competencies and participate in continuing professional development.

At the [December 2, 2022 meeting](#), (pp. 90 – 107) Council approved the CRTO’s [Risk Management Framework](#). The purpose of the Risk Management Framework is, in part, to further integrate risk management into CRTO’s processes (including registration and quality assurance). In 2023, the CRTO will conduct a comprehensive review of its processes based on the new framework to ensure continual improvement of risk management across the organization.

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)

² 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:	Met in 2021, continues to meet in 2022
		<ul style="list-style-type: none"> 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 <p style="padding-left: 20px;">Please click on the link to view the CRTO 2021 CPMF Report (p. 51).</p>		
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.	
		<i>Additional comments for clarification (if needed)</i>		

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	
<p>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).</p> <p><u>Further clarification:</u></p> <p>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.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: <ul style="list-style-type: none"> Name of Standard 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 <i>If not, please provide a brief explanation:</i> <p>Please click on the link to view the CRTO 2021 CPMF Report (p. 52).</p>	
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Met in 2021, continues to meet in 2022</p> <p>Choose an item.</p>
	<p><i>Additional comments for clarification (optional)</i></p>	

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 ³ .		
a. The College has processes and policies in place outlining: <ul style="list-style-type: none"> i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant’s practice; 	The College fulfills this requirement: <ul style="list-style-type: none"> • 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 and indicate the page number. • Is the process taken above for identifying priority areas codified in a policy: Yes • <i>If yes, please insert link to the policy.</i> Please click on the link to view the CRTO 2021 CPMF Report (p. 53). Update: The CRTO Professional Development Program Policy was reviewed, revised and approved at the April 8, 2022 , Council meeting (pp. 157 – 166).	Met in 2021, continues to meet in 2022
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
	<i>Additional comments for clarification (optional)</i>	

³ “Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

	<p>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</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • 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 and indicate page number(s). 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). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> - <i>Public</i> Yes - <i>Employers</i> Yes - <i>Registrants</i> Yes - <i>other stakeholders</i> Yes <p>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:</p> <ul style="list-style-type: none"> • A more equitable annual selection process • A professional portfolio that provides greater integration with member's practice <p>The Professional Development Program Membe’s Guide outlines the:</p> <ul style="list-style-type: none"> • Components of the Professional Development Program (PDP) • When members are required to complete which component of the program • What constitutes successful completion <p>The CRTO Launch RT Jurisprudence Assessment Member's Guide outlines:</p> <ul style="list-style-type: none"> • Who is required to complete the assessment • How and when the assessment takes place • What constitutes successful completion <p>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, which is designed to both acknowledge and encourage a broad range of professional competencies.</p>	<p>Yes</p>
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			<p>Members undergo the CRTO PDP assessments based on the following criteria:</p> <ul style="list-style-type: none"> • Launch Jurisprudence Assessment – completed by all-new CRTO members (recent graduates, members coming from other jurisdictions, reinstatement members) within 3 months of registration. • Relevant eLearning Module - completed annually by all CRTO members (Active & Inactive) between the beginning of January and the end of February. • Portfolio Online for Respiratory Therapists (PORTfolio^{OM}) - submitted every 5 years by all Active CRTO members. • SCERP & Practice Assessment - completed only as required. The CRTO utilizes a ladder approach to QA remediation and only employ SCERPs and Practice Assessments when it has been identified in the Launch RT Jurisprudence Assessment or the PORTfolio assessment process that a member requires additional education and guidance to successfully meet their CRTO PDP requirements. <p>For the annual review and revision of the Launch RT Jurisprudence Assessment and the creation of the Relevant eLearning Module, CRTO staff utilize the following data:</p> <ul style="list-style-type: none"> • Results from the previous assessments (i.e., topics that were frequently answered incorrectly) • Nature and frequency of professional practice and registration-related queries from members • Nature and frequency of professional conduct queries from employers and members of the public 								
			<table border="1"> <tr> <td data-bbox="758 943 2198 997"><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></td> <td data-bbox="2198 943 2580 997">Choose an item.</td> </tr> </table>	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.						
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.										
			<i>Additional comments for clarification (optional)</i>								
		<p>iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.</p>	<table border="1"> <tr> <td data-bbox="758 1105 2093 1149">The College fulfills this requirement:</td> <td data-bbox="2093 1105 2580 1149">Met in 2021, continues to meet in 2022</td> </tr> <tr> <td colspan="2" data-bbox="758 1149 2580 1292"> <ul style="list-style-type: none"> • Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR list criteria. <p>Please click on the link to view the CRTO 2021 CPMF Report (p. 55).</p> </td> </tr> <tr> <td data-bbox="758 1292 2198 1346"></td> <td data-bbox="2198 1292 2580 1346">Choose an item.</td> </tr> <tr> <td colspan="2" data-bbox="758 1346 2580 1442"><i>Additional comments for clarification (optional)</i></td> </tr> </table>	The College fulfills this requirement:	Met in 2021, continues to meet in 2022	<ul style="list-style-type: none"> • Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR list criteria. <p>Please click on the link to view the CRTO 2021 CPMF Report (p. 55).</p>			Choose an item.	<i>Additional comments for clarification (optional)</i>	
The College fulfills this requirement:	Met in 2021, continues to meet in 2022										
<ul style="list-style-type: none"> • Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR list criteria. <p>Please click on the link to view the CRTO 2021 CPMF Report (p. 55).</p>											
	Choose an item.										
<i>Additional comments for clarification (optional)</i>											

