

CRTO

Council Meeting Materials

March 3, 2023



**College of Respiratory
Therapists of Ontario**

**Ordre des thérapeutes
respiratoires de l'Ontario**

AGENDA ITEM 1.0

We acknowledge that the CRTO office is located on the traditional territory of many nations, including the Mississaugas of the Credit, the Anishinaabe, the Chippewa, the Haudenosaunee and the Wendat peoples, and is now home to many diverse First Nations, Inuit and Métis peoples.

We recognize the Indigenous People's long-standing presence in this territory.

Council Motion

AGENDA ITEM # 3.0

Motion Title:	Approval of Council Agenda
Date of Meeting:	March 3, 2023

It is moved by _____ and seconded by _____ that:

The Council approve the agenda for the March 3, 2023 meeting.

CRTO Council Meeting Agenda

March 3, 2023

AGENDA ITEM # 3.0

9 a.m. to 1 p.m.

Zoom Link: <https://us02web.zoom.us/j/83771224966>

Meeting ID: 837 7122 4966

Passcode: 150151

Time	Item	Agenda	Page No.	Speaker / Presenter	Action	Strategic Focus
0900	1.0	Introduction & Land Acknowledgement	2	Lindsay Martinek		
	2.0	Conflict of Interest Declarations	-	Lindsay Martinek		
	3.0	Approval of Council Agenda	3-5	Lindsay Martinek	Decision	Governance & Accountability
	4.0	Minutes from December 2, 2022	6-15	Lindsay Martinek	Decision	Governance & Accountability
	5.0	Strategic Issues				
	5.1	2021 – 2025 Strategic Direction Update Report	16-30	Carole Hamp	Information	Governance & Accountability
	5.2	Draft 2022 College Performance Measurement Framework	31-32	Carole Hamp	Information	Governance & Accountability
	5.3	Final approval of Revised CRTO By-Laws	33-90	Carole Hamp	Decision	Governance & Accountability
	5.4	Revised Fee Schedule	91-94	Carole Hamp	Decision	Governance & Accountability
	5.5	Draft Budget 2023/2024	95-100	Carole Hamp	Decision	Governance & Accountability
	6.0	Operational & Administrative Issues				
	6.1	Registrar’s Report	101-104	Carole Hamp	Information	Core Business Practices
	6.2	Financial Statements	105-111	Carole Hamp	Decision	Core Business Practices
	6.3	Investment Portfolio	112-113	Carole Hamp	Decision	Core Business Practices
	6.4	Membership Statistics	114-115	Denise Steele	Information	Core Business Practices
	6.5	Final Approval of Revised Infection Prevention & Control CBPG	116-166	Kelly Arndt	Decision	Enhancing Professionalism
	6.6	Draft Respiratory Therapists Providing Telepractice Services PPG for Consultation	167-181	Kelly Arndt	Decision	Enhancing Professionalism

CRTO Council Meeting Agenda

March 3, 2023

7.0	Committee Reports (for information)				
7.1	Executive Committee Report	182	Lindsay Martinek		Governance & Accountability
7.2	Registration Committee Report	183-185	Derek Clark		Governance & Accountability
7.3	Quality Assurance Committee Report	186	Jillian Wilson		Governance & Accountability
7.4	Patient Relations Committee Report	187	Kim Morris		Governance & Accountability
7.5	Inquiries, Complaints and Reports Committee Report	188-189	Kim Morris		Governance & Accountability
7.6	Discipline Committee Report	190	Lindsay Martinek		Governance & Accountability
7.7	Fitness to Practise Committee Report	191	Lindsay Martinek		Governance & Accountability
7.8	Finance & Audit Committee Report	192	Jeff Dionne		Governance & Accountability
8.0	Committee Items Arising				
8.1	Registration Committee				
8.1.1	Revised Registration Regulation	193-194	Ania Walsh	Information	Core Business Practices
8.1.2	Registration Committee Terms of Reference	195-202	Derek Clark	Decision	Governance & Accountability
8.1.3	Approval of Canadian RT Programs	203-212	Derek Clark	Decision	Core Business Practices
8.2	Finance & Audit Committee				
8.2.1	Membership Fee Assessment Tool	213-220	Shaf Rahman	Information	Core Business Practices
8.2.2	Investment Management Services	221-253	Shaf Rahman	Information	Core Business Practices
9.0	Legislative and General Policy Issues				
9.1	REVISED Signing Officers and Authorized Personnel-Banking and Investments Policy	254-259	Shaf Rahman	Decision	Core Business Practices
9.2	REVISED Professional Development Program Policy	260-266	Kelly Arndt	Decision	Core Business Practices
9.3	ARCHIVED Election Policy	267-270	Carole Hamp	Information	Core Business Practices
10.0	Other Business				
10.1	Expense Claim Update Presentation		Shaf Rahman	Information	Core Business Practices
11.0	Next Meeting – April 24, 2023 (virtual) & May 26, 2023 (In-person)				
12.0	Adjournment				
	Open Forum				
1200 – 1300	Third-Party Assessment of Council Effectiveness		Nanci Harris		

Council Motion

AGENDA ITEM # 4.0

Motion Title:	Minutes from December 2, 2022
Date of Meeting:	March 3, 2023

It is moved by _____ and seconded by _____ that:

The Council approve the minutes from the December 2, 2022 meeting.

Draft Minutes from December 2, 2022

Agenda Item #: 4.0

CRTO Council Meeting Minutes

Scheduled on December 2, 2022, from 9:00 am to 1:00 pm

Meeting Minutes December 2, 2022

Location: Virtual meeting via Zoom Videoconference

PRESENT:	Lindsay Martinek, RRT, President Kim Morris, Vice-President, Chair Derek Clark, Public Member Jeff Dionne, RRT Shawn Jacobson, RRT Andriy Kolos, Public Member Christa Krause, RRT	Katherine Lalonde, RRT Kelly Munoz, RRT Angela Miller, RRT Jeffrey Schiller, Public Member Jillian Wilson, RRT
STAFF:	Carole Hamp, RRT, Registrar & CEO Shaf Rahman, Deputy Registrar Kelly Arndt, RRT, Quality Practice Manager Ania Walsh, Regulatory Affairs Manager Denise Steele, Professional Programs Coordinator	Temeka Tadesse, IT & Database Specialist Stephanie Tjandra, Finance & Office Coordinator Abeeha Syed, Professional Conduct Associate Peter Laframboise, Professional Conduct Manager Misbah Chaudhry, Professional Conduct Coordinator
GUESTS:	None	
REGRETS:	Jody Saarvala, RRT Allison Peddle, Public Member	

1.0: INTRODUCTIONS & LAND ACKNOWLEDGEMENT

The meeting was called to order at 9:02 am. Carole Hamp, Registrar & CEO, welcomed Council and staff to the meeting.

2.0: CONFLICT OF INTEREST DECLARATION

No conflict of interest was declared.

Draft Minutes from December 2, 2022

3.0: EXECUTIVE COMMITTEE ELECTIONS

Carole Hamp, Registrar & CEO, provided an overview of the Executive Committee elections process. A call for nominations from the floor was made.

The following Council members were declared as acclaimed to the Executive Committee for a one-year term:

- Lindsay Martinek, RRT
- Kim Morris, Public Member
- Jeff Dionne, RRT
- Jody Saarvala, RRT
- Derek Clark, Public Member

An election by secret ballot was conducted from among the Executive Committee for President and Vice President of Council. Lindsay Martinek was elected to the role of President, and Kim Morris was elected to the position of Vice-President. Lindsay and Kim then became Chair and Vice-Chair (respectively) of the Executive Committee.

Kim Morris was asked to take the Chair and conduct the proceedings of the remainder of this Council meeting.

4.0: APPROVAL OF COUNCIL AGENDA

Council reviewed meeting agenda for December 2, 2022.

MOTION # 4.0 MOVED BY, Jeffrey Schiller, and SECONDED BY, Lindsay Martinek, RRT, that Council approve the Council Agenda for December 2, 2022.

MOTION # 4. CARRIED.

5.0: MINUTES FROM SEPTEMBER 23, 2022

Council reviewed the meeting minutes from September 23, 2022.

MOTION # 5.0 MOVED BY, Christa Krause, RRT, and SECONDED BY, Kelly Munoz, RRT, that Council approve the Council Minutes from September 23, 2022.

MOTION # 5.0 CARRIED.

Draft Minutes from December 2, 2022

6.0: STRATEGIC ISSUES

6.1 2021 – 2025 STRATEGIC DIRECTION UPDATE REPORT

Council reviewed the 2021 – 2025 Strategic Direction Update Report. This report is in the form of a table that encompasses all the key priorities outlined in the CRTO 2021 – 2025 Strategic Direction. The updated Strategic Direction Report will be posted on the CRTO website.

6.2 2022 COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK UPDATE

Carole Hamp presented the 2022 College Performance Measurement Framework (CPMF) Update. The 2022 CPMF report is due to be submitted to the Ministry of Health (MOH) by the end of March 2023. It has been updated to include greater details in the College's plan to complete initiatives under "partially" or "no categories", as requested by the MOH. The draft version of the 2022 CPMF report will be presented to Council at the March 2023 meeting.

6.3 REVISED CRTO BY-LAWS

Carole Hamp presented the Revised CRTO By-Laws. The following three (3) areas of the By-Laws were highlighted:

- Current practices regarding expenditures
- Election processes
- Fee schedule regarding late penalty fees

The revised By-Laws will be circulated for consultation and presented at the March 2023 meeting.

MOTION # 6.3 MOVED BY, Jeffrey Schiller, and SECONDED BY, Christa Krause, RRT, that Council approve the revised CRTO By-Laws for consultation.

MOTION # 6.3 CARRIED.

6.4 RISK MANAGEMENT FRAMEWORK

Ania Walsh, Regulatory Affairs Manager, presented the draft Risk Management Framework. The document outlines the CRTO's risk management strategy and risk management process. There was a recommendation to ensure consistency of risk assessments by expanding the definitions of both impact and the likelihood of risks outlined. The next step is for CRTO staff to start working on the Risk Register.

MOTION # 6.4 MOVED BY, Jeff Dionne, RRT, and SECONDED BY, Lindsay Martinek, RRT, that Council approve the Risk Management Framework.

MOTION # 6.4 CARRIED.

Draft Minutes from December 2, 2022

7.0: OPERATIONAL & ADMINISTRATIVE ISSUES

7.1 REGISTRAR REPORT

Carole Hamp reported on general CRTO activities and initiatives.

Internal

- Policy Framework – 5 revised policies for approval, 3 policies to be rescinded.
- Canadian Equality Consulting (CEC) – will be presenting an interim report on survey and interview results with CRTO staff and Council/Committee members.
- Language Proficiency Standards – Consulting team of Andrea Strachan & Paulette Blais has been retained to revise CRTO language proficiency standards.

External

- College Performance Measurement Framework (CPMF) – 2022 CPMF reporting tool draft version has been released, 8 benchmark standards were added.
- National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB) – National Competency Framework (NCF) Review took place in Toronto on November 4 where NCF Steering Committee met with CamProf consultants, NARTRB Annual General Meeting took place in Toronto on November 5.
- Office of Fairness Commissioner (OFC) – CRTO staff preparing for its annual Fair Registration Practices Report, due on December 14th.
- Health Profession Regulators of Ontario (HPRO) – weekly HPRO CPMF meetings have started.

7.2 FINANCIAL STATEMENTS

Council reviewed the Financial Statements for March 1, 2022 – October 31, 2022. It was highlighted that general operating expenses have increased mainly due to computer software purchases, data management (digitization of paper-based files), and Council & Committee expenses (in-person meetings resuming this year).

MOTION # 7.2 MOVED BY, Lindsay Martinek, RRT, and SECONDED BY, Derek Clark, that Council approve the Financial Statements for March 1, 2022 – October 31, 2022.

MOTION # 7.2 CARRIED.

7.3 INVESTMENT PORTFOLIO

Council reviewed the Investment Portfolio. One investment was moved into a high-interest savings account; to prepare for a potential unbudgeted expense(s). There are three (3) GICs coming due in the Spring.

Draft Minutes from December 2, 2022

MOTION # 7.3 MOVED BY, Lindsay Martinek, RRT, and SECONDED BY, Christa Krause, RRT, that Council approve the Investment Portfolio Summary.

MOTION # 7.3 CARRIED.

7.4 MEMBERSHIP STATISTICS

Denise Steele, Professional Programs Coordinator, presented the membership statistics. The total membership reported was 3,931. The CRTO received 179 applications for registration from March – December 2022. Out of the total number of applications received, 153 are graduates of an Ontario RT program, 12 are graduates from other provinces, and 14 are graduates from outside of Canada.

7.5 INFECTION, PREVENTION & CONTROL CBPG – DRAFT FOR CONSULTATION

Kelly Arndt, Quality Practice Manager, presented the revised draft Infection, Prevention & Control Clinical Best Practice Guideline (CBPG). This document will provide direction for RTs to access information regarding public health guidelines, infection control, and new and emerging pathogens. If approved, the CBPG will be circulated for consultation.

If the motion is approved, the CBPG will be circulated for public consultation.

MOTION # 7.5 MOVED BY, Lindsay Martinek, RRT, and SECONDED BY, Katherine Lalonde, RRT, that Council approve the draft revised Council the Infection, Prevention & Control CBPG for consultation.

MOTION # 7.5 CARRIED.

8.0: COMMITTEE REPORTS

8.1 EXECUTIVE COMMITTEE REPORT

Lindsay Martinek, RRT, Executive Committee Chair, presented the Committee Report to Council. The Executive Committee has met once since the September 23rd Council meeting. On November 18, 2022, the Executive Committee reviewed the following items:

- Registrar's Report & General Updates
- CRTO Financial Statements & Investment Portfolio (March 1st – October 31st)
- Strategic Direction Report
- Draft Council agenda for December 2, 2022
- 2022 College Performance Measurement Framework (CPMF) Update
- Executive Committee Elections
- Council meeting dates for 2023

Draft Minutes from December 2, 2022

8.2 REGISTRATION COMMITTEE REPORT

Christa Krause, RRT, Registration Committee Chair, presented the Committee Report to Council. Since the last report, the Registration Committee (RC) has held one virtual meeting on September 15, 2022. In addition, RC Panels met to consider referrals from the Registrar on the following dates:

- September 15, 2022
- November 1, 2022

8.3 QUALITY ASSURANCE COMMITTEE REPORT

Andriy Kolos, presented on behalf of Ginette Greffe-Laliberte, RRT, Quality Assurance Committee Chair, the Committee Report to Council. Since the last Council meeting, there has been one meeting on October 6, 2022, and one panel on October 6, 2022. The report included a summary of activities for QAC panel, QAC Action Plan and Terms of Reference and Policy Framework Update, 2022 Peer Assessor Review Terms.

8.4 PATIENT RELATIONS COMMITTEE REPORT

Kim Morris, Patient Relations Committee Chair, presented the Committee Report to Council. There have been no meetings of the Patient Relations Committee since last Council meeting. The Committee continues to work on the DEI Plan.

8.5 INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT

Kim Morris, Inquiries, Complaints and Reports Committee Chair, presented the Committee Report to Council. Since the last Council meeting, the ICRC held one (1) meeting via Zoom. The meeting was to review an investigation and render a decision on the matter. The investigation related to a matter referred to the ICRC by the Quality Assurance Committee (QAC). Since the last Council meeting, the CRTO received two (2) new matters. The new matters are comprised of two (2) Employer Reports.

8.6 DISCIPLINE COMMITTEE REPORT

Lindsay Martinek, RRT, Discipline Committee Chair, presented the Committee Report to Council. Since the last Council meeting, there have been no Discipline hearings, nor referrals to the Discipline Committee.

8.7 FITNESS TO PRACTISE COMMITTEE REPORT

Lindsay Martinek, RRT, Fitness to Practice Committee Chair, presented the Committee Report to Council. Since the last Council meeting there have been no new referrals to the Fitness to Practise Committee and no Fitness to Practise hearings have taken place.

Draft Minutes from December 2, 2022

8.8 FINANCE & AUDIT COMMITTEE REPORT

Jeff Dionne, RRT, presented on behalf of Michelle Causton, Finance and Audit Committee Chair, the Committee Report to Council. Since the last Council meeting, a sub-committee of the FAC met on October 14, 2022, to discuss the parameters of the Financial Advisor search. Two companies have submitted a response to the Request for Proposal (RFP). The sub-committee is currently reviewing the responses and will bring the final recommendations for further discussion to the FAC.

9.0: COMMITTEE ITEMS ARISING

- No items for this meeting.

10.0: LEGISLATIVE AND GENERAL POLICY ISSUES

10.1 REVISED PROCUREMENT OF GOODS & SERVICES POLICY

Carole Hamp presented the revised Procurement of Goods & Services Policy. The overall goal of the policy is to establish clear guidelines for the procurement of goods and services that are consistent with the needs of the CRTO and offer optimal value for money.

There was a suggestion to add a provision for external vendors to present their DEI plan as part of the Request for Proposal (RFP).

If approved, staff will amend the document and the policy will come into effect on December 2, 2022.

MOTION # 7.5 MOVED BY, Lindsay Martinek, RRT, and SECONDED BY, Jeffrey Schiller, that Council approve the revised Procurement of Goods & Services Policy as amended.

MOTION # 7.5 CARRIED.

10.2 REVISED HONORARIA & EXPENSES POLICY

Shaf Rahman, Deputy Registrar, presented the revised Honoraria & Expenses Policy. The policy has not been updated since September 2006 and has become outdated. The main areas of change include:

- Increasing the scope of the policy to account for all scenarios where volunteers may require compensation (e.g. email voting on motions, videoconferencing).
- Update on the compensation rates.
- Adding definitions to better clarify terminology.

Draft Minutes from December 2, 2022

MOTION # 7.5 MOVED BY, Lindsay Martinek, RRT, and SECONDED BY, Jeff Dionne, RRT, that Council approve revised Honoraria and Reimbursement of Expenses Policy.

MOTION # 7.5 CARRIED.

10.3 REVISED PRIVACY POLICY

Ania Walsh presented the revised Privacy Policy. This document was circulated for public consultation in September 2022. If approved, the policy will be posted on the CRTO website.

MOTION # 7.5 MOVED BY, Christa Krause, RRT, and SECONDED BY, Kelly Munoz, RRT, that Council approve the revised Privacy Policy.

MOTION # 7.5 CARRIED.

10.4 RECORDS MANAGEMENT & RETENTION POLICY

Ania Walsh presented the new Records Management & Retention Policy. This document is meant to support the Privacy Policy, and to ensure the CRTO's record-keeping practices comply with the legislative requirements and privacy and confidentiality obligations. Starting in January 2023, staff will start reviewing the records currently retained by CRTO, both paper and electronic, to ensure that the provisions of the new policy are met.

10.5 REVISED COMMUNICATIONS ON BEHALF OF THE CRTO POLICY

Ania Walsh presented the revised Communications on Behalf of the CRTO Policy. The policy, originally titled Communications Policy, was last approved in November 2013. The policy has been updated to clarify its purpose, improve readability, and to better align with other CRTO documents (e.g. By-Laws and the Accessibility Standards Policy). If approved, the policy will come into effect on December 2, 2022.

MOTION # 7.5 MOVED BY, Kelly Munoz, RRT, and SECONDED BY, Lindsay Martinek, RRT, that Council approve the revised Communications on Behalf of the CRTO Policy.

MOTION # 7.5 CARRIED.

10.6 RESCINDED & ARCHIVED POLICIES

Carole Hamp presented to Council the rationale for rescinding and archiving the following policies:

- Selection Process
- Electronic Media
- Social Media Terms of Use

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MOTION # 7.5 MOVED BY, Katherine Lalonde, RRT, and SECONDED BY, Jeff Dionne, RRT, that Council approve the Selection Process, Electronic Media, and Social Media Terms of Use, to be rescinded and archived.

MOTION # 7.5 CARRIED.

11.0: OTHER BUSINESS

11.1 COUNCIL MEETING DATES FOR 2023

Council reviewed the proposed dates for 2023 Council meetings. There was an amendment for one of the dates, September 26, 2023, was changed to September 22, 2023.

MOTION # 11.1 MOVED BY, Christa Krause, RRT, and SECONDED BY, Lindsay Martinek, RRT, that Council approve the dates for the 2023 Council meetings as amended.

MOTION # 11.1 CARRIED.

11.2 COUNCIL & COMMITTEE 101: MEETINGS IN A VIRTUAL WORK

Shaf Rahman presented Council & Committee 101: Meetings in a Virtual Work.

12.0: NEXT MEETING

Next Council Meeting:

Friday, March 3, 2023, from 09:00 to 13:00 hrs.

Location: Virtual via Zoom Videoconference.

13.0: ADJOURNMENT

Adjournment

MOTION # 13.0 MOVED BY, Kelly Munoz, RRT, and SECONDED BY, Katherine Lalonde, RRT, that Council adjourn the December 2, 2022 meeting.

The December 2, 2022, Council meeting adjourned at 11:33 a.m.

Council Briefing Note

AGENDA ITEM # 5.1

March 3, 2023

From:	Carole Hamp, RRT – Registrar & CEO
Topic:	2021 – 2025 Strategic Direction Update Report
Purpose:	For Information
Strategic Focus:	Governance & Accountability
Attachment(s):	Appendix A: Strategic Direction Update Report – February 2023

PUBLIC INTEREST RATIONALE:

To ensure there is transparent and easily accessible information available for both Members and the public on the CRTO’s progress regarding its [Strategic Direction & Key Priorities](#).

ISSUE:

One of the expectations outlined in the College Performance Measurement Framework is that Colleges regularly report to Council on their performance related to its stated strategic objectives.

BACKGROUND:

Starting in the 2022 – 2023 fiscal year, the CRTO created a table that encompasses all the key priorities outlined in our 2021 – 2025 Strategic Direction. Staff regularly update a corresponding work plan on the related activities in their respective departments.

ANALYSIS:

Some of the tasks accomplished in the final quarter of our fiscal year are:

- Reviewed and revised the CRTO *Registration Regulation* (O. Reg. 17/12 General – Part VIII) to add an Emergency Class of Registration.
- Developed and posted on our website the CRTO Risk Management Framework.
- Revised CRTO By-Laws approved by Council to be sent out for consultation with our stakeholders.
- Approved the Infection, Prevention & Control Clinical Best Practice Guideline for consultation with our stakeholders.
- Canadian Equity Consulting’s report to the CRTO Council in December regarding the consultations they conducted with CRTO staff, Council & Committee members.
- Thirty policies updated/approved.

NEXT STEPS:

Once reviewed by Council, the revised 2021 – 2025 Strategic Direction Update Report will be posted on the CRTO website.

STRATEGIC DIRECTION UPDATE REPORT – February 2023

Key Priorities	Q1 (March – May)	Q2 (June – August)	Q3 (September – November)	Q4 (December – February)
Member Engagement				
Alignment of policies & processes with the principles of Right-Touch regulation.				
Evidence-informed approach to QA selection, assessments & remediation.	The Professional Development Program Policy was reviewed, revised, sent out for public consultation, approved by Council, and has been posted on the CRTO website. This policy outlines the components of the CRTO's Professional Development Program (PDP), the remediation process and the consequences for non-compliance.	Began the planning phase of a full PDP review.	Conducted a consultation process with other regulatory Colleges regarding their processes and experiences with a full Professional Development Program (PDP) review.	Are in the initial stages of the full PDP review.
Framework for the prioritization of investigations, complaints, & reports.	Completed an external review of all Professional Conduct (PC) processes and have begun implementing the recommendations, including developing a mechanism for tracking and reporting the status of all cases.	Implementation of the external review recommendations has progressed, including some highlights below: <ul style="list-style-type: none"> • A tracking sheet was developed that lists all active cases, their current status and the next steps. • The PC associate now makes immediate (within 24 hours) contact with the Complainants to arrange contact with the Manager of PC. • Intake assessment forms and scripts were developed to enhance meaningful contact with a Complainant at the outset of the process. 	Ongoing refinement of PC processes to prioritize investigations, complaints, and reports will continue with some highlights below: <ul style="list-style-type: none"> • The process of scheduling panel meetings will be altered to provide faster dispositions. • -The Panel decision review process will be revised to allow for decisions to be sent out sooner. • The appointment of an investigator process is under review. 	Data will be gathered on the timelines of matters resolved in the first half of 2022 compared with the second half of 2022. This data provides a basis for an analysis of the effectiveness of the changes undertaken in the PC process. This statistical analysis will inform further refinements to be undertaken in 2023.



Key Priorities	Q1 (March – May)	Q2 (June – August)	Q3 (September – November)	Q4 (December – February)
		<ul style="list-style-type: none"> The Letter of acknowledgement to reporters was updated and now includes a request for the reporter to retain information. 		
Transparent, objective, impartial, & fair practices.				
Clear direction regarding the registration requirements for all applicants.	The following Registration Policies were reviewed, revised, sent out for public consultation, approved by Council, and have been posted on the CRTO website: Application for Registration Document Requirements , Approval of Canadian Education Programs , Entry-to-Practice Competency Assessment , Entry-to-Practice Competency Assessment Appeal , Labour Mobility: Applicants from Regulated Canadian Jurisdictions , Language Proficiency Requirements & Registration Currency .	Consultation is underway with the Canadian Centre for Language Benchmarking to ensure the CRTO's Language Proficiency Requirements Policy is aligned with the MOH requirements. Updated the Terms, Conditions and Limitations Factsheet and the Guide to TCLs imposed by the Registration Committee.	Retained a consulting agency to align the CRTO's approved language proficiency standards to the federally approved language proficiency tests for Canadian Immigration Updated the Applicants' (for registration) web pages with relevant links. Conducted a detailed review of the Registration Verification Form with members of the National Alliance.	Reviewed and revised the CRTO Registration (O. Reg. 17/12 General – Part VIII) with a plan to present it to Council for approval for circulation to our stakeholders.
A complaints process supported by publicly accessible policies & procedures.	The following Professional Conduct (PC) policies were reviewed, revised, sent out for public consultation, approved by Council, and have been posted on the CRTO website: Disclosure of Witness Statements , Health Professions Appeal and Review Board Appeals for ICRC , & Unauthorized Use of Title and Holding out Prior to Registration .	Streamlining communication with membership by creating a fact sheet for Funding for the Supportive Measures (Patient/Client) & Funding for Supportive Measures (Non-Patient/Client) policies so members are aware of what is required and patients/clients/non-patients are aware of how they can access the funding for supportive measures.	Drafted the following PC documents: <ul style="list-style-type: none"> Policy for Conduct between Members and Complainants during a College Investigation Fact sheet for patients, colleagues, students & clients on how to access Funding for Supportive Measures Fact sheet for Members who owe the College Funding for Supportive Measures Currently revising the following documents: <ul style="list-style-type: none"> Complaints process guide 	Ongoing analysis for identifying a need for additional Professional Conduct policies and the development of new policies as they are identified. The following documents need to be revised: <ul style="list-style-type: none"> Complaints Process Guide (sent to membership and complainant) Reporting Obligations by Membership - fact sheet & Reporting Obligations by Employer - fact sheet



Key Priorities	Q1 (March – May)	Q2 (June – August)	Q3 (September – November)	Q4 (December – February)
			<ul style="list-style-type: none"> • Fact sheet for Reporting Obligations by Membership • Fact sheet & Reporting Obligations by Employer 	
Accessible & timely communication.				
Increase the information available on our website in written and online module format.	Policy Consultation - 16 draft revised policies posted on the CRTO website for consultation with the CRTO's external stakeholders.	Updated the Terms, Conditions and Limitations Factsheet and the Guide to TCLs imposed by the Registration Committee. Updated the Public Register Factsheet.	Added the following documents to the Public page of the CRTO website: <ul style="list-style-type: none"> • Strategic Plan Progress Report. • Succession Plan for Senior Leadership Policy. • Open Forum Policy. 	CRTO Risk Management Framework developed, approved by Council and posted on the public portion of the CRTO website.
	CRTO By-laws - reviewed, revised, sent out for public consultation, approved by Council, and posted on the CRTO website in a microsite format for easy access.			Revised CRTO By-Laws approved by Council to be sent out for consultation with our stakeholders.
	The following Professional Practice/Clinical Best Practice Guidelines were reviewed, revised and posted on the CRTO website in a microsite format for easy access: Conflict of Interest , Responsibilities under Consent Legislation & Oxygen Therapy.	Posted the updated Administering and Dispensing Medications PPG for consultation.	The updated Administering and Dispensing Medications PPG was approved by Council and is being created as a microsite on the CRTO website.	Infection, Prevention & Control Clinical Best Practice Guideline approved by Council for consultation with our stakeholders.
	The 2021 CPMF Full & Summary Reports were posted on the CRTO website.			Participated in the HPRO 2022 Communicators' Day Conference.
	Up-to-date Emergency Preparedness & Infection Prevention and Control information is provided on a designated			



Key Priorities	Q1 (March – May)	Q2 (June – August)	Q3 (September – November)	Q4 (December – February)
	webpage (e.g., COVID-19 MOH directives, resources and guidance documents).			
Optimize the use of various communication platforms.	Monthly Practice Blogs Twitter (22 tweets over this period) Monthly ebulletin		Email communication to all members (information regarding 2023/24 renewal period and Privacy Policy consultation).	Email communication to all members (information regarding 2023/24 renewal period and Privacy Policy consultation).
	Stakeholder meetings/presentations: <ul style="list-style-type: none"> College of Respiratory Therapists of Ontario Graduate Presentation (March 28). RT Program Advisory Committee (PAC) – Conestoga (April 4). Michener Orientation (May 09). 		Stakeholder meetings/presentations: <ul style="list-style-type: none"> Presentation to Conestoga College students (Sept. 30). Professionalism presentation to RT staff at CHEO (Oct. 21). Professional Conduct presentation at RTSO forum (Oct. 22). Presentation at The Michener Institutes Stethoscope Ceremony (Oct. 28). 	Stakeholder meetings/presentations: <ul style="list-style-type: none"> Meeting with members at The Ottawa Hospital. Presentation at The Michener Institute at UHN’s Clinical Students Seminar Day.
Governance & Accountability				
A highly competent & effective Council.				
Publicly accessible Council & Committee competency self-evaluation & an online, pre-application learning module.	ROI was sent out via HPRO on behalf of a number of other health regulatory bodies for a consultant to assist with this initiative.			Draft of an enhanced competency self-evaluation under development for prospective Council & Committee members.
Framework to regularly evaluate the effectiveness of Council meetings & Council with a third-party assessment of Council (min. every three years).	Conducted a Council Effectiveness survey (BoardSource) and reported results at the May Council meeting.			Consultant was retained to conduct a third-party assessment of the CRTO’s March 2023 Council meeting.



Key Priorities	Q1 (March – May)	Q2 (June – August)	Q3 (September – November)	Q4 (December – February)
Ongoing training provided to Council & Committee members informed by the outcome of relevant evaluation(s) and the needs identified by Council and Committee members.	Planned Council Education Day (Sept. 23rd) – “Risk Management” theme. (Privacy & Risk Management and Cyber Security Awareness).	Developed three (3) eLearning modules for prospective and current Council and Committee members: <ul style="list-style-type: none"> • Role of the Chair • Regulatory Framework • Committees Facilitated Anti-Racism & Anti-Oppression training for CRTO Council, Committee and staff (Nov. 17)	The Chairing a Meeting module was presented at the annual Chair's Dinner (Sept. 22nd). Presentations at Education Day (Sept. 23 rd) on the following: <ul style="list-style-type: none"> • Privacy • Cybersecurity • Virtual meetings 	Required all Council & Committee members to provide evidence that they had reviewed all educational material posted in the CRTO’s portal, which includes: <ul style="list-style-type: none"> • Role of the Chair • Regulatory Framework • Committees • Language of Finance • Annual Financial Audit • Monitoring Progress • Meeting in a Virtual World
Independent, evidence-informed & transparent decision-making processes.				
Publicly accessible Code of Conduct & Conflict of Interest Policy for Council & Committee members.	Revised By-laws (approved at the March 4 th Council meeting) include an updated Code of Conduct and Rules of Order that have been standardized and attached as a schedule. Developed a new online Conflict of Interest Declaration form that was rolled out at the May 27 nd Council meeting.	Continue to refine COI declaration processes for RC, QA & ICRC panels.	The new online Conflict of Interest (COI) Declaration form has been implemented and is being used for all Council and Committee meetings.	
An ongoing commitment to performance improvement.				
Tracking & review of Key Performance Indicators (KPIs) linked to the CRTO strategic objectives.	One of the recommendations from the external review of all Professional Conduct processes is to enhance data collection, tracking and reporting.	KPIs are currently under development.	Draft KPI report is under development (plan to present to Council in March 2023)	Draft KPI report is under development (plan to present to Council in March 2023)



Key Priorities	Q1 (March – May)	Q2 (June – August)	Q3 (September – November)	Q4 (December – February)
	<p>The Finance & Audit Committee began the development of KPIs relevant to the financial management of the CRTO.</p> <p>The 2021 – 2025 Strategic Direction Update Report was presented at the May 27th Council meeting.</p> <p>Updated QAC & ICRC Terms of Reference and Action Plans approved at the May 27th Council meeting.</p>			
Ongoing monitoring of KPI dashboard.	Currently under development.	Currently under development.	Currently under development.	Currently under development.
Enhancing Professionalism				
Policies, standards of practice, & practice guidelines based on the best available evidence.				
Policy framework & review/revision of all policies and practice guidelines.	<p>Policy Framework – classifies our regulatory documents into clear definitions and guides the CRTO’s processes for establishing and revising these documents. Commenced an internal review of all Administrative and Council Policies.</p>	<p>The CRTO continues its full-scale policy review, focusing on Administrative & Council/Committee policies & procedures. The ongoing review & revision of Professional & Clinical Best Practice Guidelines continues, with two practice guides set to be presented at the Sept. Council meeting.</p>	<p>The CRTO continues its full-scale policy review, focusing on Administrative & Council/Committee policies & procedures. The ongoing review & revision of Professional & Clinical Best Practice Guidelines continues, with one clinical practice guideline to be presented at the Dec. Council meeting (approval for consultation).</p>	<p>At the December 2022 Council, a number of Administrative & Council/Committee policies & procedures were presented. In addition, One Clinical Best Practice Guideline was presented for Council approval to send it out for consultation to our stakeholders.</p>
Policy review	<p>16 policies updated/approved:</p> <ol style="list-style-type: none"> 1. Disclosure of Witness Statements 2. Health Professions Appeal and Review Board Appeals for ICRC 3. Entry-to-Practice Competency Assessment 	<p>Two administrative policies updated/approved</p> <ol style="list-style-type: none"> 1. Office Security 2. Council and Committee Meeting Materials 	<p>Seven policies updated/approved:</p> <ol style="list-style-type: none"> 1. Confidentiality 2. Investments 3. Reserves 4. Open Forum 5. Registrar’s Performance Review 6. Professional Development 	<p>Five policies updated/approved:</p> <ol style="list-style-type: none"> 1. Procurement of Goods & Services 2. Honoraria & Expenses 3. Privacy 4. Records Management & Retention 5. Communication



Key Priorities	Q1 (March – May)	Q2 (June – August)	Q3 (September – November)	Q4 (December – February)
	<ol style="list-style-type: none"> 4. Entry-to-Practice Competency Assessment Appeal 5. Labour Mobility 6. Language Proficiency Requirements 7. Registration Currency 8. Professional Development Program 9. Code of Conduct for Public Observers Policy 10. Unauthorized Use of Title and Holding Out Prior to Registration 11. Graduate Certificate of Registration 12. Approval of Canadian Education Programs Policy 13. Application for Registration Document Requirements 14. Application for Registration -File Closure 15. Deferral of Professional Development Program Requirements 16. Supervision <p>Nine archived policies:</p> <ol style="list-style-type: none"> 1. Appointment of Non-Council Committee Members Policy 2. Election Process - Executive Committee Policy 3. In-Camera Council Meeting Policy 	<p>Four archived policies</p> <ol style="list-style-type: none"> 1. Information Disclosed for the Purpose of 3rd Party Studies/Surveys Policy and Procedure 2. Non-Sufficient Funds Policy and Procedure 3. Correspondence to Council and Non-Council Committee Members Policy and Procedure 4. Certificates of Registration Policy 	<ol style="list-style-type: none"> 7. Succession Planning for Senior Leadership <p>Three archived policies:</p> <ol style="list-style-type: none"> 1. Data Requests 2. Development of Standards, Guidelines and Other College Documents 3. Workplace Violence and Harassment Policies & Programs 	<p>Three archived policies:</p> <ol style="list-style-type: none"> 1. Selection Process 2. Electronic Media 3. Social Media Terms of Use



Key Priorities	Q1 (March – May)	Q2 (June – August)	Q3 (September – November)	Q4 (December – February)
	<ol style="list-style-type: none"> 4. Responsibilities of Committee Chairs Policy 5. Code of Conduct for Council Members and Non-Council Members of Committees Policy 6. Appointment of Committee Chairs and Vice-Chairs Policy 7. Change of Name Requests Policy 8. Professional Liability Insurance (PLI) Policy 9. Notations of Suspension/Revocation of a Certificate of Registration Policy 			
Professional Practice Guidelines (PPGs) are regularly revised & sent out for consultation	<ol style="list-style-type: none"> 1. Use of Social Media by RTs PPG 2. Administering and Dispensing Medication PPG 	Posted the updated Administering and Dispensing Medications PPG for consultation	Council reviewed the Administering and Dispensing Medications PPG consultation feedback. The draft updated Privacy Policy was posted for consultation.	Infection, Prevention & Control Clinical Best Practice Guideline approved by Council for consultation with our stakeholders.
Revised Professional Practice Guidelines (PPGs) approved by Council	<ol style="list-style-type: none"> 1. Conflict of Interest PPG 2. Responsibilities Under Consent Legislation PPG 3. Oxygen Therapy Clinical Best Practice Guideline (CBPG) 	<p>Infection Control PPG revision in progress</p> <p>Update to the "Am I Practicing" Fact Sheet</p> <p>Update to PDP policy</p>	Revised Administering and Dispensing Medications PPG was approved by Council (Sept. 23).	
Review/Revision of CRTO By-Laws & Regulations (as required)	Revised CRTO By-laws approved at the March 2022 Council meeting		Draft By-Law revisions were presented to Executive Committee (Nov. 18).	Draft By-Law revisions were presented to Council (Dec. 2) for approval for consultation with our stakeholders.
Standards of Practice & Ethical Practice documents promote	Began a Standards of Practice review and revision with the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB) that includes		Other provincial jurisdictions provided feedback on the common Standards of	



Key Priorities	Q1 (March – May)	Q2 (June – August)	Q3 (September – November)	Q4 (December – February)
Diversity, Equity, and Inclusion (DEI).	expanding the existing guidance related to DEI.		Practice document as presented at the NARTRB Board Meeting (Nov. 5).	
Supporting the application of new or amended practice standards.				
Online modules to support difficult-to-understand and novel practice standards.		Storyboard preparation for an online module regarding delegation/authorizing mechanisms.	Storyboard preparation for an online module regarding delegation/authorizing mechanisms.	Draft Delegation & Authorizing Mechanisms module created. Preparing an online module for student/graduate RT's.
The application of Risk-Based regulation.				
Formal risk assessments in all RC, QAC & ICRC decisions.	<p>RC - All panels utilize an updated risk assessment tool for making registration decisions.</p> <p>QAC - The revised Professional Development Program Policy includes a risk-based referral to the practice assessment component of the QA Program</p>	QAC - Conducted a regulatory scan to evaluate other College's risk-based approaches to their QA programs.	<p>QAC - Regulatory scan regarding PDP's, specifically risk-based QA selection by other Colleges. PDP policy updated to include the initial three-year review requirement for new Members to the CRTO. Revised PDP policy was taken to the QAC and Council for information.</p> <p>ICRC - reviewed data obtained in the audit of all ICRC matters for the last two years. Plan to develop additional resources to highlight trends of concerns being brought to the CRTO and how best to meet the standards of practice.</p> <p>RC - All panels continue to utilize the updated risk assessment tool for making registration decisions (4 Panels conducted during this reporting period).</p>	
Healthcare Community				
Actively seeking collaborative opportunities with other health regulatory colleges & system partners.				



Key Priorities	Q1 (March – May)	Q2 (June – August)	Q3 (September – November)	Q4 (December – February)
<p>Creation of common standards (where possible) both provincially and nationally.</p>	<p>Several initiatives currently underway through HPRO are aimed at creating common standards for health regulatory bodies in Ontario</p> <ul style="list-style-type: none"> • Council Competencies Evaluation Framework • Information Sharing Policy • Anti-BIPOC Racism Working Group <p>The CRTO is participating in a NARTRB Standards of Practice Working Group with the goal of developing a national Standards of Practice for Respiratory Therapists</p>	<p>The NARTRB Standards of Practice Working Group met twice during this period to determine what the CRTO/SCRT standard already consist of and what the Alliance feel need to be added. Part of the background work required all jurisdictions to provide information on the number & nature of complaints and reports matters.</p> <p>The CRTO also participated in a review of the current NARTRB Jurisdictional Verification form.</p>	<p>The following topics are being considered as additions to the current CRTO/SCRT Standards of Practice to create a national set of standards:</p> <ul style="list-style-type: none"> • Vaccine administration • Adherence to public health orders • Diversity, Equity & Inclusion • Virtual Practice • Social Media Use • Sexual abuse/sexual misconduct • Supervision of students • Duty to report • Non-sexual boundary violations • Collaborative care • Duty to assist in an emergency • Transfer of care/accountability • Electronic communications • Labour mobility • Human health research 	
<p>Engaging with stakeholders to enhance quality patient care.</p>				
<p>Demonstrate how stakeholder feedback is incorporated into the development/revision of policies, standards, and practice guidelines.</p>	<p>The CRTO Policy Framework consists of a consultation process for revised policies, practice guidelines, by-laws and Standards of Practice. Draft Policies and Guidelines are posted online for consultation. All survey results were</p>	<p>Posted the updated Administering and Dispensing Medications PPG for consultation.</p>	<p>Council reviewed the Administering and Dispensing Medications PPG feedback.</p> <p>Council approved the revised Privacy Policy for consultation.</p>	<p>The following were sent out for public consultations:</p> <ul style="list-style-type: none"> • Draft By-Law revisions • Infection, Prevention & Control Clinical Best Practice Guideline



Key Priorities	Q1 (March – May)	Q2 (June – August)	Q3 (September – November)	Q4 (December – February)
	reviewed by Council/respective Committee prior to approval.			
Core Business Practices				
Clear financial alignment with strategic priorities.				
Revised financial statement & investment portfolio presentation	The financial statement reporting format was streamlined to highlight how it aligns with College’s strategic direction and key priorities.	The newly developed Mid-Year Financial Report was prepared and presented to the FAC at its August meeting.	Mid-Year Financial Report presented to the Council at its September meeting.	Reviewed proposals & presentations from several financial institutions who had expressed an interest in providing the CRTO with ongoing investment management service.
Finance & Audit Committee (FAC)	A newly formed non-statutory committee met to: <ul style="list-style-type: none"> Establish their Goals & Terms of Reference Assisted the Executive Committee in the review of the CRTO’s 2021 – 2022 Financial Audit, the 2022 – 2023 budget, & evaluation of the External Auditor. 	At its August meeting, the FAC began the creation of a tool to assist with the annual review of the CRTO’s Membership Fee Structure.		The Membership Fee Assessment tool was finalized by the FAC and sent to the Executive Committee for their approved to recommend its adoption to Council.
A policy that clearly outlines the management of financial reserves	The FAC began reviewing the Investment and Management of Net Assets Policies and Procedures.		The FAC presented the revised Investments & the new Reserves Policies to Council for approval.	The following policies were presented to the December Council for final approval: <ul style="list-style-type: none"> Revised Honoraria & Expenses Policy Revised Procurement of Goods & Services Policy
Embedding the principles of diversity, equity, and inclusion in College processes.				



Key Priorities	Q1 (March – May)	Q2 (June – August)	Q3 (September – November)	Q4 (December – February)
Diversity, Equity and Inclusion (DEI) training for Council, Committee & staff members	<p>Anti-Black Racism, Anti-Indigenous Racism, Anti-Racism/Anti-Oppression (ARAO) facilitated session was attended by CRTO staff, Council and Committee members on March 22, 2022.</p> <p>Facilitated ARAO discussion took place involving CRTO staff on May 10, 2022.</p> <p>The CRTO's DEI Plan was approved at the March Council meeting.</p> <p>Established a partnership with external consultants, Canadian Equality Consulting (CEC), to begin developing an organization DEI plan.</p>	<p>CEC developed a customized DEI survey for CRTO staff (both online and one-on-one) that was completed at the end of August.</p>	<p>CEC developed a customized DEI survey for CRTO staff (both online and one-on-one) that was completed In October.</p> <p>Indigenous Awareness module completed by staff for National Day for Truth & Reconciliation (Sept. 30).</p> <p>Facilitated ARAO discussion took place involving CRTO Council, Committee and staff on Nov. 17, 2022.</p> <p><i>Navigating Canada's Complex Histories</i> e-course (in honour of National Truth & Reconciliation Day) was completed & discussed by all CRTO staff.</p>	<p>CEC provided a report to the CRTO Council in December regarding the consultations they conducted with CRTO staff, Council & Committee members. The DEI Summary Report was posted on the Pubic webpage of the CRTO website.</p> <p>CEC also conducted a survey with the membership regarding the CRTO's role in promoting DEI. A summary report of these findings was provided to the CRTO in February.</p> <p>Comparative Review summary. This will also be helpful for strategy design.</p> <p>Participate in HPRO's Consultations to advance equity, diversity, and inclusion (EDI) in your regulatory functions.</p>
Equity Impact Assessment	<p>At the March 2022 meeting, Council approved the use of Ministry of Health's Health Equity Impact Assessment (HEIA) tool and workbook.</p> <p>The PRC is in the process of revising HEIA to meet the CRTO's needs.</p>			
A comprehensive Risk Management Framework				
The formal process to identify & monitor internal & external organizational risk (e.g., financial & human resources, cyber security, etc.)	<p>Draft Organization Risk Management Framework currently under development.</p>	<ul style="list-style-type: none"> Began an externally hosted security awareness program which includes phishing campaigns and general security awareness training. 	<p>Cybersecurity presentation by ISA to Council and staff.</p> <p>Drafted a risk management framework (to be presented to Council in Dec. 2022)</p>	<p>The CRTO Risk Management Framework was approved at the Council meeting (Dec. 2).</p> <p>Draft 2023/24 budget includes resources to retain a Risk Management consultant</p>



Key Priorities	Q1 (March – May)	Q2 (June – August)	Q3 (September – November)	Q4 (December – February)
	<p>IT Infrastructure Architecture review completed & process begun to implement recommendations.</p> <p>Started the process of moving all members' files to a digital format</p>	<ul style="list-style-type: none"> Based on the recommendations of the security architecture assessment, we installed a dedicated firewall to reduce security risk and improve the organization's security posture. Conducted a comprehensive review and updated the Office Security Policy and Procedure (including updates to a number of security measures, e.g., the office security camera) " 		<p>to assist the CRTO in implementing its organizational risk management plan.</p>
Succession plan for senior leadership	<p>Appointment of a Deputy Registrar & creation of new Manager of Regulatory Affairs position.</p>	<p>Drafted the Succession Planning for Senior Leadership Policy - to be presented at the Sept. Council meeting</p>	<p>Succession Planning for Senior Leadership Policy approved by Council (Sept. 23).</p>	

Update February 2023.