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

<p>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 practicing.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
	<ul style="list-style-type: none"> • 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. <p>Professional Development Program Remediation Processes</p> <p>The CRTO Professional Development Policy (pp. 2 - 3) 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 (e.g., mentor). 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.</p> <p>The remediation process for the member PORTfolio is somewhat different, as the CRTO employs a one-on-one coaching process for members who are unsuccessful in meeting the requisite criteria with their first submission. Once a PORTfolio is submitted online, it is reviewed by an assigned RT PORTfolio Peer Assessor using the established PORTfolio Assessment Criteria. If the member fails to meet the criteria, they are required to meet with their RT Peer Assessor (via teleconference). Based on the outcome of that meeting, the Peer Assessor will make a recommendation that the member:</p> <ul style="list-style-type: none"> • Consider changes for future PORTfolio submissions, • Revise and resubmit their current PORTfolio, or • Resubmit their PORTfolio again the following year. <p>ICRC remediation processes are conducted internally. The process is as follows:</p> <ol style="list-style-type: none"> 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 discusses the questions that have been provided in advance and considers 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](#))

Members that are required by a panel of the ICRC to complete a remediation course conducted by a third-party (e.g., [PROBE](#)) will have to repeat all or part of the course, if the course facilitator identifies that the member did not satisfactorily complete all components of the remediation 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 (if needed)

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:

Yes

- 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 policies/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. In 2022 the CRTO contracted a consultant to perform an expert review of the CRTO complaints/reports/health inquiry processes. Relying on this expert final report, the CRTO updated its [ICRC – Overall Process Guide Checklist](#) (see 11.1a.i - 1). This document was developed to guide the management of investigations of complaints, reports and health inquiries. In addition, the CRTO developed an internal process guide which sets out the steps of the process and allocates responsibilities among CRTO staff in relation to duties and after a complaint is received ([Allocation of Complaints Process Responsibilities](#) – see 11.1a.i – 2). This process guide includes a checklist that sets out all items to be discussed with a complainant in the intake conversation to ensure that all relevant information is obtained and discussed with a complainant. The intake conversation includes timelines for next steps, so that a complainant is aware of what is to be expected.
 - 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](#) and a guide entitled [Complaints Process: Information for the Ontario Public](#). The CRTO's policy for [Funding for Supportive Measures \(Patient/Client\)](#) is publicly available on the CRTO website along with corresponding application forms. The CRTO website also contains an online [Submit a Concern](#) form.

When a complaint is submitted, CRTO staff make telephone contact with a complainant within 5 business days and describe the CRTO complaints process, confirm their understanding of the process, describe immediate next steps, and invite contact from complainants should they have any questions about the process. After this contact is made, a formal acknowledgment of complaint letter is sent which includes as an enclosure the [Complaints Process: Information for the Ontario Public](#). The letter and enclosure describe the next steps in the process (member to be notified, investigator will contact complainant for interview, documentation will be gathered, member will respond, panel review and make a decision, appeal process).

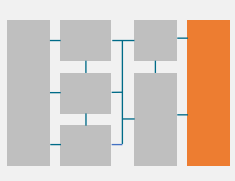
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	
		iii. evaluated by the College to ensure the information provided to complainants is clear and useful.	The College fulfills this requirement:	Partially
		<hr/> <i>Benchmarked Evidence</i> <hr/>	<ul style="list-style-type: none"> Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. <p>After a complaint is submitted, CRTO staff make telephone contact with a complainant, explaining the CRTO complaints process and confirm their understanding of the process and invite contact from complainants should they have any questions about the process.</p> <p>In addition, CRTO staff follow up with the assigned investigator to discuss the Complainant’s progress through the complaints process. CRTO staff will intervene and contact complainants if there is any suggestion of misunderstanding or a lack of clarity on the Complainant’s part.</p> <p>Further, as part of the Policy update initiative at the CRTO, public facing policies were all reviewed by staff and approved at Council to ensure that the information contained within was accurate, clear, and easy to understand.</p>	
			<i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i>	
			The CRTO will be updating and sending out a feedback form to complainants after the disposition of their complaint. The form will ask complainants to share their thoughts and feelings about the clarity and transparency of the CRTO complaints process and their communication with CRTO staff and the investigator. The survey will also include an open text box in which parties in the complaints process can suggest process improvements.	
		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:	Yes
			Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures).	
			The CRTO is currently meeting this requirement. The CRTO received 5 calls in 2022 from members of the public, with all 5 of them being responded to within 5 business days. Therefore, the percentage is: 100.	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

	<p>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.).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please list supports available for the public during the complaints process. • Please briefly describe at what points during the complaints process that complainants are made aware of supports available. <p>Please click on the link to view the CRTO 2021 CPMF Report (p. 62).</p>	<p>Met in 2021, continues to meet in 2022</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
<p>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.</p>			
	<p>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.).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) OR please provide a brief description. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) OR please provide a brief description. <p>In 2022, the CRTO increased its human resources capacity in our Professional Conduct (PC) department by hiring two new staff members – a Manager of Professional Conduct and a Coordinator of Professional Conduct. In addition, we added a dedicated confidential email service for the PC team to utilize when sending and receiving communications. The process the PC department uses to ensure all parties are kept up to date are as follows:</p> <ul style="list-style-type: none"> • When a complaint is submitted, a telephone call is set up with the Complainant within 5 business days. During the call, the complainant’s concerns are confirmed and a description of the CRTO complaints process is provided. The CRTO staff then confirms with the complainant that they have intent to proceed with the complaints process and that they understand how the process will proceed. 	<p>Yes</p>

			<ul style="list-style-type: none"> • Formal acknowledgment of the complaint is provided via correspondence which describes the complaints process, encloses the CRTO's Complaints Process Guide and includes contact information for the Manager and/or Coordinator of CRTO professional conduct. The letter and enclosure describe next steps in the process (member to be notified, investigator will contact complainant for interview, documentation will be gathered, member will respond, panel review and make a decision, appeal process). Complainant is provided with both the phone number and email address of the manager and/or coordinator and is invited to contact them if they have any questions. • Once the matter is assigned for investigation, the complainant is notified of the investigator's name. The Investigator then contacts the complainant to complete a formal interview. • Post-interview, the complainant's statements are provided to the complainant to confirm accuracy. If Complainant agrees, Complainant is asked to verify via email of signature on a copy of the interview statements. • 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. • Check-ins are done by the Manager of Professional Conduct with the investigator regarding complaint matters to ensure that any obstacles faced by investigator in communicating with Complainant are effectively addressed. If a concern is flagged by either investigator or Complainant, Manager is to conduct the appropriate follow-up with the parties to address it (e.g. Process understanding, next steps, etc.). • If a need to provide documentation in French is identified (either the complainant, member or witness parties), CRTO has a contract with a translation service to quickly translate relevant documentation into French. CRTO also can assign a French-speaking investigator, if needed. • Once the investigation is completed and a decision is rendered, the decision and reasons are provided to complainant along with information on how to appeal to HPARB. The CRTO uses an external decision writer who ensures panel decisions are written in a clear and accessible manner that can be fully understood by complainants. The decision is reviewed by both CRTO staff and the panel chair before being sent to the parties. The decision includes a clear and accessible appendix to ensure that parties understand precisely what information the panel reviewed in making its decision. 		
			<table border="1"> <tr> <td data-bbox="758 1247 2198 1307"><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></td> <td data-bbox="2198 1247 2591 1307">Choose an item.</td> </tr> </table>	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.				
			<i>Additional comments for clarification (optional)</i>		

<p>Measure: 12.1 The College addresses complaints in a right touch manner.</p>		
<p>a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2021, continues to meet in 2022</p>
	<ul style="list-style-type: none"> • Please insert a link to guidance document and indicate the page number 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). <p>Please click on the link to view the CRTO 2021 CPMF Report (p. 65).</p>	
	<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
	<p><i>Additional comments for clarification (optional)</i></p>	