Council Briefing Note

AGENDA ITEM # 5.2

March 3, 2023

From:	Carole Hamp, RRT – Registrar & CEO
Topic:	2022 College Performance Measurement Framework Update
Purpose:	For Information
Strategic Focus:	Governance & Accountability
Attachment(s):	N/A

PUBLIC INTEREST RATIONALE:

To demonstrate how the CRTO has aligned its strategic direction with the expectations outlined in the Ontario Ministry of Health’s (MOH) College Performance Management Framework (CPMF).

ISSUE:

The CPMF report for the 2022 calendar year is due to be submitted to the MOH on April 30, 2023.

BACKGROUND:

The MOH developed the CPMF to answer the question, “how well are Colleges executing their mandate, which is to act in the public interest?” This initiative is intended to:

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

Each year, beginning in 2020, health regulatory Colleges began reporting on 14 performance-based standards within seven measurement domains. The report also includes 14 context measures to provide statistical data related to the standards.

ANALYSIS:

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 are expected to meet or work towards meeting these benchmarks. If a College does not meet, or partially meets, expectations on a benchmark, it must 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.

The eight (8) benchmark standards in the 2022 CPMF require Colleges to demonstrate that:

1. Professional members applying for a Council position meet pre-defined competency and suitability criteria.
2. Professional and Public members who wish to sit on a statutory committee meet pre-defined competency and suitability criteria.
3. They regularly review and update their 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).
4. They use policies, practices and processes to address accidental or unauthorized disclosure of information (e.g., cybersecurity measures).
5. They regularly evaluate their policies, standards of practice, and guidelines to determine whether they are appropriate, require revisions, or require new direction or guidance based on the current practice environment.
6. When developing or amending policies, standards and practice guidelines, they use an evidence-informed approach (e.g., the risk posed to the public, current practice environment, etc.).
7. The different stages of the complaints process and all relevant supports available to complainants are supported by formal policies and procedures and are clearly communicated.
8. Council uses performance and risk review findings to identify where improvement activities are needed.

NEXT STEPS:

CRTO staff will continue working on the CPMF report and plan to have a draft version to present to Council at its March 3rd meeting.

Council Briefing Note

AGENDA ITEM # 5.3

March 3, 2023

From:	Carole Hamp, Registrar & CEO
Topic:	CRTO By-Law Amendments – Final Approval
Purpose:	For Decision
Strategic Focus:	Governance & Accountability
Attachment(s):	Appendix A: Amended By-Laws (with track changes) Appendix B: Consultation Feedback Summary
Motion:	<p>It is moved by _____ and seconded by _____ that:</p> <p>Council approves the by-law amendments, which include in their entirety:</p> <ul style="list-style-type: none"> • By-Law 1: General CRTO Administration • By-Law 2: Council and Committees • By-Law 3: Membership

PUBLIC INTEREST RATIONALE

The CRTO By-laws provide a mechanism to direct the administrative and internal affairs of the College and its Council, regulate the practice of the profession, and to govern its members. It is in the public interest that these by-laws are informed by principles of good governance, based on best practices, and developed with the public interest in mind.

ISSUE:

The CRTO’s by-laws were last reviewed in March 2022. Since then, there three (3) areas within the CRTO By-Laws have been identified as requiring updating to enable alignment with the CRTO’s:

- Current practices regarding expenditures (By-Law 1)
- Election processes (By-Law 2)
- Fee schedule regarding late penalty fees (By-Law 3)

A set of amendments have been drafted and approved by Council for public consultation at the December 2, 2022, meeting. The By-Law amendments are now being presented to Council for final approval informed by the public consultation process.

BACKGROUND:**By-Law 1: General CRO Administration**

The overall intent of the revision to this By-Law was to clarify when and how CRO expenditures needed external approval.

By-Law 2: Council and Committees

The intent of the revision to this By-Law was two-fold:

1. To enable the Registrar to appoint members of the public directly (not through the Public Appointments Office) to vacant spots on Committees. They will be called Public Committee Appointees.
2. To ensure all information in the CRO's current *Election Process - Council Members and Non-Council Committee Members Policy* are contained within the By-Laws so that the policy can be rescinded and archived. The Elections Procedure will then be revised and placed under the amended By-Law.

By-Law 3: Membership

The intent of the revision to this By-Law was to add a penalty to the CRO Schedule of Fees for late submission of Professional Development Program obligations.

All By-Law amendments have been reviewed by the CRO's legal counsel.

ANALYSIS:**Summary of Changes:****By-Law 1: General CRO Administration****Section 11 – Expenditures**

11.01 & 11.02 - Increased allowable limits for both the approval of unbudgeted expenditures and the authorization of payments to be aligned with the rising costs of goods and services.

By-Law 2: Council and Committees**DEFINITIONS**

Member - added classes of registration (*will need to add an Emergency class once it comes into effect via a regulation later in 2023*).

Professional Committee Appointee – revised language so that these appointees can be screened in a large group rather than trying to find them one at a time when needed.

Public Committee Appointees – added this definition to enable the appointment of Public members to Committees only.

ELECTIONS, APPOINTMENTS & DUTIES OF COUNCIL AND COMMITTEE MEMBERS

Election and Appointment Process

2.01

Added “Appointment” to the title & removed reference to Election Policy & Procedure. The intent of this revision is to ensure all information contained within the Policy is now in the By-Laws.

Added statements to clarify that appointments (for both Professional & Public members) would be done at the discretion of the Registrar (based on criteria in 2.08 & 2.10, respectively).

Members’ Eligibility for Elections

2.06

Added the word “Members” to the title & clarified that the ballots are electronic.

2.07

Added the phrase “pursuant to this By-Law” and removed specific article references

a)v. – xiv & b)iii - Added/revised this section to include all common eligibility criteria.

2.08 (Academic Member)

Removed listing of criteria and reference back to criteria listed in 2.07.

Profession Committee Appointee Eligibility

2.09

Referenced back to 2.07 and included additional criteria specific to this group.

Public Committee Appointee Eligibility

2.10

Referenced back to 2.07 and included additional criteria specific to this group.

Terms of Office

2.11

a) Legal advice is that the Code limits them to nine consecutive years but is silent about whether they can come back. The way it is worded currently is that they cannot come back after taking a year off. Therefore, we remove the "three (3) terms".

b) Clarified that appointments (for both Professional & Public) will be for one (1) year terms & that there is no max. limit to the number of consecutive one (1) year terms a Professional or Public Appointee can have.

2.12

a) defined when the terms of a Council member begin.

b) clarified when an Appointees' term begins (when they are appointed to a committee, as opposed to when they are appointed to a pool).

Nominations for Council Members

2.14

Clarified that this section refers specifically to Council Members and removed the section referencing Appointees.

Voting Process

2.15

Changed the statement to refer to the section in the By-Laws that outline when elections are set in the various electoral districts.

2.16 – 2.18 & 2.20 – 2.22 & 2.26 – 2.27 - Added to clarify the voting process (from the current Election policy).

Changed "Exception Circumstances" to **Disqualifications**

2.28, 2.29 & 2.33

Added to include Professional & Public Committee Appointees.

2.34 – 2.37

Removed because legal advice was that we don't need terms for filling appointee positions because you can just fill them according to our By-Laws. Terms such as those previously outlined are only necessary for Council member positions, which are trickier because of the composition requirements in the RHPA.

EXECUTIVE COMMITTEE

5.08

Added Non-Statutory Committee & Public Committee Appointee to the Committee Preference section.

7 - COMMITTEES

8.01, 9.01, 10.01 & 11.01 - Registration, ICRC, Discipline & Fitness to Practice Committees

For these Committees, the Code will not permit an either/or regarding Public Members. Therefore, any Public Committee Appointee on these committees would need to be in addition to the prescribed number of public Council Members; appointed by the Lieutenant Governor in Council.

12.01 & 13.01 – Quality Assurance & Patient Relations Committees

For these 2 Committees, it is permissible to appoint either a Public Council Member or a Public Committee Appointee.

By-Law 3: Membership

The intent of the revision to this By-Law was to add a penalty to the CRTC Schedule of Fees for late submission of Professional Development Program obligations.

Schedule of Fees

4.12 – Added a provision that enables the charging of a penalty fee if a Member is non-compliant regarding their Professional Development Program obligations.

PUBLIC CONSULTATION

The draft By-Law amendments were posted for consultation on the CRTO website on December 19, 2022. A link to the consultation survey was posted on the CRTO’s website homepage slider, tweeted on the CRTO Twitter account and shared with members in the December 2022 e-bulletin. In total, 106 people viewed the consultation survey, and 10 respondents completed the survey.

All respondents found the By-laws clear and understandable. 90% found the By-laws free from omissions and errors. The comments received are listed in Appendix B.

No additional changes have been proposed to the By-laws as a result of this feedback.

For full consultation results, see Appendix B.

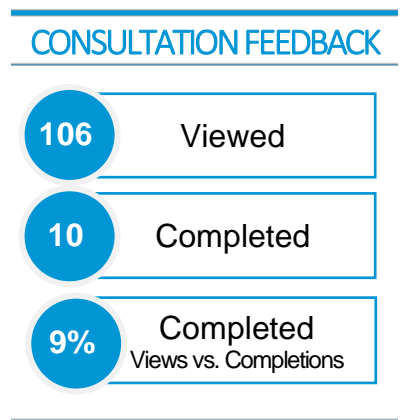
Length of time consultation was open: 60-days
Date consultation closed: February 17, 2023

RECOMMENDATION:

It is recommended that Council approve the revised CRTO By-Laws.

NEXT STEPS:

If the motion is approved, the By-laws will be published on the CRTO website.





College of Respiratory
Therapists of Ontario

Ordre des thérapeutes
respiratoires de l'Ontario

By-Law 1: General CRTO Administration

Approved by Council: March 4, 2022

By-Laws are approved by Council and form part of the operational guidelines for CRTO staff to administer the policies, regulations and legislation.

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1. DEFINITIONS

1.01 In this By-Law, and in any other By-Law of the CRTO, unless otherwise defined or required by the context of the specific provision, the following words and phrases shall have the meanings set out below:

Act

The *Respiratory Therapy Act, 1991*, as amended from time to time and the regulations made under it

Appointed Officer

An employee of the CRTO appointed by the Council, or the Executive Committee, as an officer

Auditor

The person or firm appointed under Article 12.01 of this By-Law

Authorized Personnel

A person authorized to carry out the CRTO's banking and investment and includes the President, Vice-President, Registrar, Deputy Registrar and Finance and Office Manager, as outlined in a policy of the CRTO

Chair

The person designated to preside over meetings of statutory or non-statutory Committees or panels of the CRTO; includes Vice-Chair who is the alternate designate

Code

The *Health Professions Procedural Code*, being Schedule 2 of the *Regulated Health Professions Act, 1991*

Committee

A Committee of the CRTO and includes statutory committees established under section 10 of the *Code*, non-statutory committees, task forces, a Panel of a Committee and any other Committees established by the Council under these By-Laws

Council

The board of directors of the CRTO, responsible for managing and administering its affairs in accordance with the *Code*

Council Member

A member of Council elected or appointed in accordance with the *Regulated Health Professions Act* and/or the *Act* and/or this By-Law

CRTO

The acronym for the College of Respiratory Therapists of Ontario

Duly Constituted

A meeting in accordance with the required procedure where quorum is met pursuant to the By-Laws.

Ex-Officio

By virtue of one's office, e.g., the Registrar is an ex-officio member of CRTO committees by virtue of their office as Registrar and Chief Executive Officer. In their capacity as an ex-officio member of a Committee the Registrar has the right, but not the obligation, to attend Committee meetings, other than some aspects of hearings. However, they are not entitled to make a motion or vote, and are not counted when determining if a quorum is present

Fiscal Year

Refers to the period of March 1 to the last day of the following February

In-Camera

In accordance with section 7 of the *Code*, meetings of Council are open to the public. The *Code* provides for specific occasions when the Council may exclude the public from a meeting. When the Council excludes the public from a meeting or part of a meeting, it will go *in-camera* (conduct a private meeting)

Inspector

An individual appointed by the CRTO to act as an inspector; may also be referred to as “assessors” or other terms set in Policy

Member

Unless further defined, or the context indicates otherwise, is an individual who holds a certificate of registration with the CRTO

Officer of the CRTO

Includes the President, the Vice-President, the Registrar or an appointed officer

Panel

A sub-group of a Committee of the CRTO

Policies and Procedures

The documented processes or courses of action undertaken by the CRTO in anticipation of or response to foreseeable or recurring concerns or issues

Presiding Officer

The person who chairs a meeting of Council or a Committee

Proceeding

Any action or process undertaken related to the investigation, hearing or restriction (i.e., terms, conditions and limitations (TCLs) or suspension of a certificate of registration) of a Member's practice

Profession

The profession of Respiratory Care or Respiratory Therapy

Professional Committee Appointee

A Member of the CRTO who is not a member of the Council, and who has been acclaimed, appointed, or elected to the pool of Members available to serve on committees

Professional Council Member

A member elected to the Council in accordance with the by-laws and includes a member elected in a by-election or appointed to fill a vacancy

Professional Corporation (or health profession corporation)

Refers to a Member, incorporated under the *Business Corporations Act*, who holds a valid certificate of authorization issued under the *Regulated Health Professions Act* (including regulations), or the *Health Professions Procedural Code*

Public Council Member

A person, who is not a Member of the CRTO/profession, and who is appointed to the Council by the Lieutenant Governor in Council

Register

Includes the register as defined under S.23(2) of the *Code* and this By-Law; may also be referred to as the "public register"

Registrar

Person hired by the Council to act as Chief Executive Officer for the CRTO as required by the *Code* and as described in Article 4 of this By-Law; includes a person appointed as Acting Registrar by the Council during a vacancy in the office of the Registrar or during the disability or prolonged absence of the Registrar

Regular Meeting

A meeting of the Council to which By-Law 2: Council and Committees, Article 4.01(a) refers

Related Company

A company, corporation, business partnership or entity that is owned or controlled, wholly,

substantially, or actually, directly or indirectly, by a person or another person related to the person

Related Person

Any person connected with another person by blood relationship, marriage, common-law, partnership or adoption, namely:

- persons are connected by blood relationship if one is the child or other descendant of the other or one is the brother or sister of the other;
- persons are connected by marriage if one is married to the other or to a person who is connected by blood relationship to the other;
- persons are connected by common-law if the persons have a conjugal relationship and live together, have a cohabitation agreement or are the parents (together) of a child;
- persons are connected by a partnership when they live together or have a close personal relationship that is of primary importance in both lives;
- persons are connected by adoption if one has been adopted, either legally or in fact, as the child of the other person or a blood relation of the other person.

Respiratory Therapist

A Member of the CRTO

Respiratory Therapy

As defined in the *Act* as the providing of oxygen therapy, cardio-respiratory equipment monitoring and the assessment and treatment of cardio-respiratory and associated disorders to maintain or restore ventilation; includes the practice of Respiratory Care

RHPA

The *Regulated Health Professions Act, 1991*, as amended from time to time and includes the *Code*

Signing Officer

A person authorized to sign documents on behalf of the CRTO and includes the President, Vice-President, Registrar, Deputy Registrar and Manager of Quality Practice, as outlined in CRTO policy

Sitting Council Member

An elected or appointed member of the CRTO Council

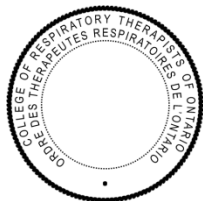
Special Meeting

A meeting of the Council to which By-Law 2: Council and Committees, Article 3.01(b) refers

2. SEAL

2.01 The seal of the CRTO shall, when required, be affixed to contracts, documents, or instruments in writing, signed aforesaid, or by any other person or persons appointed as authorized to sign on behalf of the CRTO.

2.02 The seal of the CRTO is depicted below.



2.03 The logo and name mark depicted on the CRTO website shall be the logo and name mark of the CRTO as depicted below. The CRTO asserts all intellectual property rights over the logo and name mark.



3. HEAD OFFICE

3.01 The Head Office of the CRTO shall be located within the city in which the Provincial Legislature sits. The physical premises occupied by the CRTO shall be determined by Council.

4. REGISTRAR

4.01 The Registrar may be hired or fired only by a motion passed by a two-thirds (2/3) majority of the sitting Council Members in attendance at a Council meeting.

4.02 The Registrar is also the Chief Executive Officer of the CRTO.

4.03 The Registrar shall, among other things:

- a) give all notices required to be given to Council Members and Members of the CRTO;
- b) be the custodian of the seal of the CRTO and keep/maintain all copies of all contracts, agreements, certificates, approvals and all other documents to which the CRTO is a party or which are otherwise pertinent to the administrative and domestic affairs of the CRTO;
- c) keep full and accurate account of all financial affairs of the CRTO in proper form and deposit all monies or valuables in the name and to the credit of the CRTO in such depositories as may, from time to time, be designated by the Council;
- d) disburse the funds of the CRTO under the direction of the Council, taking proper vouchers therefore and render to the Council, whenever required, an account of all transactions and of the financial position of the CRTO;

By-Law 1: General CRTO Administration

- e) engage, dismiss, supervise and determine the terms of employment of all other employees of the CRTO;
- f) keep the register in the form required by the *RHPA*, the regulations, the By-Law and the Policies and Procedures of the CRTO;
- g) be responsible for and direct the administration of the affairs and operations of the CRTO;
- h) prepare the CRTO's annual operating budget for review by Executive Committee;
- i) supervise the nomination and election of Council Members and Professional Committee Appointees;
- j) implement such forms as they consider necessary or advisable to enable the CRTO to fulfil its obligations under the *RHPA*, the regulations and the By-Law and to enable the CRTO to administer its affairs in an appropriate manner;
- k) fulfil the responsibilities of the position in accordance with the *RHPA*, the Regulations, the By-Law and the Policies and Procedures of the CRTO;
- l) carry out such duties as authorized or required by the *Code*;
- m) represent the CRTO and its positions to stakeholders; and
- n) perform such other duties as may be determined, from time to time, by the Council.

4.04 The Registrar is an ex-officio member of all Committees.

4.05 The Registrar is expected to:

- a) attend all Council meetings; and
- b) attend such Committee meetings as are required in the proper performance of their duties.

4.06 The Registrar (or their appointed designate) shall, in addition to the President, act as official spokesperson for the CRTO.

5. ACTING REGISTRAR

5.01 A person who has been appointed by the Council as Acting Registrar during the prolonged absence or disability of the Registrar, shall discharge all the duties of the Registrar. During extended absences of the Registrar, the Council may appoint an Acting Registrar.

6. BY-LAWS

6.01 By-Laws of the CRTO may be made, amended, or revoked by a two-thirds (2/3) vote of the sitting Council Members in attendance at a duly constituted meeting or by the signatures of all actual Council Members.

By-Law 1: General CRTO Administration

- 6.02** Notice of motion to make, amend or revoke a By-Law must be given to Council Members fourteen (14) days prior to the meeting referred to in By-Law 2: Council and Committees, Article 4.01.
- 6.03** Every By-Law and every amendment and revocation thereof shall be dated and maintained in the CRTO's records.
- 6.04** In accordance with Ss. 94(2) of the *Code*, such proposed changes to the By-Laws that are required by the *Code* to be circulated to every Member at least 60 days prior to the Council's vote to approve the amendment.
- 6.05** A copy of the By-Laws made by Council shall be provided to the Minister and to Members as required under Ss. 94(3) of the *Code*.

7. DOCUMENTS

- 7.01** Except where specifically referred to elsewhere in this By-Law, and subject to the *Act* and the regulations, all documents requiring the signature of the CRTO may be signed by the Registrar or the President.
- 7.02** Except where otherwise provided by law, the Registrar may sign summonses and notices on behalf of any Committee of the CRTO.
- 7.03** The seal of the CRTO shall, when required, be affixed to contracts, documents, or instruments in writing, signed as aforesaid.
- 7.04** The certificates of registration given to Members for display shall contain the signatures of the Registrar and President.
- 7.05** Unless otherwise provided in the *RHPA*, the *Code*, the Regulations, or provision in the CRTO By-Laws, documents requiring the signature and seal of the CRTO shall bear the signatures of the Registrar and/or President together with CRTO seal, or a likeness (electronic) thereof.

8. BANKING

- 8.01** In this Article, "bank" means the bank appointed under Article 8.02 of this By-Law.
- 8.02** The Council shall appoint one or more banks chartered under the *Bank Act Canada* for the use of the CRTO upon the recommendation of the Executive Committee.
- 8.03** All money belonging to the CRTO shall be deposited in the name of the CRTO with the bank.
- 8.04** The Registrar or designate may endorse any negotiable instrument for collection on the CRTO's account through the bank or for deposit to the credit of the CRTO with the bank, in accordance with any applicable policy of the CRTO.

9. INVESTMENT

- 9.01** The CRTO's funds may be invested within the restrictions set out in this By-Law, the policies and other investment guidelines of the CRTO.
- 9.02** Funds of the CRTO required for operation and those in excess of funds required for operation during the fiscal year, as identified in the annual budget, may only be invested in accordance with the CRTO investment policies.
- 9.03** Investments must be authorized by two (2) authorized personnel.

10. BORROWING

- 10.01** The Council may from time to time by resolution:
- a) borrow money on the credit of the CRTO;
 - b) limit or increase the amount or amounts to be borrowed; and
 - c) secure any present or future borrowing, or any debt, obligation, or liability of the CRTO, by charging, mortgaging or pledging all or any of the real or personal property of the CRTO, whether present or future.
- 10.02** Two (2) signing officers must sign documents to implement the decision made under Article 10.01 of this By-Law.