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:	Yes	
	<ul style="list-style-type: none"> Please insert a link to the policy and indicate page number OR please briefly describe the policy. Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as ‘hospital’, or ‘long-term care home’). <p>The CRTO shares information with employers and facilities about registrants in various circumstances.</p> <ul style="list-style-type: none"> If an interim order is put in place by a CRTO panel, the CRTO notifies employers by correspondence. If a final order is put in place where a member’s ability to practice is limited, suspended, or revoked, the CRTO will notify their employer. Similarly, if the CRTO obtains information that suggests a potential patient safety issue, the CRTO will contact the employer to share the information. More broadly, if the CRTO identifies systems issues in the findings of an investigation, the CRTO will send a letter outlining those issues to the facility on behalf of the ICRC. Regulatory bodies in other jurisdictions may request information from the CRTO regarding a member's conduct history if a member seeks registration in another jurisdiction. In response, the CRTO provides a brief memo to the regulator describing the conduct history (if any) and the outcomes of any ICRC action taken against the member. This in addition to standard forms that the CRTO provides as part of the request for information, which includes the NARTRB Jurisdictional Registration Verification Form & CRTO Registration Verification Form. 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. The CRTO is currently participating in an HPRO Information Sharing working group aimed at developing a consistent approach across the Ontario health regulators as it relates to proactive and reactive disclosure under s.36 of the <i>RHPA</i>. The CRTO consults with legal counsel on a case-by-case basis in situations where the information that needs to be shared is with an entity that is not a healthcare facility, police or another professional regulator (and that qualifies under <i>RHPA</i> s.36 - exemptions to privacy). 		
	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)		

		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
DOMAIN 7: MEASUREMENT REPORTING & IMPROVEMENT	STANDARD 14	a. Outline the College’s KPIs, including a clear rationale for why each is important.	<p>The College fulfills this requirement:</p> <p>Yes</p> <ul style="list-style-type: none"> 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 and indicate page number OR list KPIs and rationale for selection. <p>The CRTO 2021 - 2025 Strategic Direction & Key Priorities (Governance & Accountability), the CRTO identifies an ongoing commitment to performance improvement. Please click on the link provided to a list of the CRTO’s Key Performance Indicators (KPI) and rationale for selection.</p>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (if needed)</i>	
		b. The College regularly reports to Council on its performance and risk review against: <ol style="list-style-type: none"> stated strategic objectives (i.e., the objectives set out in a College’s strategic plan); regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and 	<p>The College fulfills this requirement:</p> <p>Partially</p> <ul style="list-style-type: none"> Please insert a link to Council meeting 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 and indicate the page number. <ol style="list-style-type: none"> The CRTO presents a Strategic Direction Progress Report at every quarterly Council meeting and then posts the updated version on the CRTO website. For example, this report was presented to the December 2, 2022, Council meeting (pp. 21 – 33). At each Council meeting, CRTO staff presents the following to Council: <ul style="list-style-type: none"> Registrar’s report

		<p>iii. its risk management approach.</p>	<ul style="list-style-type: none"> • Quarterly financial statements & investment portfolio summary • Membership statistics • Committee reports <p>iii. At the conclusion of each Council meeting, Council Meeting Highlights are posted on the CRTO website (e.g., December 2022 Council Meeting Highlights).</p> <p>iv. At its December 2, 2022, meeting (Item 6.4 - pp. 90 - 107) the Risk Management for the CRTO was reviewed and approved by Council.</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Yes</p>
<p><i>Additional comments for clarification (if needed)</i></p> <p>The CRTO plans to have its Risk Register prepared for review by Council at its May 26, 2023 meeting.</p>			
<p>Measure: 14.2 Council directs action in response to College performance on its KPIs and risk reviews.</p>			
		<p>a. Council uses performance and risk review findings to identify where improvement activities are needed.</p> <hr style="border: 1px solid blue;"/> <p style="text-align: center; color: blue;"><i>Benchmarked Evidence</i></p> <hr style="border: 1px solid blue;"/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • 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 and indicate the page number. <p>The CRTO’s Risk Management Framework (approved at the December 2, 2022, Council meeting – pp. 90 - 107), was developed to ensure that risk management is a key component of CRTO’s decision-making, strategic planning, resource allocation and operational management and that CRTO’s decisions are informed by relevant, understandable and accurate information, and appropriate and timely involvement of its internal and external stakeholders. On pages 8 – 9 in the Risk Management Framework, the CRTO identifies three broad categories of risk:</p> <ol style="list-style-type: none"> 1. Organizational 2. Regulatory 3. Reputational

Each of these are then broken down into a list of subcategories.