11. EXPENDITURES

- 11.01** Goods and services, excluding employment contracts and expenses associated with matters referred to the Inquiries, Complaints and Reports, Discipline or Fitness to Practise Committees or to defend legal proceedings brought against the CRTO, may be purchased or leased for the benefit of the CRTO if the purchase or lease is approved by:
- a) the Registrar if the resulting unbudgeted obligation does not exceed ~~\$10,000.00~~ \$15,000;
 - b) the Registrar and one other signing officer if the resulting unbudgeted obligation does not exceed ~~\$20,000.00~~ \$30,000; or
 - c) Council if the resulting unbudgeted obligation exceeds ~~\$20,000.00~~ \$30,000.
- 11.02** All cheques, drafts, notes, or orders for payment of money and all notes and acceptances and bills of exchange shall be signed by:
- a) two (2) internal signing officers if the amount is less than ~~\$10,000.00~~ \$15,000 including all payroll cheques and source deduction remittances;
 - b) one (1) internal and one external signing officer for amounts ~~\$10,000~~ \$15,000 or more

except for payroll cheques and source deduction remittances as described in (a).

12. FINANCIAL AUDIT

- 12.01** The Council shall at each spring Council meeting appoint auditors who are duly licensed under the *Public Accountancy Act* to hold office until the next annual general meeting and, if an appointment is not so made, the auditors in office shall continue until successors are appointed.
- 12.02** In the event that the auditors appointed in Article 12.01 of this By-Law are unable to continue their duties as agreed, the Council may appoint new auditors.
- 12.03** The auditors shall present their report to the Council at its spring Council meeting, at which the financial statements of the CRTO are to be submitted and shall state in the report whether, in their opinion, the financial statements present fairly the financial position of the CRTO and the results of its operations for the period under review in accordance with Canadian accounting standards for not-for-profit organizations.
- 12.04** The auditors have the right to access, at all reasonable times, all records, documents, books accounts and vouchers of the CRTO and are entitled to require from the Council Members, officers, employees, and Members of the CRTO such information as is necessary in their opinion to enable them to report as required by law or under this Article.

13. MANAGEMENT OF PROPERTY

- 13.01** The Registrar shall maintain responsibility for the management and maintenance of all CRTO property.
- 13.02** Property and other assets carried on the inventory of the CRTO will be insured against loss or damage.

14. MEMBERSHIP IN OTHER ORGANIZATIONS

- 14.01** The CRTO may maintain memberships or affiliations with other organizations (e.g., Council on Licensure, Enforcement and Regulation (CLEAR), Canadian Network of Agencies for Regulation (CNAR)) in order to further the goals of the CRTO, and shall pay the annual or other fees required.
- 14.02** The CRTO may maintain membership with the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB) and shall pay the annual fee required for the membership.
- 14.03** The CRTO may maintain membership with the Health Profession Regulators of Ontario (HPRO) and shall pay the annual fee required for the membership.
- 14.04** The Registrar and the President or designate(s) shall represent the CRTO at meetings of the

organizations identified in this Article.

15. APPOINTMENT OF INSPECTORS

15.01 The Registrar may appoint any person, other than a Council Member or Professional Committee Appointee, to act as an inspector for and on behalf of the CRTO. Inspectors so appointed shall have such authority and shall perform such duties as set in the *Act*, regulations or CRTO Policies and Procedures.

16. DISSOLUTION

16.01 In the event the CRTO is dissolved, the Council shall, after paying and making provisions for the payment of all debts and liabilities, transfer any assets that remain after dissolution to an organization with similar purposes and which is exempt from income tax under the *Income Tax Act (Canada)* and whose incorporating documents or By-Laws prohibit the organization from paying any of its income to or for the benefit of any of its Members.



College of Respiratory
Therapists of Ontario

Ordre des thérapeutes
respiratoires de l'Ontario

By-Law 2: Council and Committees

Approved by Council: March 4, 2022

By-Laws are approved by Council and form part of the operational guidelines for CRTO staff to administer the policies, regulations and legislation.

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DEFINITIONS

1.01 In this By-Law, and in any other By-Law of the CRTO, unless otherwise defined or required by the context of the specific provision, the following words and phrases shall have the meanings set out below:

Act

The *Respiratory Therapy Act, 1991*, as amended from time to time and the regulations made under it

Appointed Officer

An employee of the CRTO appointed by the Council, or the Executive Committee, as an officer

Chair

The person designated to preside over meetings of statutory or non-statutory Committees or panels of the CRTO; includes Vice-Chair who is the alternate designate

Code

The *Health Professions Procedural Code*, being Schedule 2 of the *Regulated Health Professions Act*

Committee

A Committee of the CRTO and includes statutory committees established under section 10 of the *Code*, non-statutory committees, task forces, a Panel of a committee and any other committees established by the Council under these By-Laws

Council

The board of directors of the CRTO, responsible for managing and administering its affairs in accordance with the *Code*

Council Member

A member of Council elected or appointed in accordance with the *Regulated Health Professions Act* and/or the *Act* and/or this By-Law

CRTO

The acronym for the College of Respiratory Therapists of Ontario

Duly Constituted

A meeting in accordance with the required procedure where quorum is met pursuant to the By-Laws

Ex-Officio

By virtue of one's office, e.g., the Registrar is an ex-officio member of CRTO committees by

virtue of their office as Registrar and Chief Executive Officer. In their capacity as an ex-officio member of a Committee the Registrar has the right, but not the obligation, to attend Committee meetings, other than some aspects of hearings. However, they are not entitled to make a motion or vote, and is not counted when determining if a quorum is present

In-Camera

In accordance with section 7 of the *Code*, meetings of Council are open to the public. The *Code* provides for specific occasions when the Council may exclude the public from a meeting. When the Council excludes the public from a meeting or part of a meeting, it will go *in-camera* (conduct a private meeting)

Member

Unless further defined, or the context indicates otherwise, is an individual who holds a certificate of registration with the CRTO (General, Graduate, Limited, Inactive).

Officer of the CRTO

Includes the President, the Vice-President, the Registrar or an appointed officer

Panel

A sub-group of a Committee of the CRTO

Policies and Procedures

The documented processes or courses of action undertaken by the CRTO in response to recurring issues

Presiding Officer

The person who chairs a meeting of Council or a Committee

Proceeding

Any action or process undertaken related to the investigation, hearing or restriction (i.e., terms, conditions and limitations (TCLs) or suspension of a certificate of registration) of a Member's practice

Profession

The profession of Respiratory Care or Respiratory Therapy

Professional Committee Appointee

A Member of the CRTO who is not a member of the Council, and who has been appointed by the Registrar to the pool available to serve on committees (but not on Council).

Professional Council Member

A member elected to the Council in accordance with the by-laws and includes a member elected in a by-election or appointed to fill a vacancy.

Public Committee Appointees

A person who is not a Member of the CRTO, and who has been appointed by the Registrar to the pool available to sit on a committee (but not on Council).

Public Council Member

A person, who is not a Member of the CRTO, and who is appointed to the Council by the Lieutenant Governor in Council

Registrar

Person hired by the Council to act as Chief Executive Officer for the CRTO as required by the *Code* and as described in By-Law 1: General CRTO Administration, Article 4; includes a person appointed as Acting Registrar by the Council during a vacancy in the office of the Registrar or during the disability or prolonged absence of the Registrar

Regular Meeting

A meeting of the Council to which Article 4.01(a) of this By-Law refers

Respiratory Therapist

A Member of the CRTO

Respiratory Therapy

As defined in the *Act* as the providing of oxygen therapy, cardio-respiratory equipment monitoring and the assessment and treatment of cardio-respiratory and associated disorders to maintain or restore ventilation; includes the practice of Respiratory Care

RHPA

The *Regulated Health Professions Act, 1991*, as amended from time to time and includes the *Code*

Sitting Council Member

An appointed or elected member of the CRTO Council

Special Meeting

A meeting of the Council to which Article 4.01(b) of this By-Law refers

2. ELECTIONS, APPOINTMENTS & DUTIES OF COUNCIL AND COMMITTEE MEMBERS

Appointment Process

2.01 a) The appointment of Professional Committee Appointees will be made by the Registrar, provided the individual meets the eligibility criteria set out in Article 2.07 and 2.09. These Members will be appointed based on consideration of their experience, qualifications, abilities,

and willingness to serve.

b) The appointment of a Public Committee Appointee will be made by the Registrar, provided the individual meets the eligibility criteria set out in Article 2.07 and 2.10. These Members will be appointed based on consideration of their experience, qualifications, abilities, and willingness to serve.

Election Districts

2.02 For the purpose of the election of Council Members, the electoral districts are as follows:

- a) Electoral district **1** is composed of the territorial districts of Kenora, Rainy River and Thunder Bay.
- b) Electoral district **2** is composed of the territorial districts of Cochrane, Timiskaming, Sudbury, Algoma, Manitoulin, Parry Sound, Nipissing and Muskoka.
- c) Electoral district **3** is composed of the geographic areas of Frontenac, Hastings, Lanark, Prince Edward, Renfrew, Leeds and Grenville, Lennox and Addington, Prescott and Russell, Stormont, Dundas and Glengarry and Ottawa.
- d) Electoral district **4** is composed of the geographic areas of Haliburton, Kawartha Lakes, Peterborough, Northumberland, Simcoe, Durham, York, Peel and Toronto.
- e) Electoral district **5** is composed of geographic areas of Halton, Hamilton, Niagara, Waterloo, Haldimand, Norfolk, Brant, Dufferin and Wellington.
- f) Electoral district **6** is composed of geographic areas of Grey, Bruce, Huron, Perth, Middlesex, Oxford, Elgin, Lambton, Chatham-Kent and Essex.
- g) Electoral district **7** is composed of the whole of the province of Ontario.

2.03 Nine Members of the CRTO shall be elected to the Council with one (1) Council Member for each of electoral districts 1, 2, 3, 6 and 7 and two (2) Council Members for each of electoral districts 4 and 5.

Years of Elections

2.04 An election of Council Members shall be held on a day fixed by the Registrar:

- a) in October 2023 and in October in every third (3rd) year after that for each of electoral districts 3, 4 and 6; and
- b) in October 2024 and in October in every third (3rd) year after that for each of electoral districts 1, 2, 5 and 7.

2.05 The nomination or election deadlines may be extended if the Registrar determines that there are exceptional circumstances to warrant an extension.

Members Eligibility for Elections

2.06 A Member is eligible to vote by **electronic ballot** in an electoral district if:

- a) on the day the voting opens, the Member principally practises the profession in that district; or
- b) the Member is not practising the profession on the day the voting opens, the Member principally resides in that district.

2.07 A Member is eligible for election as a Council Member, in electoral districts 1, 2, 3, 4, 5 and 6 or for appointment to fill a vacancy **in one of those districts** if,

a) on the date of the nomination through to the date of election or on the date of the appointment, the member:

- i. subject to **these By-Law**, practises or resides in the electoral district for which they are seeking election or appointment;
- ii. holds a General or Limited certificate of registration;
- iii. is not running for election in another electoral district;
- iv. is not in default of the payment of any fees;
- v. **is not the subject of any current disciplinary or incapacity proceeding by a body that governs a profession in any jurisdiction;**
- vi. **is not the subject of any disciplinary or incapacity proceedings by a body that governs a profession in any jurisdiction;**
- vii. **holds a certificate of registration that is not subject to a term, condition or limitation arising from a professional misconduct, incompetence, incapacity or quality assurance proceeding;**
- viii. **has not been found guilty by a court or other lawful authority (unless it has been reversed on appeal or judicial review) of:**
 - 1. **a criminal offence;**
 - 2. **any offence relating the prescribing, compounding, dispensing, selling or administering of drugs; or**
 - 3. **any offence relevant to their suitability to be licensed or registered with any professional regulatory body;**
- ix. **is not an employee, director, officer, or elected member of any provincial or national professional association or special interest group related to the profession;**
- x. **is not an appointed committee Chairperson or member of a committee of any provincial or national respiratory therapy associations; such that it is reasonable to expect that a real or apparent conflict of interest may arise;**

- xii. if running for election, is nominated by three (3) voters who are eligible to vote pursuant to this By-Law;
 - xiii. if running for election has completed the nomination form in the format provided by the Registrar and submitted it to the CRO electronically by the deadline set by the Registrar; and
 - xiv. completes the College's orientation online module relating to the duties, obligations and expectations of Council and Committee members prior to the date of nomination.
- b) within the twelve (12) months before the date of the nomination or appointment, the member has not been:
- i. an employee of the CRO; or
 - ii. an employee, director, officer, or elected member of a working group or Committee of an organization which develops or produces "entry to practice" examinations related to the profession; or
 - iii. in a position that could create an actual, potential, or perceived conflict of interest with respect to their Council duties.
- c) within the six (6) years before the date of the nomination or appointment, the member has not been disqualified from sitting on the Council or Committee Appointee.
- d) within the six (6) years before the date of the nomination or appointment, the member has not:
- i. had their certificate of registration suspended as a result of a professional misconduct, incompetence or incapacity proceeding;
 - ii. had their certificate of registration revoked as a result of a professional misconduct, incompetence or incapacity proceeding; or
 - iii. received a new certificate of registration following revocation of their certificate of registration as a result of a professional misconduct, incompetence or incapacity proceeding.

2.08 A Member is eligible for election as a Council Member in electoral district 7 or for appointment to fill a vacancy in that district if,

- a) on the date of the nomination through to the date of the election or appointment the member meets the criteria in Article 2.07 (except for article (a)i); and
- b) is a faculty member employed by one of the approved Respiratory Therapy educational programs in Ontario.

Professional Committee Appointees Eligibility

2.09 A member of the profession is eligible to be appointed as a Professional Committee Appointee if, on the date of appointment they meet all the requirements outlined in Article 2.07 as well as the following:

- a) They complete an application provided by the Registrar.
- b) They practice and reside in Ontario.

Public Committee Appointees Eligibility

2.10 A member of the public is eligible to be appointed as a Public Committee Member if, on the date of appointment they meet all the requirements outlined in Article 2.07 (except for Articles a)i – iv) as well as the following:

- a) They reside in Ontario;
- b) They complete an application provided by the Registrar.

Terms of Office

2.11 a) The term of office of an elected Council Member is three years. The maximum length of service of a Council Member is nine (9) consecutive years.

b) The term of office of a Professional Committee Appointee or a Public Committee Appointee is one (1) year. There is no maximum length of service of a Professional Committee Appointee or a Public Committee Appointee.

2.12 a) The term of office of a Council member begins with the first regular Council meeting following the election and the Council Member shall continue to serve until their successor takes office in accordance with this By-Law unless the member is disqualified under these By-Laws, or as set out in the *RHPA*.

b) The term of office of a Public Committee Appointee or a Professional Committee Appointee begins on the date of their appointment to a committee and they shall continue to serve until their term has ended or they are disqualified under these By-Laws.

Nominations for Council Members

2.13 If the number of candidates nominated for an electoral district is equal to the number of Members to be elected in the electoral district, the Registrar shall declare the candidates to be

elected by acclamation.

- 2.14** If the number of Council Member candidates nominated for an electoral district is fewer than the number of Council Members to be elected in the electoral district, the Council may do any one of the following, subject to the provisions of the Act.
- a) direct the Registrar to hold an election for Council Members; or
 - b) declare the candidates for Council to be elected by acclamation and direct the Registrar to hold an election for the remaining Council Member positions; or
 - c) declare the candidates for Council members to be elected by acclamation and direct the Executive Committee to appoint Members for the remaining positions.

Voting Process

- 2.15** The Registrar shall set the date for an election annually in accordance with Article 2.04.
- 2.16** The Registrar shall establish procedures and set any necessary deadlines including procedures and deadlines relating to the receiving of nominations, candidate statements and votes.
- 2.17** Except for an election in which the Registrar has declared a candidate elected to Council by acclamation, the Registrar shall, at least 30 days before the date of an election, send to every Member entitled to vote in the election:
- a) access to an electronic ballot listing all eligible candidates;
 - b) instructions for voting, including information on the electronic voting process; and
 - c) each candidate's statement.
- 2.18** Any eligible voter who did not receive access to their election ballot must send their request for access in writing to the Registrar. The request must be sent from the Member's email address on file with the CRTO. The Registrar shall provide the Member with such access provided the request is received at least 48 hours before the election day.
- 2.19** A Member may cast as many votes on a ballot as there are Members to be elected from the electoral district in which the member is eligible to vote.
- 2.20** Only electronic ballots cast no later than 4:00 p.m. on the last day of the election period will be counted.
- 2.21** The candidate who receives the most votes for the position they are running for is elected.
- 2.22** A Member shall not cast more than one vote for any one candidate.
- 2.23** If there is a tie, the Registrar shall break the tie, by lot.
- 2.24** A candidate may request a recount by giving written notice to the Registrar within ten (10) days of notification of the results of the election.

2.25 The Registrar shall hold the recount no more than fifteen (15) days after receiving the request.

2.26 The election process and the counting of votes will be overseen by an external third party (the “scrutineer”) selected by the Executive Committee. The scrutineer will be announced to the membership at the beginning of the nomination period.

2.27 As soon as feasible after the votes have been tallied, the Registrar shall:

a) advise each eligible candidate of the results of the election, the number of votes they received and the candidate’s right to request a recount in accordance with article 2.19

b) report the results to the CRTO members and Council.

Disqualification

2.28 An Council Member, a Professional Committee Appointee or a Public Committee Appointee is disqualified from sitting on the Council or committee if they:

- a) are found to have committed an act of professional misconduct or are found to be incompetent by a panel of the Discipline Committee;
- b) are found to be incapacitated by a panel of the Fitness to Practise Committee;
- c) become the subject of a discipline or incapacity proceeding;
- d) fail, without reasonable justification, to attend two (2) meetings of the Council or of a Committee of which they are a member during their term;
- e) fail, without reasonable justification, to attend a panel for which they have been selected;
- f) fail to fulfil the duties of Council Member and Committee Appointee in accordance with Schedule A: Code of Conduct & Conflict of Interest of this By-Law;
- g) breaches the confidentiality policy of the CRTO;
- h) in the case of districts 1, 2, 3, 4, 5 and 6, ceases to practise and/or reside in the electoral district for which they were elected;
- i) in the case of district 7, ceases to be a faculty member for more than ninety (90) days;
- j) in the case of an elected Council Member or a Professional Committee Appointee ceases to hold a current General or Limited certificate of registration;
- k) become or have been found by the Council to be:
 - i. an employee of the CRTO;
 - ii. an employee, director, officer, or elected member of a professional association, special interest group related to the profession; or
 - iii. an employee, director, officer, or elected member of a working group or Committee of an organization which develops examinations related to the profession; or

- iv. holding a position that could create an actual, potential, or perceived conflict of interest with respect to their Council duties.
 - l) have been found by the Council to have been ineligible for election or appointment in accordance with the By-Laws; or
 - m) fail, in the opinion of Council, to discharge properly or honestly any office to which they have been elected or appointed.
- 2.29**
- a) A Council Member who is disqualified from sitting on the Council ceases to be a Council Member.
 - b) A Professional Committee Appointee who is disqualified ceases to be a Professional Committee Appointee.
 - c) A Public Committee Appointee who is disqualified ceases to be a Public Committee Appointee.
- 2.30** If the seat of an elected Council Member becomes vacant less than twelve (12) months before the expiry of the term of office, the Council may:
- a) direct the Registrar to hold an election; or
 - b) leave the seat vacant.
- 2.31** If the seat of an elected Council Member becomes vacant twelve (12) months or more before the expiry of the term of office, the Registrar shall hold an election as soon as possible.
- 2.32** The term of a Council Member appointed or elected to fill a vacancy shall continue until the time the former Council Member's term would have expired.
- 2.33** A Council Member, Professional Committee Appointee or Public Committee Appointee who wishes to apply for employment with the CRTO must resign from the Council or Committee position before applying to the CRTO for employment.

3. CODE OF CONDUCT AND CONFLICT OF INTEREST FOR COUNCIL & COMMITTEE MEMBERS

- 3.01** All Council and Committee Members shall abide by the Code of Conduct and the rules regarding Conflict of interest included in Schedule A of this By-Law.

- 3.02** The Code of Conduct for Council and Committee Members forms Schedule A of this By-Law. Council and Committee Members must sign the CRTO's Code of Conduct and Conflict of Interest Agreement prior to the start of each meeting.
- 3.03** Council shall be entitled to adopt such rules of order as it deems appropriate to govern the conduct of each Board meeting; provided that, in the event of a conflict between such rules of order and one or more provisions of the *RHPA*, the *Act* or the CRTO By-Laws, the provisions of the *RHPA*, the *Act*, or the By-Laws shall prevail.
- 3.04** All Council and Committee Members shall abide by the Rules of Order included in Schedule B of this By-Law.

4. COUNCIL MEETINGS

- 4.01** The Council shall hold,
- a) at least four (4) regularly scheduled meetings per year, which shall be called by the President;
 - b) special meetings which may be called by the President, or by any five (5) Council Members who deposit with the Registrar a written requisition for the meeting containing the matter or matters for decision at the meeting.
- 4.02** Meetings of the Council shall take place in Ontario at a place, date and time designated by the President or the five (5) Council Members calling the meeting.
- 4.03** The Registrar shall cause each Council Member to be notified of the place, date and time of a Council meeting at least fourteen (14) days before a meeting.
- 4.04** Council meeting materials will be posted publicly at least two (2) weeks prior to the posted Council date. A supplemental posting for any updated or additional agenda items will be posted one (1) week before the meeting, as needed.
- 4.05** The Registrar shall cause to be included in or with the notification of a special meeting the matter or matters for decision contained in the requisition of the meeting deposited with them.
- 4.06** A Council Member may, at any time, waive notice of a meeting.
- 4.07** A Council meeting may consider or transact,
- a) at a special meeting, only the matter or matters for decision at the meeting contained in the requisition deposited with the Registrar,
 - b) at a regular meeting:
 - i. matters brought by the Executive Committee;
 - ii. recommendations from Committees;

By-Law 2: Council and Committees

- iii. motions of which a notice of motion was given by a Council Member at the preceding Council meeting; and
 - iv. matters which the Council Members may agree to decide by a two-thirds (2/3) vote of those in attendance,
- c) at any meeting, routine and procedural matters in accordance with the rules of order as defined in Schedule B of this By-Law.
- 4.08** A majority (more than 50%) of Council Members shall constitute a quorum.
- 4.09** The President shall organize an agenda for each Council meeting.
- 4.10** The President, or their appointee for the purpose, shall preside over meetings of the Council.
- 4.11** Matters shall be decided by vote as follows:
- a) Making amending and revoking the By-Law and regulations shall require a two-thirds (2/3) majority vote of those Council Members in attendance.
 - b) Unless otherwise required by law or by this By-Law, every motion which properly comes before the Council may be decided by a simple majority of the votes cast at the meeting by those Council Members in attendance.
 - c) If there is a tie vote on a motion, the motion shall be defeated.
- 4.12** Except where a secret ballot is required, every vote at a Council meeting shall be by a show of hands but, if any two (2) Council Members so require, the presiding officer shall require the Council Members voting in the affirmative and in the negative, respectively, to stand until they are counted and, in either case, the presiding officer shall declare the result and their declaration is final.
- 4.13** The presiding officer shall cause minutes to be taken of the proceedings of the Council meeting, and the minutes, when approved at a subsequent Council meeting are prima facie proof of the accuracy of the contents of the minutes and are open to the public, except for those portions of the minutes which relate to parts of the meeting held *in-camera*.
- 4.14** Council meetings are open to the public in accordance with section 7 of the *Code*. Council may exclude the public from a meeting, or part of a meeting, as defined in the *Code* through an in-camera motion.
- a) If Council goes in-camera the meeting minutes must record the reason for the in-camera session. The in-camera portion of the meeting should last only as long as required to discuss the issue or portion of the issue that requires the *in-camera* session.
- 4.15** Any meetings of the Council may be held in any manner that allows all persons participating to communicate with each other simultaneously and instantaneously.
- 4.16** The rules of order in Schedule B of this By-Law apply to meetings of the Council and

Committees. In all cases not provided for by these rules, the most recent edition of Roberts Rules of Order, as published from time to time, shall be followed so far as they may be applicable to the Council and Committees, provided that said Rules of Order are not inconsistent with the *RHPA*, the Regulations or By-Laws of the CRTO. Where such inconsistency exists, the *RHPA*, the Regulations or By-Laws of the CRTO shall govern.

5. EXECUTIVE COMMITTEE

- 5.01** The Executive Committee shall be elected from the sitting Council Members and composed of:
- a) three (3) Council Members who are Members of the CRTO; and
 - b) two (2) public Council Members.
- 5.02** The President and Vice-President of the Council shall be included in the membership of the Executive Committee.
- a) The President of the Council shall be the Chair of the Executive Committee.
 - b) The Vice-President of the Council shall be the Vice-Chair of the Executive Committee.
 - c) If the immediate Past President is still a Council Member, but they are not elected to the Executive Committee, they shall be an ex-officio member of the Executive Committee without the right to vote or be counted for a quorum.
- 5.03** The Council shall, at the first meeting following each regularly scheduled election, or at least annually, elect from amongst those Council Members in attendance, a President, Vice-President, and three (3) other Council Members to the Executive Committee to hold office for a one (1) year term.
- 5.04** Nominations for the Executive Committee:
- a) The Registrar shall send a notice of elections and a call for nominations for the positions of President, Vice-President, and the three (3) additional members of the Executive Committee, to all Council Members by November 1 each year.
 - b) Candidates for election to the Executive Committee must be nominated by at least two (2) members of Council and cannot nominate themselves.
 - c) Nominations may be submitted at any time prior to the election, and additional nominations will be accepted from the floor on the day of the election.
 - d) Notwithstanding Article 5.05 (b) of this By-Law, where the Registrar does not receive sufficient interest for any of the five (5) Executive Committee positions by 21 days prior to the election date, a Nomination Committee will be established to seek nominations for those remaining Committee positions.
 - e) The Nomination Committee will consist of at least two (2) members of Council who are not running for election to the Executive Committee, at least one of whom shall be a public member and at least one of whom shall be a professional member.

- 5.05**
- a) The election of the President, Vice-President and Executive Committee shall be by secret ballot, in accordance with the policies and procedures approved by Council and, where more than two (2) Council Members are nominated, the nominee who receives the lowest number of votes on each ballot shall be deleted from nomination unless one nominee receives a majority of the votes cast on the ballot, and this procedure shall be followed until one (1) nominee receives a majority of the votes cast.
 - b) The election will be conducted by the Registrar and will be the first order of business at the first Council meeting following a general election, or where there is no general election of Council Members, will correspond to the date of when the election would have been held in other years.
 - c) The Registrar will make a call for nominations for the positions of President, Vice-President, and three other Executive Committee Members, proceeding in that order.
 - d) Once all elections are completed the Registrar will ensure the ballots are destroyed.
- 5.06**
- a) If the office of the President becomes vacant, the Vice-President shall serve as President until the Council holds an election for the position of President at the next regular meeting or at a special meeting which the Vice- President may call for that purpose.
 - b) Any further Executive Committee vacancies shall be dealt with under Article 5.05 of this By-Law.
- 5.07** Unless otherwise specified in this By-Law, the Executive Committee:
- a) annually selects and appoints the members, a Chair and Vice-Chair for each remaining Committee;
 - b) oversees the financial management of the CRTO; and
 - c) reviews the CRTO's annual operating budget for approval at the last Council meeting of the fiscal year.
- 5.08** In selecting the members for each Statutory and **Non-Statutory Committee**, the Executive Committee shall:
- a) provide each Council Member, **Public Committee Appointee** and Professional Committee Appointee the opportunity to express their preferences with respect to committees;
 - b) appoint Council Members, **Public Committee Appointee** and Professional Committee Appointees to sit on committees, giving due consideration to:
 - i. the preferences expressed by the members;
 - ii. the number of members required;
 - iii. the desirability of providing a mix of experienced and new members on committees;
 - iv. the skills and competencies of the members; and
 - v. any other relevant factors.
 - c) for Professional Committee Appointees, appoint only from the pool of Professional Committee

Appointees or appointed pursuant to the By-Law.

- d) for Public Committee Appointees, appoint only from the pool for Public Committee Appointees appointed pursuant to the By-Laws.

5.09 The President shall:

- a) fulfil the responsibilities of the position in accordance with the *RHPA*, the Regulations, the By-Laws and the Policies and Procedures of the CRTO;
- b) chair all meetings of the Council;
- c) be the Chair of the Executive Committee;
- d) administer the Registrar's performance appraisal; and
- e) attend all Committee meetings as they deem appropriate and with the express permission of the Committee chair.

5.10 The Vice-President shall:

- a) generally assist the President;
- b) exercise the powers and duties of the President during the President's absence or inability to act;
- c) perform such other duties as may be assigned by the Council; and
- d) administer the Registrar's performance appraisal.

5.11 Each Executive Committee Member shall perform such duties as may be assigned by the Executive Committee.

5.12 A quorum shall consist of a majority of the voting members of the Committee, at least one of whom is a public Council Member.

6. POWERS OF COUNCIL AND EXECUTIVE COMMITTEE

6.01 The Council shall have full power with respect to the affairs of the CRTO, including making, amending the By-Law and revoking Regulations. No Regulation or By-Law or resolution passed or made by the Council, or any other action taken by the Council, requires confirmation or ratification by the Members of the CRTO in order to become valid or to bind the CRTO.

6.02 As set out in the *RHPA*, the Executive Committee has, between Council meetings, all the powers of Council with respect to any matter that, in the Committee's opinion, requires immediate attention, other than the power to make or amend the By-Law, or amend or revoke a Regulation.

7. COMMITTEES

- 7.01** Council may, from time to time, create Non-Statutory committees. The creation or dissolution of such a Committee requires a motion from Council. Non-Statutory Committees may be supported by legal and/or technical consultants as required.
- 7.02** In appointing members to any Committee, Council Members, **Public Committee Appointee** or Professional Committee Appointees may be appointed unless the By-Law or policies of the CRTO provide otherwise.
- 7.03** Appointments to Committees remain in effect until the member is re-assigned, resigns, retires or is disqualified.
- 7.04** Any Member of the Committee is eligible to be appointed as Chair or Vice-Chair by the Executive Committee. Appointments are made at the conclusion of the last Council meeting of the calendar year.
- a) The term of all Chair and Vice-Chair positions is one (1) year with the opportunity for reappointments.
 - b) Appointments to Chair and Vice Chair positions shall be made utilizing the CRTO's appointment guidelines.
- 7.05** Committee Chairs shall:
- a) preside over meetings of the Committee;
 - b) ensure minutes are recorded and review minutes prior to distribution to the Committee;
 - c) approve per diem and expense payment for Committee Members;
 - d) identify attendance or other problems with Committee Members.
- 7.06** Committee Vice-Chairs shall:
- a) assist the Committee Chair;
 - b) exercise the duties of the Chair during the Chair's absence or inability to act; and
 - c) perform other may be assigned by the Chair.

8. REGISTRATION COMMITTEE

- 8.01** The Registration Committee shall consist of at least five (5) voting members with:
- a) at least one (1) professional Council Member;
 - b) at least one (1) public Council Member;
 - c) at least two (2) Professional Committee Appointees;
 - d) an academic member of Council; and

e) up to one Public Member Appointee.

8.02 A panel of the Registration Committee shall consist of at least three (3) members of the Committee, at least one of whom must be a Professional Council Member or Professional Committee Appointee, and at least one of whom must be a public Council Member.

9. INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

9.01 The Inquiries, Complaints and Reports Committee shall consist of at least eight (8) voting members with:

- a) at least two (2) Council Members who are Members of the CRTO;
- b) at least two (2) public Council Members;
- c) at least two (2) Professional Committee Appointees; and
- d) up to one (1) Public Member Appointee.

9.02 A panel of the Inquiries, Complaints and Reports Committee shall consist of at least three (3) members of the Committee, at least one of whom must be a Professional Council Member or Professional Committee Appointee, and at least one of whom must be a public Council Member.

10. DISCIPLINE COMMITTEE

10.01 The Discipline Committee shall consist of at least five (5) voting members with:

- a) at least one (1) Professional Council Member;
- b) at least two (2) public Council Members;
- c) at least one (1) Professional Committee Appointee; and
- d) up to one (1) Public Member Appointee.

11. FITNESS TO PRACTISE COMMITTEE

11.01 The Fitness to Practise Committee shall consist of at least five (5) voting members with:

- a) at least one (1) Professional Council Member;
- b) at least two (2) public Council Members;
- c) at least one (1) Professional Committee Appointee; and
- d) up to one (1) Public Member Appointee.

12. QUALITY ASSURANCE COMMITTEE

- 12.01** The Quality Assurance Committee shall consist of at least five (5) voting members with:
- a) at least one (1) Professional Council Member;
 - b) at least one (1) public Council Member or **Public Committee Appointee**; and
 - c) at least two (2) Professional Committee Appointees.
 - d) A panel of the Quality Assurance Committee shall consist of at least three (3) members of the Committee, at least one of whom must be a Professional Council Member or Professional Committee Appointee, and at least one of whom must be a public Council Member or **Public Committee Appointee**.

13. PATIENT RELATIONS COMMITTEE

- 13.01** The Patient Relations Committee shall consist of at least five (5) voting members with:
- a) at least one (1) Professional Council Member;
 - b) at least one (1) public Council Member or **Public Committee Appointee**; and
 - c) at least two (2) Professional Committee Appointees.

14. COMMITTEE MEETINGS

- 14.01** Each Committee shall meet at the call of its Chair, at a place in Ontario, subject to Article 14.09 of this By-Law, on a date and time designated by the Chair.
- 14.02** Committees shall operate in accordance with the Policies and Procedures of the CRTO.
- 14.03** No formal notice is required for a meeting of a Committee, but reasonable efforts will be made to notify all the Committee Members informally of every meeting and to arrange meeting dates and times for the convenience of the Committee Members.
- 14.04** Committee meeting materials are posted at least one (1) week prior to the scheduled Committee meeting date.
- 14.05** Unless otherwise provided in the *Code* or specified in the By-Law, a majority (more than 50%) of the actual members of a Committee constitutes a quorum.
- 14.06** The Chair, or their appointee for the purpose, shall preside over meetings of the Committee.
- 14.07** Every motion which comes before a Committee may be decided by a majority of the votes cast at the meeting, including the presiding officer's and, in the case of a tie vote, the motion is defeated.

- 14.08** The presiding officer shall cause minutes to be taken of the proceedings of the Committee meeting.
- 14.09** Meetings of any Committee or of panels, may be held in any manner that allows all persons participating to communicate with each other simultaneously and instantaneously. This includes in person, by teleconference, by videoconference, or other means that satisfy Committee Members.

15. REMUNERATION

- 15.01** The fees payable for honoraria and expenses of Council, Committees and Working Group members who are Members of the CRTO shall be as set in Policy.
- 15.02** Council Members who are appointed by the Lieutenant Governor in Council will be paid honoraria and expenses by the Health Boards Secretariat of the Government of Ontario.

16. INDEMNIFICATION AND DIRECTORS' INSURANCE

- 16.01** Every Council Member, Professional Committee Appointee, **Public Member Appointee**, officer, employee or appointee of the CRTO, including independent contractors, assessors, investigators and inspectors, and each of their heirs, executors, administrators and estate, respectively, shall from time to time and at all times be indemnified and saved harmless out of the funds of the CRTO from and against:
- a) any liability and all costs, charges and expenses that such person sustains or incurs in respect of any action, suit or proceeding that is proposed or commenced against such person for or respect of anything done or permitted by the person in respect of the execution of the duties of such person's office; and
 - b) subject to the Policies and Procedures of the CRTO and the Government of Ontario, all costs, charges or expenses that such person sustains or incurs in respect of the affairs of the CRTO, except any liability or costs, charges or expenses occasioned by such person's wilful neglect or default.
- 16.02** The CRTO shall at all times maintain "Errors and Omissions Insurance" covering the Council Members and Committees, staff members, independent contractors or officers of the CRTO.



Schedule A of By-Law 2: Council and Committees

1. CODE OF CONDUCT

The Code of Conduct applies to all Council and Committee Members of the CRTO. They must earn and preserve the confidence of the public by demonstrating a high standard of ethical and professional conduct, carry out and fulfill their expectations and obligations to meet the CRTO's public protection mandate, support strong governance practices, and safeguard the integrity of the CRTO.

The Code of Conduct is broken down into four core values and the principles that exemplify them.

Fiduciary Duties

Council and Committee Members stand in a fiduciary relationship to the CRTO and they must:

- 1.01** Act honestly, objectively, in good faith, and in the best interest of the CRTO consistent with its mandate to protect the public and this duty supersedes any loyalties to other organizations, associations, persons or personal or professional interests.
- 1.02** Uphold the decisions made by a majority of the Council and Committees, regardless of the level of prior disagreement.
- 1.03** Adhere to the CRTO's established governance model.

Accountability and Competence

Council and Committee Members are accountable to the public for their decisions and actions, and they must:

- 1.04** Exercise all powers and discharge all responsibilities in good faith and in the best interests of the CRTO consistent with its mission statement, goals and objectives, and its mandate to protect the public.
- 1.05** At all times conduct themselves in a way that protects the CRTO's reputation, and in particular, act with fairness, honesty, and integrity.
- 1.06** Be familiar and comply with the provisions of the *Regulated Health Professions Act, 1991* ("RHPA") and its regulations and the *Code, the Respiratory Therapy Act 1991, Regulations*, and the By-Laws and Policies-Procedures of the CRTO.
- 1.07** Participate in all required orientation and training sessions.
- 1.08** Regularly attend all Council and/or Committee meetings including by reviewing all materials in advance, being on time and engaging constructively in discussions in a respectful and courteous manner, recognizing the diverse background, skills and experience of all other Council Members, Committee Members, and staff.

Schedule A of By-Law 2: Council and Committees

Code of Conduct & Conflict of Interest

- 1.09** Respond to communications from staff, Council and Committee Members regarding Council and Committee business, in a timely manner.
- 1.10** Strictly abide by the Confidentiality Agreement with the CRTO, the Confidentiality Policy and Procedure of the CRTO, and the confidentiality provisions of the *Regulated Health Professions Act, 1991* and the *Code*.

Integrity

Council and Committee Members are committed to maintaining the highest standards of professional and personal conduct and they must:

- 1.11** Conduct themselves in a manner that respects the integrity of the CRTO by striving to be fair, impartial, and unbiased in their decision making.
- 1.12** Avoid and, where that is not possible, declare any appearance of or actual conflicts of interest and comply with CRTO's By-Laws and Policies relating to conflict of interest.
- 1.13** Preserve confidentiality of all information before the Council or Committee unless disclosure has been authorized by the Council or is otherwise permitted under the *RHPA*.
- 1.14** Maintain appropriate decorum in all Council and Committee meetings by adhering to the rules of order adopted by the CRTO Council.
- 1.15** Refrain from speaking, or appearing to speak, on behalf of the CRTO, unless explicitly authorized to do so by the Registrar or Executive Committee.
- 1.16** Refrain from engaging in any discussions with other Council or Committee Members that take place outside the formal Council or Committee decision-making process that are intended to influence the decisions that the Council or a Committee makes.
- 1.17** Respect the boundaries of staff whose role is not to report to or work for individual Council or Committee Members including not contacting staff members directly except on matters where the staff member has been assigned to provide administrative support to the Council or Committee or where otherwise appropriate.
- 1.18** Maintain appropriate boundaries with all other Council Members, Committee Members and staff, including refraining from behaviour that may reasonably be perceived as discriminatory or as verbal, physical or sexual abuse or harassment, and intervening when observing such behaviour by others.

Diversity and Inclusion

Council and Committee Members lead by example to support and respect the individuality and personal values of their colleagues and staff, they must:

Code of Conduct & Conflict of Interest

- 1.19** Promote a culturally safe environment, recognizing and supporting inclusiveness and diversity of all people.
- 1.20** Be respectful of different viewpoints or positions that may be expressed, in good faith, by other Council and Committee Members during Council or Committee deliberations.
- 1.21** Support an environment for Council, Committee Members, staff, registrants, stakeholders, and rights holders that is free from bullying, harassment, whether sexual or otherwise, physical or verbal abuse, threats or violence.

2. CONFLICT OF INTEREST

Definition

- 2.01** Council Members and Committee Members shall not carry out their duties when they are in a conflict of interest.
- 2.02** A conflict of interest may be actual, potential or perceived.
 - a) A conflict of interest exists where a reasonable person could conclude that the personal or private interests of the individual Council Member or Committee Member, or a related person or related company, could improperly influence, or be perceived to influence, the individual's judgment in performing their duties as a Council Member or Committee Member.
 - b) An actual conflict exists when (1) the member has a private interest, (2) the member knows of the private interest, and (3) there is sufficient connection between the private interest and the member's public responsibilities to influence the performance of them.
 - c) A potential conflict exists as soon as a real conflict is foreseeable.
 - d) A perceived conflict exists when there is a reasonable apprehension, which reasonably well-informed persons could properly have, that a conflict of interest exists.
- 2.03** It is not a conflict of interest for a Council Member or a Committee Member to:
 - a) participate in a matter that affects all or most CRTO Members similarly unless the Member has an interest over and above that of all or most CRTO Members or the impact of the interest on the member is substantially greater than that of all or most other members;
 - b) participate in a matter that affects all or most public members similarly unless the public member has an interest over and above that of other public members or the impact of the interest on the public member is substantially greater than that of all or most other public members;
 - c) accept reasonable, usual and customary hospitality.

Avoiding a Conflict of Interest

- 2.04** A Council Member or Committee Member who has, or believes they have, a conflict of interest in a matter before the Council, a Committee or a panel shall:
- a) declare the conflict to the President, Registrar or Committee Chair at the earliest opportunity;
 - b) not participate in the discussion of or voting on the matter; and
 - c) withdraw from the meeting, or in the case of a Council meeting that is open, withdraw from the Council table, for any discussion of or voting on the matter.
- 2.05** Council Members and Committee Members, related persons and related companies who wish to enter into contracts with the CRTO within one year of the end of their appointment or term, will have their proposals or applications referred to the Executive Committee for consideration, for the purpose of avoiding conflicts of interest.
- 2.06** Any Council Member or Committee Member who believes another Council Member or Committee Member has a conflict in relation to an issue before Council, a Committee or a panel which has not apparently been declared, may discuss the issue with the Council Member or Committee Member. If the matter is not resolved to the satisfaction of the Council Member or Committee Member who perceives the conflict, that Council Member or Committee Member shall discuss it with the President, Registrar or Committee Chair, or raise it as a point of order in the meeting. If the President, Registrar or Committee Chair is unable to resolve the issue, it shall be brought to Council (unless it is inappropriate to do so, for example, in a matter arising on a Panel for a hearing) to determine if a conflict of interest exists. The decision of Council, as to whether or not a conflict of interest exists, is final.
- 2.07** A Council Member or Committee Member who acts in a conflict of interest is subject to disqualification under By-Law 2: Council and Committees, Article 2.20.
- 2.08** All declared conflicts and their resolution shall be recorded.

Managing Personal Bias

- 2.09** Council Members or Committee Members dealing with a member-specific matter must be impartial and appear to those present to be impartial.
- 2.10** Bias may be defined as holding, or appearing to hold, a preformed judgment or opinion or forming a judgment or opinion without thoughtful examination of all the facts, issues, and arguments. In any proceeding it is essential that the decision-makers be free of conflict of interest and bias. There are four (4) common ways in which a reasonable apprehension of bias may be created:
- i. where a relationship exists between a Council Member or Committee Member and a participant in the proceeding;

Code of Conduct & Conflict of Interest

- ii. by the conduct of a Council Member or Committee Member during the proceeding;
- iii. through prior involvement or prejudgment by a Council Member or Committee Member;
- iv. where a Council Member or Committee Member has a conflict of interest.

2.11 A close relationship, either personal or business, between a Council Member or Committee Member and the subject of the proceeding, the subject matter of the proceeding, or a participant in a proceeding may create an apprehension of bias. Such relationships include:

- a) relatives, personal friends, neighbours and acquaintances;
- b) business partners or professional acquaintances;
- c) persons with whom the panel member had a dispute in the past;
- d) employer/employee and student/teacher relationships; or
- e) practising in close association with (e.g., in the same hospital).

In deciding whether the relationship constitutes an appearance of bias, one must consider the nature and extent of the relationship, what type of information would pass between the panel member and participant, how long ago the relationship existed, the nature and size of the profession and the CRTO's policy in such matters.



Schedule B of By-Law 2: Council and Committees

1. RULES OF ORDER OF THE COUNCIL AND COMMITTEES

- 1.01** When any Council or Committee Member wishes to speak, they shall so indicate by raising their hand, and shall address the presiding officer and confine themselves to the question under discussion.
- 1.02** When two (2) or more Council or Committee Members raise their hand to speak, the presiding officer shall call upon one Member to speak first.
- 1.03** No Council or Committee Member shall interrupt another Council or Committee Member except to raise a point of order. The interrupting Council or Committee Member shall confine themselves strictly to the point of order.
- 1.04** Any Council or Committee Member in speaking or otherwise who transgresses these rules, if called to order either by the presiding officer or on a point raised by another Council or Committee Member, shall immediately cease speaking while the point is being stated, after which they may explain and shall then obey the decision of the presiding officer.
- 1.05** A Council or Committee Member may speak only once upon any question, except:
- a) in explanation of a material point of their speech which may have been misquoted or misunderstood, but then they are not to introduce any new matter or argument;
 - b) the proposer of a substantive motion, who shall be allowed a reply which shall close the debate, or
 - c) with the permission of the presiding officer.
- 1.06** No Council or Committee Member may speak longer than seven (7) minutes upon any question except with the permission of the presiding officer.
- 1.07** When the question under discussion contains distinct propositions, any Council or Committee Member may require the vote upon each proposition to be taken separately.
- 1.08** When the presiding officer puts the question, no Council or Committee Member shall enter or leave the chamber, and no further debate is permitted.
- 1.09** Any question when once decided by the Council or Committee Members shall not be reintroduced within six (6) months except by a two-thirds (2/3) majority vote of the members in attendance.