Please follow the link to view a chart outlining the CRTO's identified risks and the steps taken in 2022 to address those risks.
[CRTO Risk Review](#).

If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.

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:

Yes

- Please insert a link to the College's dashboard or relevant section of the College's website.

The CRTO presents its updated [Strategic Plan Progress Report](#) at each quarterly Council meeting (e.g., December 2, 2022 – pp. 21 – 33) and then makes it publicly available on our website. The framework for this report is directly linked to key priorities outlined in the [CRTO 2021 – 2025 Strategic Direction](#).

The CRTO also publishes its [Annual Report](#) on the website, along with its audited Detailed Financial Statements (please note that the 2022/23 Annual Report will not be published until after it is approved at the May 26, 2023 Council meeting).

Beginning in December 2022, the CRTO posts Council Meeting Highlights, the CRTO posts [Council Meeting Highlights](#) on its [Council Meetings](#) webpage.

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)

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.

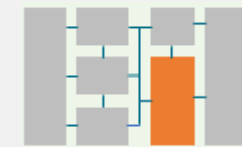
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be 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 10		
Statistical data collected in accordance with the recommended method or the College's own method: Choose an item. 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 2022*		
Type of QA/QI activity or assessment:	#	
i. # Members who completed the Relevant elearning module (professional development & peer assessment).	3805	<p><i>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).</i></p> <p><i>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 2022. 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 10.2(a) of Standard 10.</i></p>
ii. # Members who were assigned to complete the Launch RT Jurisprudence Assessment (professional development & peer assessment).	144	
iii. # Members whose score fell below the Launch RT benchmark & were required to resubmit.	13	
iv. # Members whose score fell below the Launch RT benchmark after resubmission & were required to undergo a SCERP.	1	
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.	781	
vii. # Members whose PORTfolio did not meet the criteria for successful completion & were required to undergo a Peer Coaching session.	19	
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](#)

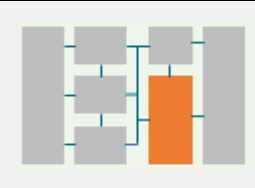
Additional comments for clarification (if needed)

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 10			
Statistical data collected in accordance with the recommended method or the College own method: Choose an item.			
<i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)	#	%	
CM 2. Total number of registrants who participated in the QA Program CY 2022	Launch 144	100% of new Members to the CRTO completed Launch	<i>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.</i> <i>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 2022, understanding that some cases may carry over.</i>
	Relevant 3805	98.9% Completed Relevant 2022	
	Portfolio 781	Portfolio 20% of all Members were required to submit their Portfolio in 2022	

<p>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 in CY 2022.</p>	<p>Launch: 1 (for failure to successfully complete Launch in two attempts)</p>		
<p><u>NR</u></p>			
<p><i>Additional comments for clarification (if needed)</i></p>			

Table 3 – Context Measure 4

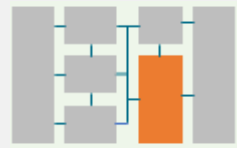
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item.			
<i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)	#	%	
CM 4. Outcome of remedial activities as at the end of CY 2022:**			<i>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>
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	Launch = 13	9%	
II. Registrants still undertaking remediation (i.e., remediation in progress)	0		
NR			
* This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2022.			
**This measure may include any outcomes from the previous year that were carried over into CY 2022.			
<i>Additional comments for clarification (if needed)</i>			
-			

Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 12				
Statistical data is collected in accordance with the recommended method or the College’s own method: Choose an item. 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 2022	Formal received	Complaints	Registrar	Investigations
Themes:	#	%	#	%
I. Advertising	0	0		
II. Billing and Fees	0	0		
III. Communication	0		NR	NR
IV. Competence / Patient Care	0		NR	NR
V. Intent to Mislead including Fraud	0		NR	NR
VI. Professional Conduct & Behaviour	NR	NR	NR	NR
VII. Record keeping	0	0		
VIII. Sexual Abuse	0	0		
IX. Harassment / Boundary Violations	0		NR	NR
X. Unauthorized Practice	0		0	
XI. Other <please specify>	0		15 (QA)	67%
Total number of formal complaints and Registrar’s Investigations**	3	100%	22	100%