Rules of Order of the Council and Committees

- 1.10** All motions shall be recorded and seconded, before being debated. When a motion is seconded, it may be re-read by the presiding officer or their designate. When the question under discussion has not been printed and distributed, any Council or Committee Member may require it to be at any time during the debate, but not so as to interrupt a member while speaking.
- 1.11** A Council or Committee Member who has made a motion may withdraw the same without the permission of the seconder or the consent of the Council or Committee. Rule 1.10 does not prevent another Council or Committee Member from making the same motion.
- 1.12** The presiding officer shall preserve order and decorum, and shall decide questions of order, subject to an appeal to the Council or Committee without debate. In explaining a point of order or practice, they shall state the rule or authority applicable to the case.
- 1.13** When a question is under debate, no motion is received except to amend it, to postpone it (which may be indefinitely or to a day or time certain), to put the question, to adjourn the debate, to adjourn the meeting, or to refer the question to a Committee.
- 1.14** A motion to amend the main question shall be disposed of before the main question is decided and, where there is more than one motion to amend, they shall be decided in the reverse order to which they were made.
- 1.15** Whenever the presiding officer is of the opinion that a motion offered to the Council or Committee is contrary to these rules or the By-Law, they shall apprise the Council or Committee thereof immediately, rule the motion out of order, and quote the rule or authority applicable to the case.

Appendix C



College of Respiratory
Therapists of Ontario

Ordre des thérapeutes
respiratoires de l'Ontario

By-Law 3: Membership

Approved by Council: March 4, 2022

By-Laws are approved by Council and form part of the operational guidelines for CRTO staff to administer the policies, regulations and legislation.

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1. DEFINITIONS

1.01 In this By-Law, and in any other By-Law of the CRTO, unless otherwise defined or required by the context of the specific provision, the following words and phrases shall have the meanings set out below:

Act

The *Respiratory Therapy Act, 1991*, as amended from time to time and the regulations made under it

Code

The *Health Professions Procedural Code*, being Schedule 2 of the *Regulated Health Professions Act*

CRTO

The acronym for the College of Respiratory Therapists of Ontario

Fees

The fees payable to the CRTO by a member or applicant

Member

Unless further defined, or the context indicates otherwise, is an individual who holds a certificate of registration with the CRTO

Panel

A sub-group of a Committee of the CRTO

Policies and Procedures

The documented processes or courses of action undertaken by the CRTO in response to recurring issues

Proceeding

Any action or process undertaken related to the investigation, hearing or restriction (i.e., terms, conditions and limitations (TCLs) or suspension of a certificate of registration) of a Member's practice

Profession

The profession of Respiratory Care or Respiratory Therapy

Registrar

Person hired by the Council to act as Chief Executive Officer for the CRTO as required by the *Code* and as described in By-Law 1: General CRTO Administration, Article 4; includes a person

appointed as Acting Registrar by the Council during a vacancy in the office of the Registrar or during the disability or prolonged absence of the Registrar

Respiratory Therapist

A Member of the CRTO

Respiratory Therapy

As defined in the *Act* as the providing of oxygen therapy, cardio-respiratory equipment monitoring and the assessment and treatment of cardio-respiratory and associated disorders to maintain or restore ventilation; includes the practice of Respiratory Care

RHPA

The *Regulated Health Professions Act, 1991*, as amended from time to time and includes the *Code*

2. THE REGISTER

2.01 The Registrar shall maintain a register in accordance with section 23 of the *Code* and in accordance with Regulation 261/18 made under the *RHPA*.

Additional Information in the Register

In addition to the information set out in subsection 23(2) of the *Code*, the Register shall contain the following publicly available information:

- 2.02** If there have been any changes to the Member's name since the date of the Member's initial application for registration, the former name(s) of the Member;
- 2.03** The name, address and telephone number of every employer for whom the Member is employed as a respiratory therapist and, if the Member is self-employed as a respiratory therapist, the address and telephone number of every location where the Member practices other than addresses of individual clients;
- 2.04** For each practice location the area of practice identified by the Member as their "main area of practice";
- 2.05** The language(s) in which the Member is able to provide respiratory therapy services;
- 2.06** The Member's registration number;
- 2.07** The Member's current registration status;
- 2.08** The date on which the Member's current certificate was issued and cessation or expiration date;
- 2.09** If the Member ceased to be a Member, a notation specifying the reason for the cessation of Membership and the date on which the Member ceased to be a Member;

By-Law 3: Membership

- 2.10** Where a Member has been charged with an offence under the *Criminal Code of Canada*, *Health Insurance Act*, *Controlled Drugs and Substances Act (Canada)*, or any other charge that relates to the Member's suitability to practice, the fact and content of the charge, the date and place of the charge, where applicable bail conditions, and, where known the date and outcome of the charge(s);
- 2.11** Information about a finding by a court that the Member has been found guilty of an offence under the *Health Insurance Act*, or any other offence that relates to the Member's suitability to practise, including:
- i. the date and a summary of the finding,
 - ii. the date and the sentence imposed, if any, and
 - iii. where the finding is under appeal, a notation to that effect;
- 2.12** Any information jointly agreed to be placed on the register by the CRTO and the Member;
- 2.13** The name and location of practice, if known, of individuals reported to the CRTO for holding themselves out as respiratory therapists or as qualified to practise as a respiratory therapist or in a specialty of respiratory therapy, in accordance with S.9 of the *Respiratory Therapy Act, 1991*.

Considerations

- 2.14** In the event that the Member is not employed or not self-employed as a respiratory therapist a notation shall be made on the register to indicate the Member does not have a business address.
- 2.15** In the event that the Member's business address is the same as the Member's residential address, the Member shall provide a designated business address if the Member does not want their residential address to be posted as their business address for the purposes of the CRTO's public register.
- 2.16** Information that is subject to a publication ban shall not be placed in the register.

3. DUTY TO PROVIDE INFORMATION

- 3.01** In addition to the information listed in Articles 2.01 to 2.16 of this By-law, if requested in a manner determined by the Registrar, Members shall immediately provide the following information about the Member to the CRTO:
- a) address and phone number of primary residence;
 - b) date of birth;
 - c) languages spoken;
 - d) preferred email address;
 - e) information related to entry to practice examination results;
 - f) information related to respiratory therapy or related education;
 - g) information related to employment history;

- h) proof of professional liability insurance;
- i) employment information for each practice location, including:
 - i. title and position;
 - ii. employment category and status;
 - iii. name of supervisor;
 - iv. employer facsimile number;
 - v. a description of respiratory therapy activities; and
 - vi. areas of practice.
- k) information for the purpose of Ministry health human resources planning as required under section 36.1 of the *RHPA*;
- l) information about participation in the Quality Assurance Program;
- m) information about any charge on or after January 1, 2016:
 - i. under the *Criminal Code of Canada*, including any bail conditions;
 - ii. under the *Health Insurance Act*;
 - iii. related to prescribing, compounding, dispensing, selling or administering drugs;
 - iv. that occurred while the member was practicing or that was related to the practice of the member (other than a municipal by-law infraction or an offence under the *Highway Traffic Act*);
 - v. relating to the member's impairment or intoxication; or
 - vi. any other charge or offence relevant to the member's suitability to practise the profession.
- n) information about any finding by a court made after June 3, 2009 of professional negligence or malpractice against the member;
- o) information regarding professional registration and conduct; and
- p) information related to professional corporations as required by section 23(2) of the *Code* and Article 5 of this By-Law.

3.02 Within thirty (30) days of the effective date of the change, Members shall notify the CRTO in writing of any change in the information provided on their previous registration renewal form or application for registration form, including:

- a) name(s);
 - i. The Member must provide information satisfactory to the Registrar confirming that the Member has legally changed their name; and
 - ii. The Registrar must be satisfied that the name change is not for any improper purpose.
- b) address and telephone number of the member's primary residence;
- c) member's business name, address telephone and facsimile number;

By-Law 3: Membership

- d) preferred email address;
- e) employment status;
- f) conduct information as noted in Article 3.01(m-o) of this By-law; and/or
- g) information related to professional corporations as required by section 23(2) of the *Code* and Article 5 of this By-Law.

4. FEES

Schedule of Fees

4.01 The CRTO shall maintain a Schedule of Fees that is available on the CRTO's website.

Application Fees

4.02 There is a non-refundable application fee for a General, Graduate or Limited certificate of registration.

4.03 A Member applying for a change in class of certificate of registration shall be exempt from paying the application fee.

Annual Fees

4.04 In this Article, "fiscal year" means the CRTO's membership year that begins on March 1 and ends on the last day of the following February.

4.05 Every Member shall pay the annual fee before March 1 of each year.

4.06 For applicants who have been approved for registration with the CRTO, the annual fee for a General, Graduate or Limited certificate of registration is prorated on a quarterly basis, as defined in the Schedule of Fees.

4.07 Where a Member holding an Inactive certificate of registration is reissued a General or Limited certificate of registration, in accordance with the Registration Regulation and the By-Laws, the annual fee for the year in which the General or Limited certificate is reissued is prorated on a quarterly basis.

4.08 The Registrar shall notify each Member of the amount of the annual fee and the day on which the fee is due. The Member's obligation to pay the annual fee remains even if the Member fails to receive such notice.

Late Penalty Fee

- 4.09** If a Member registered with a General, Graduate or Limited certificate of registration fails to pay the annual fee on or before the day on which the fee is due, the Member shall pay a penalty fee in addition to the annual fee.
- 4.10** If a Member registered with an Inactive certificate or registration fails to pay the annual fee on or before the day on which the fee is due, the Member shall pay a penalty fee in addition to the annual fee.
- 4.11** If a Member fails to submit the completed registration renewal by the date it is due, then the Member shall pay a penalty as if the Member had failed to pay the annual fee on time.
- 4.12** If a Member fails to complete any obligation outlined in the CRTO Professional Development Program Policy by the established deadline, one post-deadline reminder will be sent by the CRTO. If the Member does not complete the obligation within 15 days of the sent date of the reminder notice, they will be charged a penalty fee as outlined in the CRTO Schedule of Fees.

Reinstatement Fee

- 4.12** There is a fee for reinstating a certificate of registration that has been suspended under subsection 65(1) of the regulation or section 24 of the *Code*.

Other Fees

- 4.13** Where consideration of an application for a certificate of registration involves an evaluation by the CRTO of the applicant's educational program, additional training, or experience, the applicant shall pay an evaluation fee, as set in the Schedule of Fees.
- 4.14** A fee shall be payable by a Member where payment is made by cheque, and the cheque is returned to the CRTO due to insufficient funds.
- 4.15** At renewal time, if a payment with non-sufficient funds (NSF) is received by the CRTO on March 1, an additional late penalty fee may be charged.

Fee Refunds

- 4.16** A fee paid under this Article is non-refundable with the following exceptions;
- 4.17** The Registrar shall issue a refund to a member who has paid the annual fee and,
- a) who resigns their General, Graduate or Limited certificate between March 1 and November 30;
 - b) who changes their General or Limited certificate to Inactive between March 1 and November 30; or
 - c) whose Graduate certificate expires between March 1 and November 30.

By-Law 3: Membership

- 4.18** The amount of the refund will be equal to the annual fee paid *minus* the following:
- 25% of the annual fee paid – if the change in membership occurs between March 1 and May 31
 - 50% of the annual fee paid – if the change in membership occurs between June 1 and August 31
 - 75% of the annual fee paid – if the change in membership occurs between September 1 and November 30.

Fee Increases

- 4.19** At each fiscal year, the fees set out in the Schedule of Fees shall be increased by an amount to offset increases in the Cost of Overhead and Operations (COO). That amount shall meet or exceed the percentage increase, if any, in the Consumer Price Index for goods and services in Ontario as published by Statistics Canada or any successor organization, unless Council decides to waive a fee increase for that year.

5. PROFESSIONAL INCORPORATIONS

- 5.01** There is a fee for the issuance of a certificate of authorization, including for any reinstatement of a certificate of authorization, of a professional corporation.
- 5.02** There is a fee for the annual renewal of a certificate of authorization.
- 5.03** There is a fee for the issuing of a document or certificate respecting a professional corporation.
- 5.04** Every member of the CRTO shall, for every professional corporation of which the member is a shareholder, provide in writing the following information on the application and annual renewal forms, upon the written request of the Registrar within fifteen (15) days and upon any change in the information within fifteen (15) days of the change:
- (1) the name of the professional corporation as registered with the Ministry of Government and Consumer Services;
 - (2) any business names used by the professional corporation;
 - (3) the name, as set out in the register, and registration number of each shareholder of the professional corporation;
 - (4) the name, as set out in the register, of each officer and director of the professional corporation, and the title or office held by each officer and director;
 - (5) the head office address, telephone number, facsimile number and email address of the professional corporation;
 - (6) the address and telephone number of the major location or locations at which the professional services offered by the professional corporation are provided; and
 - (7) a brief description of the professional activities carried out by the professional corporation.
- 5.05** The information specified in Article 5.04 of this By-Law is designated as public for the purposes of

paragraph 4 of subsection 23(3) of the *Code*.

- 5.06** The Registrar may issue a revised Certificate of Authorization to the corporation if the corporation changes its name after the certificate of authorization has been issued to it and provides proof of name change to the Registrar.

6. PROFESSIONAL LIABILITY INSURANCE

- 6.01** A Member engaging in the practice of respiratory therapy shall carry professional liability insurance with the following characteristics:
- a) the minimum coverage shall be no less than \$2,000,000 per occurrence;
 - b) the aggregate coverage shall be no less than \$4,000,000;
 - c) if coverage is through a “claims made” policy, an extended reporting period provision of at least two (2) years;
 - d) any deductible must be \$1,000.00 or less per occurrence;
 - e) any exclusionary conditions and terms must be consistent with standard industry practice with respect to insurance of this type;
 - f) the insurer must be licensed with the Financial Services Commission of Ontario or the Office of the Superintendent of Financial Institutions of Canada; and
 - g) the Member must be personally insured under the insurance policy.

Sexual Abuse Therapy and Counselling Fund Endorsement

- 6.02** The professional coverage must include proof of a sexual abuse therapy and counselling fund endorsement that,
- a) provides coverage for therapy and counselling for every person eligible for funding under subsection 85.7(4) of the *Code*; and
 - b) provides coverage, in respect of each such eligible person, for the maximum amount of funding that may be provided for the person under the *Regulated Health Professions Act, 1991*, for therapy and counselling as a result of sexual abuse by the Member.

Appendix B: By-laws Consultation Survey Results

Answers to Questions		
Revision to the CRTO By-Laws Survey		
As of: 2/19/2023 3:03:22 PM		
Page: Revision to the CRTO By-Laws Background		
Question: Introduction/Overview		
<i>Number Who Answered: 0</i>		
Page: About You		
Question: Are you a...		
<i>Number Who Answered: 12</i>		
Respiratory Therapist (including retired)	10	83%
Prefer Not to Say	2	17%
Question: I live in...		
<i>Number Who Answered: 12</i>		
Ontario	10	83%
Prefer Not to Say	2	17%
Page: Questions		
REVISED CRTO BY-LAWS		
Question: Is the purpose of the CRTO By-Laws clear?		
<i>Number Who Answered: 11</i>		
	Yes	No
	11	0
	100 %	0 %
Question: If no, please provide further details:		
<i>Number Who Answered: 0</i>		
Question: Do you agree that the CRTO By-Laws are clear and understandable?		
<i>Number Who Answered: 11</i>		
	Yes	No
	11	0
	100 %	0 %
Question: If no, please provide further details:		
<i>Number Who Answered: 0</i>		
Question: Are the CRTO By-Laws free from omissions and/or errors?		
<i>Number Who Answered: 10</i>		
	Yes	No
	9	1
	90 %	10 %
Question: If no, please provide further details:		
<i>Number Who Answered: 1</i>		
2.01 appointment process does not need to be there because it should not be left to the Registrar but for council to make final decision.		
Question: Does this CRTO By-Laws provide you with a sufficient understanding of the		

processes in place for the administration of the CRTO, the structure and function of the Council and Committees, and provisions related to CRTO Members (e.g., penalty fees)?	
<i>Number Who Answered: 10</i>	
Yes	No
10	0
100 %	0 %
Question: If no, please provide further details:	
<i>Number Who Answered: 0</i>	
Page: Additional Comments	
Question: Do you have any additional comments you would like to share?	
<i>Number Who Answered: 3</i>	
Thanks!	
<p>I am 100% against charging a penalty for the portolio being late. I do believe that there should be repercussions aka suspension until the member can hand them in. We are all adults who made it through a rigorous program and if we want to keep our license and adhere to the rules, it should be submitted by the deadline, with serious consequences, not just a monetary fine. Adding a fine gives people the option to submit late. We are teaching our children these days that they can hand in assignments without penalty. If an adult who saves lives and controls a ventilator can't hit a deadline, I don't think the college should benefit financially from it.</p>	
<p>Why add a penalty to the CRTO Schedule of Fees for late submission of Professional Development Program obligations? If a Member is non-compliant regarding their Professional Development Program obligations, isn't there already a delay in obtaining a renewed license and a penalty for that?</p>	

Council Briefing Note

AGENDA ITEM # 5.4

March 3, 2023

From:	Carole Hamp, RRT – Registrar & CEO
Topic:	Revised Schedule of Fees
Purpose:	For Information
Strategic Focus:	Governance & Accountability
Attachment(s):	Appendix A: Revised CRTO Schedule of Fees (Mar 1, 2023 – Feb 29, 2024)
Motion:	It is moved by _____ and seconded by _____ that: Council approves the revised Schedule of Fees.

PUBLIC INTEREST RATIONALE:

To ensure that the CRTO fees related to member registration and specific penalty fees are publicly available on the CRTO website.

ISSUE:

The CRTO needs to revise its Schedule of Fees to align with the proposed changes in the CRTO By-Laws.

BACKGROUND:

As part of our most recent revisions to the CRTO By-Laws, a provision was added to By-Laws (By-Law #3 – Membership) under Late Penalty Fee (s. 4.12), which states:

If a Member fails to complete any obligation outlined in the CRTO Professional Development Program Policy by the established deadline, one post-deadline reminder will be sent by the CRTO. If the Member does not complete the obligation within 15 days of the sent date of the reminder notice, they will be charged a penalty fee as outlined in the CRTO Schedule of Fees.

As with all other CRTO fees, the dollar amount of the penalty fee for late submission of Professional Development Program (PDP) assessments must be outlined in the revised CRTO Schedule of Fees. The amount was arrived upon based on the following:

- 1/2 hour of staff salary time for each member (drafting and sending communication, following up and monitoring compliance); and
- the average amount charged by a similar-sized College whose members earn a comparable income.

ANALYSIS:

Most Members honour their PDP obligations promptly. However, a certain number of members submit late each year, and some require multiple reminders. Currently, there is no consequence for those who complete their PDP past the stated deadline, provided they do so before the matter is referred to ICRC. The reminders and monitoring of those who are non-compliant takes up staff time and does a disservice to those Members that submit on time. This penalty fee is intended to serve as a disincentive for Members submitting their PDP material late and to recoup some of the associated administrative costs.

RECOMMENDATIONS:

For Council to approve the revised CRTO Schedule of Fees.

NEXT STEPS:

Once all the feedback is incorporated, the revised By-Laws and Schedule of Fees will be posted on the CRTO website.

Schedule of Fees (Mar 1, 2023 –Feb 29, 2024)

Registration	2022-2023 (Mar 1, 2022 –Feb 28, 2023)
---------------------	--

Application Fee	\$75
-----------------	------

Annual Registration Fee

General Certificate	\$650
---------------------	-------

Graduate Certificate	\$650
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Limited Certificate	\$650
---------------------	-------

Inactive Certificate	\$125
----------------------	-------

Prorated Fees for Registration

(General, Graduate or Limited Certificates)

** There is no pro-rating for Inactive certificates*

March 01 – May 31	\$650
-------------------	-------

June 01 – Aug. 31	\$487.50
-------------------	----------

Sept. 01 – Nov. 30	\$325
--------------------	-------

Dec. 01 – end Feb.	\$162.50
--------------------	----------

Fee Refunds

(General, Graduate or Limited Certificates)

** There is no pro-rating for Inactive certificates*

Annual fee minus:

March 01 – May 31	\$162.50
-------------------	----------

June 01 – Aug. 31	\$325
-------------------	-------

Sept. 01 – Nov. 30	\$487.50
Dec. 01 – end Feb.	No fee refund

Late Fees

General, Graduate or Limited Certificate	\$162.50
Inactive Certificate	\$50
Late PDP Submission	\$25

Reinstatement Fees

Reinstatement from Suspension	\$325
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Other Fees

Fee for NSF Cheque	\$45
Entry-to-Practice Competency Assessment Appeal Fee	\$250

Competency Assessment

Phase 1 & 2 – Program Review and Interview	\$500
Phase 3 – Clinical Skills Assessment	\$4,250

Professional Incorporation Fees

Issuing a Certificate of Authorization	\$650
Annual Renewal Fee for Corporations	\$650

Council Briefing Note

AGENDA ITEM # 5.5

March 3, 2023

From:	Carole Hamp, RRT – Registrar & CEO
Topic:	Draft 2023/24 Budget
Purpose:	For Decision
Strategic Focus:	Governance & Accountability
Attachment(s):	Appendix A: Draft 2023/24 Budget
Motion:	It is moved by _____ and seconded by _____ that: The Council approves the draft 2023/24 budget.

PUBLIC INTEREST RATIONALE:

To ensure the CRTO has the optimal financial resources to meet its statutory objects and regulatory mandate, now and in the future.

ISSUE:

In accordance with the CRTO By-Laws (s. 5.07 (c) - By-Law #2 – Council & Committees), the Executive Committee “*reviews the CRTO’s annual operating budget for approval at the last Council meeting of the fiscal year*”.

BACKGROUND:

The Executive Committee reviewed the annual budget at its February 14th meeting with recommendations that it receives final approval at Council.

ANALYSIS:

There were relatively few changes in the 2023/24 draft budget. Of note are the following:

- Increase in (5010) Staff Salaries (as well as associated costs such as benefits, RSP, etc.) to accommodate for the addition of one more full-time employee;
- Increase in funds allotted to (5131) Investigation Services;
- Increase in (5142) Consulting – Governance to accommodate CPMF-related projects, such as DEI & Council/Committee orientation modules;
- Increase in (5220) Computer Software to align with rising costs;

- Decrease in (5240) Printing – General to align with the decrease in costs;
- Decrease in (5555) Government Relations as we ended the services with Grosso McCarthy & were able to manage the DEI costs (to date) from the Consulting – Governance budget line.

RECOMMENDATION:

That Council approves the draft 2023/24 budget.