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

<p>Formal Complaints NR Registrar's Investigation</p> <p><i>**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.</i></p>	
<p><i>Additional comments for clarification (if needed)</i></p>	

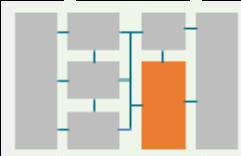
Table 5 – Context Measures 6, 7, 8 and 9

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item. <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2022	5	
CM 7. Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2022	6	
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 2022	21	
CM 9. Of the formal complaints and Registrar’s Investigations received in CY 2022**:	#	%
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	0	
II. Formal complaints that were resolved through ADR	0	
III. Formal complaints that were disposed of by ICRC	1	33.4
IV. Formal complaints that proceeded to ICRC and are still pending	2	66.6
V. Formal complaints withdrawn by Registrar at the request of a complainant	0	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	0	
<i>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 Inquiries, Complaints and Reports Committee.</i>		

VII. Formal complaints and Registrar's Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	0		
<p>ADR Disposal Formal Complaints Formal Complaints withdrawn by Registrar at the request of a complainant NR Registrar's Investigation</p> <p><i># May relate to Registrar's Investigations that were brought to the ICRC in the previous year.</i> <i>** 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.</i></p>			
<p><i>Additional comments for clarification (if needed)</i></p>			

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE							
STANDARD 12							
Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item. <i>If a College method is used, please specify the rationale for its use:</i>							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2022							
Distribution of ICRC decisions by theme in 2022*	# 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	
II. Billing and Fees	0	0	0	0	0	0	
III. Communication	0	NR	0	0	0	0	
IV. Competence / Patient Care	NR	NR	NR	NR	0	0	
V. Intent to Mislead Including Fraud	0	0	0	0	0	0	
VI. Professional Conduct & Behaviour	NR	NR	NR	NR	0	0	
VII. Record Keeping	0	0	0	0	0	0	
VIII. Sexual Abuse	0	0	0	0	0	0	
IX. Harassment / Boundary Violations	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 2022.
 ++ 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

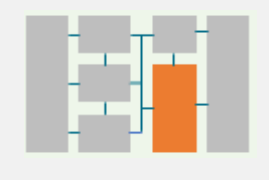
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College own method: Choose an item. If College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 11. 90 th Percentile disposal of:	Days	<i>What 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.</i>
I. A formal complaint in working days in CY 2022	199	<i>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>
II. A Registrar’s investigation in working days in CY 2022	292	
Disposal		
Additional comments for clarification (if needed)		
-		

Table 8 – Context Measure 12

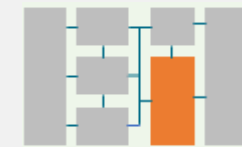
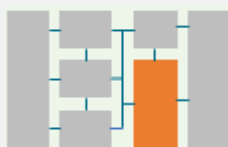
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item. <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	<i>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.</i> <i>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>
I. An uncontested discipline hearing in working days in CY 2022	0	
II. A contested discipline hearing in working days in CY 2022	0	
Disposal Uncontested Discipline Hearing Contested Discipline Hearing		
<i>Additional comments for clarification (if needed)</i> -		

Table 9 – Context Measure 13

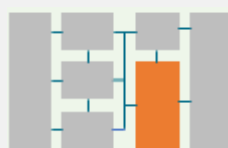
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item. <i>If College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		
Type	#	
I. Sexual abuse	0	
II. Incompetence	0	
III. Fail to maintain Standard	0	
IV. Improper use of a controlled act	0	
V. Conduct unbecoming	0	
VI. Dishonourable, disgraceful, unprofessional	0	<i>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.</i>
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 12		
<p>Statistical data collected in accordance with the recommended method or the College own method: Choose an item.</p> <p><i>If a College method is used, please specify the rationale for its use:</i></p>		
Context Measure (CM)		
CM 14. Distribution of Discipline orders by type*		<p><i>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.</i></p>
Type	#	
I. Revocation	0	
II. Suspension	0	
III. Terms, Conditions and Limitations on a Certificate of Registration	0	
IV. Reprimand	0	
V. Undertaking	0	
<p>* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.</p> <p>Revocation</p> <p>Suspension</p> <p>Terms, Conditions and Limitations</p> <p>Reprimand</p> <p>Undertaking</p> <p>NR -</p>		
<p><i>Additional comments for clarification (if needed)</i></p>		

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 Professions 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, they 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](#)