**College of Respiratory Therapists of Ontario
Proposed Budget 2023-2024**

	Mar. 22 - Jan. 31	Current Budget	Proposed Budget 2023-24	Comments
Income				
4100 Registration Application Fees	15,525.00	15,000.00	\$ 16,870.00	\$75 x 225 applicants
4200 Registration & Renewal Fees	2,391,287.60	2,492,325.00	\$ 2,508,100.00	New (200 x \$650) = \$130,000 + General (3599 x \$650) = 2,339,350 + Inactive (310 x \$125) = \$38,750.
4210 Competency Assessment-Stage1&2	2,500.00	4,000.00	\$ 4,000.00	8 x \$500 = \$4,000 (3 x \$4,250 need to be in 4211)
4211 Competency Assessment (CSA)	12,750.00	8,500.00	\$ 8,500.00	4 x \$4,250 = \$17,000
4300 Penalty Fees	7,425.00	6,000.00	\$ 8,000.00	Late fee (\$162.50 - Active; \$25 - QA late fee)
4400 Misc. Revenue	0.00	250.00	\$ 250.00	e.g.; IEHP appeal fee \$250
4600 Investment Income	29,114.04	13,927.54	\$ 35,000.00	
Total Income	\$ 2,458,601.64	\$ 2,540,002.54	\$ 2,580,720.00	
Expenses				
5000 Admin./Operational Expenses				
5010 Staff Salaries	1,065,361.14	1,119,325.48	\$ 1,294,499.27	based on 12 staff + 1 IC
5020 Staff Benefits	95,700.63	91,338.40	\$ 101,385.60	90% of \$105,984 annually + \$500 Health Spending x 12 staff
5030 CPP&EI-Employer Contribution	53,886.89	48,969.14	\$ 56,919.88	CPP max (\$3499), EI max (\$952.74) - 12 staff
5031 Staff RSP	33,792.55	31,920.88	\$ 31,899.76	3% CRTO portion
5035 Employer Health Tax (EHT)	2,293.75	2,326.85	\$ 2,326.85	gov't formula: Salary value - \$1M* 1.95%
5040 Staff Training & Development	4,001.33	8,000.00	\$ 4,000.00	
5041 Staff Personal Education	3,411.64	8,000.00	\$ 4,000.00	\$800/staff
5045 Staff-Travel & Expense-Misc.	9,223.52	5,000.00	\$ 10,000.00	increase to accommodate more in-person conferences, etc.
5050 Equipment (Non-Capitalized)	9,566.34	1,500.00	\$ 2,000.00	office furniture
5060 Rent & Occupancy	190,821.10	222,490.00	\$ 232,590.00	\$19059.00 x10 +\$21000x2
5070 Equipment Leases & Maintenance	10,863.43	13,876.00	\$ 13,876.00	Zerox (\$3011 x 4) + Pitney Bowes (\$186.52 x 4) + WaterLogic (\$271 x 4) (\$10,863.43 to date)
5090 Insurance	6,546.96	5,788.33	\$ 6,019.86	increase of 4.0%
5110 Accounting & Audit	1,638.50	12,035.00	\$ 15,000.00	(\$14,803 last year)
5120 Legal - General	22,363.66	45,000.00	\$ 25,000.00	
5121 Legal - Investigation&Hearing	12,528.31	20,000.00	\$ 15,000.00	costs related to Professional Conduct legal advise (SML)
5130 Expenses-Investigations&Hearing	11,100.23	25,000.00	\$ 15,000.00	costs related to Professional Conduct (e.g., consultation with experts)(\$12,356.52 last year)
5131 Investigation Services	119,132.76	120,000.00	\$ 125,000.00	investigation services (\$139,986.24 last year)
5140 Consulting - General	55,900.21	15,000.00	\$ 13,000.00	(e.g., staff recruitment)
5141 Consulting - Core functions	24,936.41	48,000.00	\$ 25,000.00	PP elearning modules, cybersecurity
5142 Consulting - Governance	80,229.96	15,000.00	\$ 40,000.00	CPMF projects (e.g., DEI, orientation modules)
5210 Telephone/Fax/Internet	15,607.93	13,432.82	\$ 15,000.00	Selectcom, staff cellphone allowance, ZoiPer
5220 Computer Software	46,613.68	25,000.00	\$ 50,000.00	Adobe, MS, GoAnimate, QuickBooks
5221 Computer Hardware	14,179.88	5,000.00	\$ 2,500.00	(e.g., laptops - \$1250 reimbursement) + monitors
5223 Website Hosting	2,278.93	4,154.00	\$ 3,000.00	Enticity
5224 Website Development	20,089.70	20,000.00	\$ 20,000.00	Enticity, SSL, Kerry Ann
5230 Postage/Courier - General	1,611.21	8,000.00	\$ 1,500.00	Purolator, Stamps

5240 Printing - General	2,459.04	10,000.00	\$	250.00	Xerox, Print Zone
5250 Translation - General	15,490.34	30,000.00	\$	15,000.00	policy & by-laws review
5310 Office Supplies	1,475.97	5,000.00	\$	2,000.00	(e.g., Printer cartridges)
5320 Office Maintenance/Upkeep	7,767.96	8,000.00	\$	8,000.00	Iron Mountain, proofreading services. plaques (already over \$6,000)
5321 Office Meeting Expenses	3,967.40	5,000.00	\$	5,000.00	Staff retreats, donations, eChristmas card donation
5330 Bank Account Charges	1,593.97	1,514.07	\$	1,600.00	
5331 Paypal Charges	1,145.29	1,183.07	\$	1,249.41	\$1083.84 last year
5340 Credit Card Merchant Fees	22,904.11	62,533.86	\$	65,000.00	\$76,056.96 last year
5350 Conference Registration Fees	4,421.75	5,000.00	\$	5,000.00	CLEAR, CNAR, CSRT (\$4,802 - 2019-2020 fiscal year)
5380 Membership/Subscriptions	24,594.48	23,766.67	\$	25,000.00	CSRT, NARTRB, HPRO, AARC
5385 Accreditation Services	3,089.72	12,000.00	\$	4,000.00	Accreditation Canada
5500 QA Portfolio Reviewers	22,175.00	20,000.00	\$	20,000.00	\$16,964.48 last fiscal year
5516 QA PORTfolio Annual Fee	39,550.00	39,550.00	\$	39,550.00	PDKeepr (PORTfolio, RelevanT, Launch & SCERP elearning modules)
5521 Competency Assessment-Phase1&2	500.00	4,000.00	\$	4,000.00	8 x \$500 = \$4,000
5522 Competency Assessment-CSA	12,237.74	17,000.00	\$	17,000.00	4 x \$4,250 = \$17,000
5523 Comp. Assessment-Train/Dev't	0.00	3,000.00	\$	1,500.00	
5545 Outreach Activities-Travel/Exp.	891.74	2,000.00	\$	1,000.00	In person sites visits (Cancelled Badges)
5546 Communications - General	40.68	3,000.00	\$	1,000.00	Informz, iStock
5547 Communications - Social Media	855.40	1,500.00	\$	1,000.00	Hootsuite
5555 Government Relations	14,102.40	85,000.00	\$	30,000.00	Risk Management Development
5600 Chairs Event (Dinner)	826.83	800.00	\$	1,000.00	1 Chair's Dinner/year
5610 Education Day Expenses	2,825.00	5,600.00	\$	3,000.00	Education Day Speakers expenses
5620 Data Base Development	2,237.40	50,000.00	\$	40,000.00	VA (\$7,387.00 2019-2020 fiscal year) + Plan for new database
5622 Cybersecurity	8,773.46	15,250.00	\$	15,250.00	Incident Response Service
5623 Database Annual Software Fee	40,038.16	23,000.00	\$	40,000.00	ASI - increased # of subscriptions
5624 Database Hosting	0.00	9,500.00	\$	9,500.00	MSFT \$7417.79 last year
5635 Data Management	35,891.93	\$ 45,000.00	\$	35,000.00	Scanning files
5700 Unrealized Gain/Loss (investments)	-5,541.00				
Total 5000 Admin./Operational Expenses	\$ 2,177,995.42	\$ 2,422,354.57	\$	2,515,416.63	
6000 Council					
6010 Council - Meeting Per Diems	8,545.90	0.00			
6020 Council - Prep Time Per Diems	6,150.00	0.00			
6040 Council - Meals	322.66	0.00			
6050 Council - Accommodation	3,418.54	0.00			
6060 Council - Travel Expense	1,777.17	0.00			
6090 Council - Meeting Room Expense	4,214.52	0.00			
6097 Council-Education/Training Cost	2,550.00	0.00	\$	1,800.00	On Board for 9 new elected members (Dist. 3, 4,6)
Total 6000 Council	\$ 26,978.79	\$ 15,200.00	\$	14,590.94	based on 1 day incl. Council & Education Day (in person), 3 1/2 day Council (zoom), 2 1/2 day DEI Training (zoom) & 2 email votes+1 On-Board+1 Chairs' Dinner
6100 Executive					
6110 Executive - Meeting Per Diems	625.00	0.00			
6120 Executive - Prep Time Per Diems	850.00	0.00			

6130 Executive-Travel Time Per Diems			0.00	
6140 Executive - Meals			0.00	
6150 Executive Accomodation			0.00	
6160 Executive - Travel Expense			0.00	
6170 Executive Telephone			0.00	
Total 6100 Executive	\$ 1,475.00	\$ 4,200.00	\$ 2,100.00	based on 4 (1/2 day) mtg
6200 Registration				
6210 Registration-Meeting Per Diems	1,050.00			
6220 Registration-PrepTimePerDiems	1,550.00			
6230 Registration-TravelTimePerDiems			0.00	
6240 Registration - Meals			0.00	
6250 Registration - Accomodation			0.00	
6260 Registration - Travel Expense			0.00	
6270 Registration - Telephone			0.00	
6297 Registration- Educ/Training			0.00	
Total 6200 Registration	\$ 2,600.00	\$ 26,700.00	\$ 6,500.00	based on 2 (1/2 day) mtg. + 8 (1/4 day) panels + 4 Email votes
6300 Pat.Rel.				
6310 Pat.Rel.-Meeting Per Diems	950.00		0.00	
6320 Pat.Rel.-Prep Time Per Diems	800.00		0.00	
6330 Pat.Rel.-Travel Time Per Diems	90.00		0.00	
6340 Pat.Rel.-Meals	191.20		0.00	
6350 Pat.Rel.-Accomodation	577.88		0.00	
6360 Pat.Rel.-Travel Expenses	1,042.43		0.00	
6370 Pat.Rel.-Telephone			0.00	
Total 6300 Pat.Rel.	\$ 3,651.51	\$ 7,100.00	\$ 3,600.00	based on 2 (1/2 day) mtg.
6400 QA				
6410 QA - Meeting Per Diems	1,600.00		0.00	
6420 QA - Prep Time Per Diems	1,300.00		0.00	
6430 QA - Travel Time Per Diems			0.00	
6440 QA - Meals			0.00	
6450 QA - Accommodation			0.00	
6460 QA - Travel Expense			0.00	
6470 QA - Telephone			0.00	
Total 6400 QA	\$ 2,900.00	\$ 8,400.00	\$ 7,200.00	based on 4 (1/2 day) mtg.
6500 ICRC				
6510 ICRC-Mtg Per Diems	4,600.00		0.00	
6520 ICRC-Prep Time	5,500.00		0.00	
6530 ICRC-TravelTime			0.00	
6540 ICRC-Meals			0.00	

6550 ICRC-Accommodation			0.00	
6560 ICRC-Travel Expense			0.00	
6570 ICRC-Telephone			0.00	
6597 ICRC-Educ/Training	2,550.00		0.00	
Total 6500 ICRC	\$ 12,650.00	\$ 45,000.00	\$ 24,375.00	based on 2(1day) mtg. + 5 (1/2 day) mtg. + 15 email votes
6600 Discipline				
6610 Discipline-Mtg Per Diems			0.00	
6620 Discipline-Prep Time			0.00	
6630 Discipline-TravelTime			0.00	
6640 Discipline-Meals			0.00	
6650 Discipline-Accommodation			0.00	
6660 Discipline-Travel Expense			0.00	
6670 Discipline-Telephone			0.00	
6697 Discipline-Education/Training	900.00		0.00	\$ 900.00 Discipline Workshop
Total 6600 Discipline	\$ 900.00	\$ 2,850.00	\$ 1,000.00	1 Discipline Workshop
6700 Fitness				
6710 Fitness-Mtg Per Diems	0.00		0.00	
6720 Fitness-Prep Time	0.00		0.00	
6730 Fitness-TravelTime			0.00	
6740 Fitness-Meals	0.00		0.00	
6750 Fitness-Accommodation			0.00	
6760 Fitness-Travel Expense			0.00	
6770 Fitness-Telephone			0.00	
6797 Fitness-Education/Training	0.00		0.00	
Total 6600 Discipline	\$ 0.00	\$ 1,700.00	\$ -	
6800 Finance and Audit				
6810 Finance and Audit-Mtg Per Diems	2,475.00			
6820 Finance and Audit-Prep Time	1,525.00			
6830 Finance and Audit-Travel time				
6840 Finance and Audit-Meals	50.00			
6850 Finance and Audit-Accommodation				
6860 Finance and Audit-Travel Expense				
6870 Finance and Audit-Telephone				
6897 Finance and Audit-Education/Training	0.00			
Total 6800 Finance and Audit	\$ 4,100.00	\$ 5,700.00	\$ 5,900.00	based on 4 (1/2 day) mtg. + 2 (1/4) mtg. + 4 email votes
Total Expense	\$ 2,233,250.72	\$ 2,539,204.57	\$ 2,580,682.57	
Net Operating Income	\$ 225,350.92	\$ 797.97	\$ 37.43	

Registrar's Report – Council Meeting

March 3, 2023

AGENDA ITEM # 6.1

From:	Carole Hamp, RRT – Registrar & CEO
Topic:	Registrar's Report
Purpose:	For Information

INTERNAL

CURRENT INITIATIVES

Policy Framework & Professional Practice Guidelines (PPGs) & Clinical Best Practice Guidelines (CPBGs)

The large-scale review and revision of all CRTO policies and procedures we embarked on in the spring of 2021 is nearing completion. There are just a few remaining policies that will be coming to this Council meeting. As usual, work on the CRTO Professional and Clinical Best Practice Guidelines is ongoing. The Infection Prevention and Control CBPG is coming forward today for final approval, and the RTs Providing Telepractice Services will be presented for approval for consultation.

ADMINISTRATION

INTERNAL

Canadian Equity Consulting (CEC)

At the December 2022 Council meeting, the CEC team presented a summary of the review completed for CRTO staff, Council and Committee members. From that report came a number of recommendations, such as creating a Diversity, Equity, and Inclusion (DEI) Committee that will collaborate on the design and implementation of the CRTO's DEI strategic plan. The CEC consulting team has also surveyed the CRTO membership and received 14 responses, which the PRC will review at their upcoming meeting. The CEC is also currently assessing several CRTO policies to help establish a framework for reviewing all CRTO documents with a DEI lens.

Language Proficiency Requirements Policy

Late in 2022, the CRTO retained the consulting team of Andrea Strachan & Paulette Blais to align our language proficiency standards to those approved by Immigration, Refugees and Citizenship Canada (IRCC), as required by the recently created *Registration Requirements* regulation ([O. Reg. 508/22](#)) made under the *RHPA*. That work was completed, and the revised [Language Proficiency Requirements Policy](#) was approved by Council (via an electronic vote) on December 13, 2022. Both the English and French versions were posted on our website in advance of the Ministry of Health's (MOH) January 1st deadline.

Registrar's Report

Revised CRTO By-Laws & Schedule of Fees

The draft version of the revised CRTO By-Laws was sent out for a 60-day consultation period on December 19, 2022. The outcome of the survey will be reviewed at this Council meeting.

The changes to the By-Laws were as follows:

- **By-Law 1: General CRTO Administration** The overall intent of the revision to this By-Law was to clarify when and how CRTO expenditures needed external approval.
- **By-Law 2: Council and Committees** The intent of the revision to this By-Law was two-fold:
 1. To enable the Registrar to appoint members of the public directly (not through the Public Appointments Office) to vacant spots on Committees. They will be called Public Committee Appointees.
 2. To ensure all information in the CRTO's current Election Process - Council Members and Non-Council Committee Members Policy are contained within the By-Laws so that the policy can be rescinded and archived. The Procedure will then be revised and become associated with the By-Law.
- **By-Law 3: Membership** The intent of the revision to this By-Law was to add a penalty to the CRTO Schedule of Fees for late submission of Professional Development Program obligations.

Draft 2023/24 Budget

The draft budget for the 2023/2024 fiscal year was prepared and presented to the Executive on February 14th. There are a number of planned projects for this upcoming year that have been incorporated into this budget, such as retaining the contracted services of a Risk Management Consultant.

Membership Fee Assessment Tool

The FAC has been tasked with developing a tool that will provide a formal process for an annual review of the CRTO's membership fees. A draft of this tool was presented to the Executive and will be presented to Council at this meeting.

Investment Planning Services

The FAC has also embarked on a quest to retain the services of a financial institution to provide ongoing management of the CRTO investment portfolio. Their search was narrowed to two organizations, and a small working group of the FAC received a presentation from both investment teams. The working group then met with CRTO staff to decide on their recommendation, which is being presented to Council at this meeting.

Registrar's Report

Evaluation of CRTO Council

One of the key expectations articulated in the College Performance Measurement Framework (CPMF) is that Colleges “develop and implement a framework to regularly evaluate the effectiveness Council meetings and Council” and that “the framework includes a third-party assessment of Council effectiveness at a minimum every three years”. To that end, the CRTO has retained the services of Nanci Harris. Nanci most recently worked at the Royal College of Dental Surgeons of Ontario and has spent many years in RHPA regulation with the College of Nurses of Ontario and the College of Physicians and Surgeons of Ontario. She has been retained to:

- provide a preliminary assessment of the Council’s March 3, 2023 meeting by reviewing and assessing the Council Meeting materials;
- attend (virtually) this Council Meeting and provide a brief presentation outlining the nature of the consulting services; and
- providing a written assessment that will be posted publicly on the College’s website.

STAFF NEWS

Congratulations are in order for two of our CRTO staff members. Earlier this year, **Ania Walsh** successfully completed her Master Of Arts in Leadership at the University of Guelph’s Lang School of Business & Economics. And **Stephanie Tjandra** has recently been promoted from Coordinator to Manager of Finance. & Office. We are all very proud of both of you and very lucky to have you as part of our team!

EXTERNAL

Ontario Ministry of Health

On January 19, the Premier of Ontario announced that the government would introduce legislative changes that, if approved, would permit certain regulated health professionals registered in other provinces and territories to practise without further registering with the corresponding health regulatory college for “up to 12 months”. The intended legislative amendments would also allow healthcare professionals to perform “low-risk tasks outside their scope of practice as long as they have the knowledge, skill and judgement to do so.”

The regulatory colleges were informed of this proposed change the day prior to the announcement. They were then invited to meet with representatives of the MOH on January 24th, both individually and as part of the Health Professions Regulators of Ontario (HPRO) group of Registrars. More information will become available as the Ministry moves this initiative toward legislative approval.

Registrar's Report

College Performance Measurement Framework (CPMF)

The final version of the CPMF reporting tool was released on January 11th, and the CRTO is working diligently towards completing and submitting the report by March 31st.

Health Profession Regulators of Ontario (HPRO)

The HPRO Board continues to meet every other week to discuss timely topics, such as DEI and public appointments. The HPRO Board held its Strategic Planning session at the College of Chiropractors of Ontario on February 9th. In addition, HPRO hosts a virtual meeting every Friday to assist Colleges in their work on the CPMF report.

National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB)

National Competency Framework (NCF) Review

The CRTO sent four RT representatives to attend the NARTRB NCF working group meeting held in Montreal on January 23rd & 24th. The working group consisted of 16 RTs from across Canada who work in various practice settings. CanProf Consultants Eva Schausberger and Karen Luker facilitated the Montreal meeting. The CRTO hosted the 2nd NCF Steering Committee meeting in Toronto on February 7th to review the results of this working group. The next NCF meeting will be in Halifax in early June, and the intended deadline for completion of the revised framework is June 23, 2023.

Office of the Fairness Commissioner (OFC)

The CRTO submitted its annual Fair Registration Practices Report by the December 14, 2022, deadline.

Council Briefing Note

AGENDA ITEM # 6.2

March 3, 2023

From:	Carole Hamp. CRTO Registrar & CEO
Topic:	Financial Statements - March 1, 2022 – January 31, 2023
Purpose:	For Discussion
Strategic Focus:	Core Business Practices: Clear financial alignment with strategic priorities.
Attachment(s):	Appendix A: Highlights of the Financial Statements Appendix B: Balance Sheet Summary Report Appendix C: Income Statement Summary Report Appendix D: Income Statement Reporting Codes
Motion:	It is moved by _____ and seconded by _____ that: The Council approves the quarterly financial statements (March 1, 2022, to January 31, 2023).

PUBLIC INTEREST RATIONALE:

To ensure the CRTO has the financial resources to meet its statutory objectives and regulatory mandate, now and in the future.

ISSUE:

The College Performance Measurement Framework (CPMF) states that a College’s strategic plan and budget should be designed to complement and support each other. To that end, the budget allocation should align with the activities, projects and programs the CRTO undertakes to attain its mandate.

BACKGROUND:

To align the CRTO’s finances more closely with its strategic plan, it is necessary to provide a streamlined set of financial reports to the Executive Committee and Council.

ANALYSIS:

- Appendix A - Highlights of the Financial Statements
 - Under budget on Professional Services (primarily due to lower than expected costs on Legal – General expenses & the end of our GR firm services).

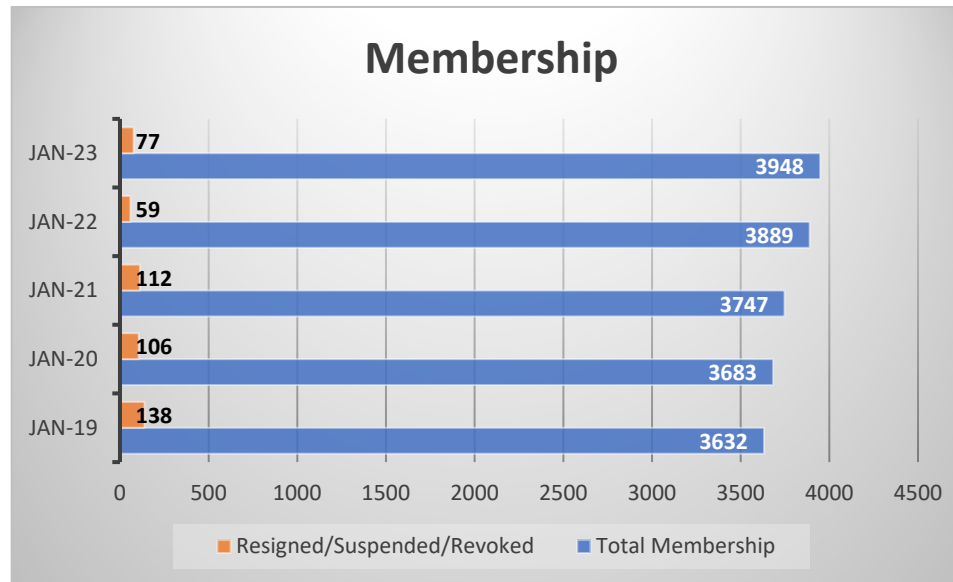
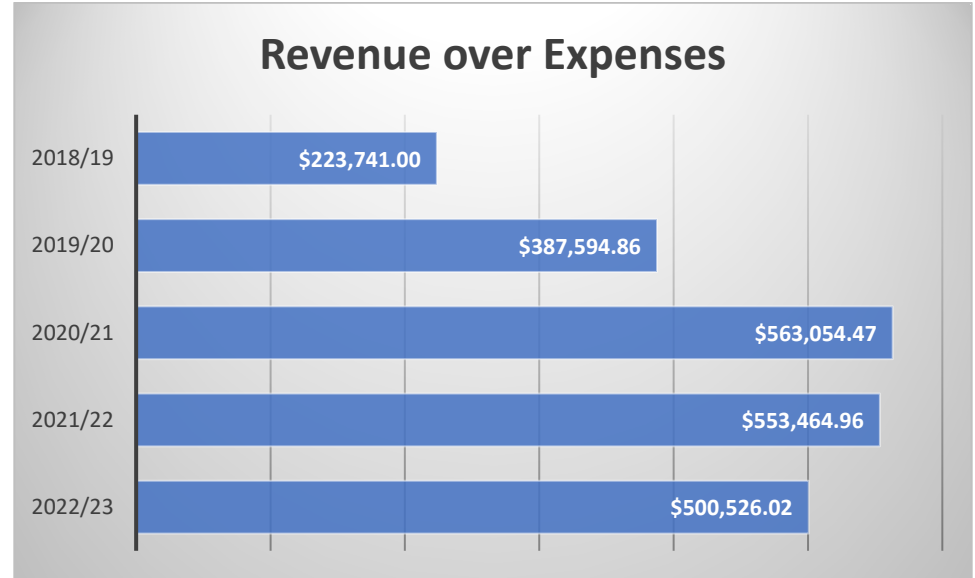
- Over-budget in General & Governance Consulting budget lines due to the ongoing need for external expertise to meet some of the requirements of the Ministry of Health's College Performance Measurement Framework (CPMF).
- Appendix B – Balance Sheet Summary Report
 - Approx. 2 months of operating expenses in unrestricted reserves. We will likely need to draw down from the restricted reserve for COVID-19 Fund in the upcoming fiscal year.

RECOMMENDATIONS:

That Council approved the CRTO's quarterly financial statements.

Appendix A: Highlights of the Financial Summary

Total Major Expenses	2022/23	2021/22
Wages and benefits	\$ 1,267,671.45	\$ 1,215,086.78
Occupancy costs	\$ 215,999.45	\$ 213,809.40
Professional services	\$ 53,711.49	\$ 104,098.61
Investigation and hearing expense	\$ 142,761.30	\$ 143,534.84
General operating expenses	\$ 30,044.58	\$ 56,980.11
Consulting	\$ 69,693.40	\$ 16,921.70
Total Major Expenses	\$ 1,779,881.67	\$ 1,750,431.44



Appendix B: Balance Sheet Summary Report

Total Equity	\$	2,196,177.57	\$	2,369,521.08
CRTO				
Balance Sheet Summary				
	As of Jan. 31, 2023		As of Jan. 31, 2022	
Assets				
<i>Current Assets</i>				
Cash and Cash Equivalent	\$	541,214.79	\$	627,892.16
Accounts Receivable	\$	-	\$	15,480.02
Investments	\$	1,538,598.39	\$	1,529,223.49
Prepays	\$	53,733.62	\$	95,988.23
Total current assets	\$	2,133,546.80	\$	2,268,583.90
Property, plant and equipment	\$	62,630.77	\$	100,937.03
Total assets	\$	2,196,177.57	\$	2,369,521.08
Liabilities				
Accrued liability	\$	86,908.29	\$	101,245.98
Net Assets				
General contingency reserve fund	\$	500,000.00	\$	500,000.00
Reserve for funding of therapy	\$	80,000.00	\$	80,000.00
Reserve for COVID-19	\$	250,000.00	\$	250,000.00
Reserve for investigations and hearings	\$	150,000.00	\$	150,000.00
Special projects reserve fund	\$	300,000.00	\$	3,000,000.00
<i>Total Restricted funds</i>	\$	1,280,000.00	\$	1,280,000.00
Unrestricted Reserves	\$	373,730.72	\$	500,000.10

Appendix C: Income Statement Summary Report

Code	CRTO Statement Summary	Income Mar 1-Jan. 31, 2023	Budget for year	Over (Under) Budget	% (Under) Over Budget	Mar 1 - Jan. 31, 2022
0	Revenue	\$ 2,443,351.64	\$ 2,527,507.54	-\$ 84,155.90	-3.3%	\$ 2,411,937.33
0.5	Competency Assessment Income	\$ 15,250.00	\$ 12,500.00	\$ 2,750.00	22.0%	\$ 4,750.00
	Total Income	\$ 2,458,601.64	\$ 2,540,007.54	-\$ 81,405.90	-3.2%	\$ 2,416,687.33
0.6	Competency Assessment Expense	\$ 12,737.75	\$ 24,000.00	-\$ 11,262.25	-46.9%	\$ 17,430.22
1	Wages and benefits	\$ 1,267,671.45	\$ 1,315,680.75	-\$ 48,009.30	-3.6%	\$ 1,215,086.78
2	Occupancy costs	\$ 215,999.45	\$ 250,154.33	-\$ 34,154.88	-13.7%	\$ 213,809.40
3	Professional services	\$ 53,711.49	\$ 155,467.82	-\$ 101,756.33	-65.5%	\$ 104,098.61
4	Investigation and hearing expense	\$ 142,761.30	\$ 165,000.00	-\$ 22,238.70	-13.5%	\$ 143,534.84
5	Technology / Website	\$ 73,412.65	\$ 121,904.00	-\$ 48,491.35	-39.8%	\$ 30,044.58
6	General operating expenses	\$ 118,138.11	\$ 146,614.07	-\$ 28,475.96	-19.4%	\$ 56,980.11
7	Credit card and Paypal fees	\$ 24,049.40	\$ 63,716.93	-\$ 39,667.53	-62.3%	\$ 24,036.59
8	Memerbership and dues	\$ 27,684.20	\$ 35,766.67	-\$ 8,082.47	-46.9%	\$ 18,081.83
9	Quality assurance expenses	\$ 61,725.00	\$ 59,550.00	\$ 2,175.00	3.7%	\$ 18,081.83
11	Unrealized (gains) losses	-\$ 5,541.00	\$ -	-\$ 5,541.00		-\$ 3,712.00
12	Council and committee	\$ 56,082.13	\$ 117,650.00	-\$ 61,567.87	-52.3%	\$ 51,805.79
14	Consulting	\$ 161,066.59	\$ 78,000.00	\$ 83,066.59	106.5%	\$ 60,974.45
99	Equipment purchased	\$ 23,746.22	\$ 6,500.00	\$ 17,246.22	265.3%	\$ 10,670.61
	Total Expenses	\$ 2,233,244.74	\$ 2,540,004.57	-\$ 306,759.84	-12.1%	\$ 1,960,923.64
	Net Income	\$ 225,356.91				\$ 455,763.69

Appendix D: Income Statement Reporting Codes

Code	Reporting Line	Line Item #	Description
0	Revenue	4100	Registration fees
		4200	Reg and renewal fees
		4300	Penalty fees
		4400	Misc Rev
		4600	Invest Income
0.5	Competency assessment revenue	4210	Comp Assess 1&2
		4211	Comp Assess CSA
0.6	Competency assessment expenses	5521	Comp Assess Phase 1&2
		5522	Comp Assess - CSA
		5523	Comp Assess - Train/Dev't
1	Wages and benefits	5010	Salaries
		5020	Benefits
		5030	CPP & EI
		5031	RSP
		5035	EHT
		5040	Training and Dev
		5041	Personal Education
2	Occupancy costs	5045	Staff Travel & Exp
		5060	Rent
		5070	Equip lease and Mtce
		5090	Insurance
3	Professional services	5320	Office mtce / upkeep
		5110	Audit
		5120	Legal - general
		5210	Telephone, etc
4	Investigation and hearing expense	5555	Government Relations
		5121	Legal - investigations
		5130	Expenses - Investigation
		5131	Investigation services
5	Technology / Website	5223	Website hosting
		5224	Website development
		5620	Database development
		5623	Database Annual software fee
		5624	Database hosting
6	General operating expenses	5622	Cybersecurity
		5220	Computer software
		5230	Postage, etc
		5240	Printing - general
		5250	Translation - general
		5310	Office supplies
		5321	Office meeting exp
5330	Bank account charges		
		5350	Conf reg fees

		5545	Outreach / Travel
		5546	Communications - general
		5547	Communications - Social Media
		5610	Education day expenses
		5624	Data Management
7	Credit card and PayPal fees	5331	PayPal charges
		5340	Credit card merch fees
8	Membership and dues	5380	Membership / subs
		5385	Accreditation services
9	Quality assurance expenses	5500	QA Portfolio Reviewers
		5516	QA Port Annual Fee
11	Unrealized (gains) losses	5700	Unrealized (gain) / loss
12	Council and committee	6000	Total Council
		6100	Total Executive
		6200	Total Reg Committee
		6300	Total PRC Committee
		6400	Total Q&A Committee
		6500	Total IRC Committee
		6600	Total Discipline Committee
		6800	Finance & Audit Committee
		5600	Chair's Event (Dinner)
14	Consulting	5140	Consulting - general
		5154	Consulting - core functions
		5142	Consulting - governance
99	Equipment purchased	5050	Equip purchases
		5221	Computer hardware

Council Briefing Note

AGENDA ITEM # 6.3

March 3, 2023

From:	Carole Hamp, RRT – Registrar & CEO
Topic:	Investment Portfolio – as of January 31, 2023
Purpose:	For Decision
Strategic Focus:	Core Business Practices
Attachment(s):	Appendix A – Investment Portfolio Summary
Motion:	It is moved by _____ and seconded by _____ that: The Council approves the Investment Portfolio Summary (as of January 31, 2023).

PUBLIC INTEREST RATIONALE:

Careful management of the CRTO’s investments is essential to ensure the organization has the necessary resources to continue fulfilling its mandate of acting in the public interest.

ISSUE:

The CRTO is striving for improvements regarding our investments in 2 areas:

1. A more comprehensive investment strategy
2. A more streamlined reporting tool

BACKGROUND:

The Finance and Audit Committee (FAC) has been reviewing proposals for investment management services from several financial institutions. The plan is to make a recommendation to Council and then move forward with the development of an investment strategy.

RECOMMENDATION:

That Council approves the Investment Portfolio Summary (as of January 31, 2023).

Appendix A: Investment Portfolio Summary

Cash – CRTO		As of Jan.31/23	<u>As of Jan. 31/22</u>
Chequing Account	\$540,915		\$ 625,009
Renaissance High-Interest Savings	\$428,047		\$373,046
Wood Gundy Cash Account	\$ 0		\$ 0
CIBC High-Interest Savings	\$103,670		\$102,509
Total Cash	\$1,072,632		\$1,100,564

CIBC Wood Gundy GICs		Interest Rates	Due Date	Comments
Effort Trust	\$100,000	0.8%	May 3/23	
Fairstone Bank	\$100,000	4.37%	July 4/24	
Concentra Bank	\$100,000	4.1%	June 13/24	
CIBC Lock-In	\$250,586	3%	April 26/23	
CIBC Flexible	\$250,000	1.65%	April 26/23	
CDN Western Bank	\$100,000	1.25%	Dec. 9/23	
Equitable Bank	\$100,000	1.25%	Dec. 9/23	
Total GICs	\$1,000,586			\$1,042,638.

Total Cash & Investments	\$2,073,218	\$2,143,202
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Council Briefing Note


AGENDA ITEM # 6.4

March 3, 2023

From:	Denise Steele, Coordinator of Professional Programs
Topic:	Membership Statistics
Purpose:	For Information
Strategic Focus:	Core Business Practices

CRTO Membership Statistics for the March 3, 2023, Council

(Report generated on January 31, 2023)



Membership	Jan. 2023	At last Council Dec. 2022	1 year ago Feb. 2022	5 years ago Feb. 2018
Total members	3948	3931	3889	3574
General Class	3619	3593	3578	3286
Graduate Class	50	21	52	51
Limited Class	4	4	4	6
Inactive Class	275	313	255	231
Status Changes	March 2022- Jan. 2023	March - Dec. 2022	March 2021 - Feb. 2022	March- Feb. 2018
Resigned	73	53	74	53
Retired	41	29	45	25
Moved out of Ontario	11	11	17	8
Working in other profession	12	6	9	15
Personal/Other Reasons	8	7	3	5
Undertaking	1	0	0	0
Suspended	12	12	3	31
due to non-payment of fees	12	12	3	29
due to disciplinary decisions	0	0	0	0
other reasons	0	0	0	2
Revoked	8	6	0	14
due to non-payment of fees	4	4	0	12
due to disciplinary decisions	0	0	0	0
due to expiration of GRT Cert	4	2	0	2
Reinstated	16	10	18	13
from resigned	10	6	9	4
from suspended	3	1	0	5
from revoked	3	3	9	4

New Applications	March 2022- Jan. 2023	March - Dec. 2022	March 2021 - Feb. 2022	March-Feb. 2018
Applications Received	213	179	239	208
Ontario Graduates	175	153	204	193
Other Canadian Grads	16	12	23	7
USA Graduates	7	7	3	3
International Graduates	14	7	9	5

Council Briefing Note

AGENDA ITEM # 6.5

March 3, 2023

From:	Kelly Arndt RRT, Manager, Quality Practice
Topic:	Final Draft Revised Infection Prevention & Control Clinical Best Practice Guideline (CBPG)
Purpose:	For Decision
Strategic Focus:	Enhancing Professionalism
Attachment(s):	Appendix A – Draft Revised Infection Prevention & Control CBPG Appendix B – Infection Prevention & Control CBPG Consultation Survey Results
Motion:	It is moved by _____ and seconded by _____ that: Council approves final draft for publication.

PUBLIC INTEREST RATIONALE:

Ensuring that Respiratory Therapists understand their professional requirements and responsibilities surrounding infection control.

ISSUE:

Previously revised in November 2016, the Infection Prevention & Control CBPG has been reviewed and updated. The focus of this document has shifted from a practice guideline to a guidance resource. This CBPG will provide direction for RT's to access information regarding public health guidelines, infection control and new and emerging pathogens.

BACKGROUND:

This PPG has been condensed, with updated and simplified content to facilitate understanding and clear direction with respect to infection control. This is a living document, intended to provide resources in an ever-changing global health situation. It is extremely important that the expectations and guidelines for Members surrounding this topic are clear, current, and concise.

ANALYSIS:**Summary of Changes**

The format of this document is unchanged, however significant outdated content and links were removed. A jurisdictional and regulatory scan was conducted to confirm the content of the document is current and aligned with all relevant public health guidelines and other health regulators. Consultation with an Infection Control Practitioner was performed, who reviewed and revised the CBPG. The content has gender-neutral pronouns and updated links and references. Additions were made to include aerosol-generating medical procedures (Covid-19).

Public Consultation

The document was posted according to the CRTO's [public consultation process](#). A consultation survey was posted on the CRTO's website and tweeted on the CRTO Twitter account. In total, 66 people viewed the consultation survey, and 9 responses were received (8 Respiratory Therapists).

88% respondents found the policy clear, understandable, and free from omissions and errors. One comment was received regarding content amount, AGMP and grammar corrections. As a result, the CBPG was reviewed, and changes were made.

For full consultation results see appendix B.

Length of time consultation was open: 60-days

Date consultation closed: February 17, 2023

RECOMMENDATION:

It is recommended that the CRTO Council review and approve the revised draft of the Infection Prevention & Control CBPG for publication.

NEXT STEPS:

If the motion is approved, the CBPG will be published on the CRTO website.

CONSULTATION FEEDBACK**66**

Viewed

9

Completed

12%% Completed
(Views vs. Completions)

Appendix A: Infection Control CBPG

Final Draft Infection Prevention & Control CBPG

CERTO Clinical Best Practice Guideline:

Infection Prevention & Control

CERTO publications contain practice parameters and standards which should be considered by all Ontario Respiratory Therapists in the care of their patients/clients and in the practice of the profession. CERTO publications are developed in consultation with professional practice leaders and describe current professional expectations. It is important to note that these CERTO publications may be used by the CERTO or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

July 2016

The CERTO will update and revise this document every five years, or earlier if necessary. The words and phrases in bold lettering can be cross referenced in the Glossary at the end of this document.

Acknowledgements

This Clinical Best Practice Guideline (CBPG) was first developed in 2008 by a working group of the CRTO's Patient Relations Committee (PRC) comprised of practising Respiratory Therapists (RTs). The Infection Control Working Group for the first version of this CBPG was also assisted by Dr. Mary Vearncombe, Dr. Allison McGeer and the Infection Control Team at Mount Sinai Hospital.

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Chris Harris RRT, Team Leader, ICU, London Health Science Centre/University Campus, London.

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CRTO Staff

Mary Bayliss RRT, Manager, Policy and Investigations.

Carole Hamp RRT, Professional Practice Advisor & Staff Respiratory Therapist, Guelph General Hospital

The CRTO is committed to ensuring that our standards and guidelines reflect the most current, evidence-based and best practices. Since the first version, the practice guideline has been revised twice. The CRTO would like to thank the following Professional Practice Committee and working group members for their participation and expertise that led to the updates to this CBPG.

Infection Prevention and Control CBPG Review 2011

Professional Practice Committee (PPC)

Paul Williams, RRT (Council Member and PPC Chairman)

Dave Jones, RRT (Council Member)

Sherry Horner, RRT (Committee Member)

Jim Ferrie (Council Member/Public Member)

Infection Control Specialists

Jennifer Blue RRT, CIC

Jane Montgomery RRT

Michelle Stephens RRT

CRTO Staff

Jennifer Harrison RRT (Professional Practice Advisor)

CBPG Infection Prevention and Control CBPG Review 2016

Infection Control Specialists Working Group

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Arpita Bhattacharya RRT - Infection Prevention and Control Practitioner, William Osler Health System

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Carole Hamp RRT, MA – Manager of Quality Practice

CBPG Infection Prevention and Control CBPG Review 2022

Infection Control Specialist

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CRTO Staff

Kelly Arndt RRT – Manager, Quality Practice

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Introduction

As a regulated health professional, Respiratory Therapists (RTs) are accountable for providing safe, competent and ethical care to the public in accordance with the standards of the profession. This document has been developed in order to assist RTs in learning how to achieve quality infection prevention and control practices. The SARS epidemic in 2003, the H1N1 Pandemic in 2009, and the MERS and Ebola 2014/2015 outbreaks, **2019 Covid pandemic**- as well as the likelihood of another pandemic influenza - suggest it is vital for RTs to remain informed and up to date on current infection prevention and control best practices.

In addition to the public and the CRTO, RTs are accountable to their employer. Employers may have additional policies and procedures related to infection prevention and control. If an employer's policies and procedures are more restrictive than the CRTO's description of the standard of practice, Members should abide by their employer's policies and procedures. Where the employer's policies and procedures are more permissive than the standard of practice described by the CRTO, Members should adhere to the standard of practice described by the CRTO.

Guiding Principles of Infection, Prevention and Control

RTs are accountable for....

- Knowing how infections are transmitted (i.e., [The 6 Links in the Chain of Transmission](#))
- Adhering to the current infection prevention and control guidelines for their practice setting (e.g., employer policies, [OHA Communicable Diseases Surveillance Protocols](#), [Public Health Ontario Communicable Diseases Surveillance Protocols](#), [Public Health Agency of Canada Best Practice Documents](#), [Public Health Agency of Canada Infection Control Guidelines](#), [MOHLTC Emergency Planning and Preparedness](#))
- Advocating for best practices in infection prevention and control in their workplace
- Educating and modelling infection prevention and control practices for others
- Monitoring changes to infection control practices and updating their practice accordingly (e.g., [MOHLTC Health Bulletins](#), [MOHLTC Health Bulletins](#))
- Knowing their [Immunization Status](#) and keeping their immunisation records up to date
- Ensure that there are processes in place to obtain an accurate travel history from patients/clients

Infection Control interventions are directed at:

- Controlling or eliminating agent at source of transmission
- Protecting portals of entry
- Increasing host's defenses

The principles necessary to prevent transmission of microorganisms from patient to patient, patient to healthcare worker (HCW) and HCW to patient, across the continuum of care include:

RTs protect their patients/clients as well as themselves through...

- Consistent use of [Routine Practices](#), including a [Risk Assessment](#) that takes into consideration the client/patient/resident infection status, the characteristics of the client/patient/resident and the type of care activities to be performed ([PIDAC, 2012, p.7](#))
- Application of [Additional Precautions](#), where indicated
- [Hand Hygiene](#) and proper cough etiquette
- Adhering to the principles of good occupational health and hygiene practices and reporting facility outbreaks, where appropriate
- Ensuring appropriate [immunizations](#) are obtained
- Avoiding consuming food or beverages in patient care areas (RPAP, 2012, p. 48)
- Staying home from work when ill with symptoms of fever, chills, cough, malaise and/or nausea, vomiting or

Did you know... Institutional outbreaks involving staff have been reported, particularly with hepatitis A, cryptosporidiosis and norovirus. ([PIDAC, 2012, p.47](#)) [Health Care-Associated Infections | Public Health Ontario](#)

Scenario

You wake up at 0400 with fever, chills and a cough. You are scheduled to begin your shift in the NICU at 0700.

What do you do?

You should call in sick because going to work puts others (specifically your patients) at risk.

diarrhea

Did you know...

Staff who consume food or beverages in care areas (client/patient/resident environment, nursing station, charting areas) are at increased risk for acquiring serious foodborne gastrointestinal infections.

Organizational Accountabilities:

All health care settings should establish a clear expectation that staff do not come into work when ill with symptoms that are of an infectious origin and support this expectation with appropriate attendance management policies. Staff carrying on activities in a health care setting who develop an infectious illness may be subject to some work restrictions ([PIDAC, 2012, p. 22](#)).

Immunizations

Appropriate vaccine use protects the health care provider, colleagues and the patient/client ([Immunization \(Vaccines\) | Public Health Ontario](#)) ([RPAP, 2012](#), p. 23). Examples of vaccines that may be necessary to protect RTs and their patient/clients:

- annual influenza
- Covid - 19
- measles, mumps, rubella (MMR)
- varicella
- pertussis
- hepatitis A, B
- tetanus/diphtheria

Did you know...

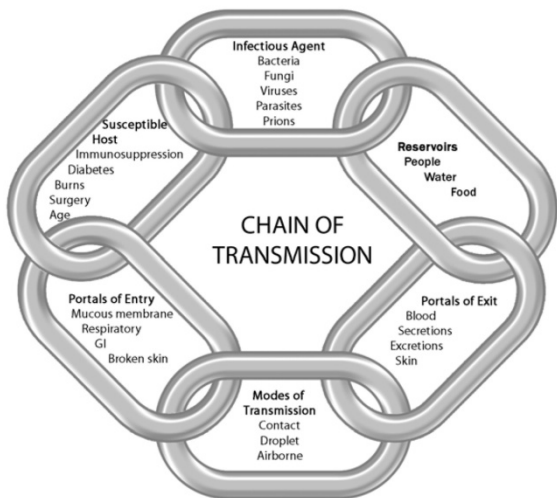
~~PIDAC states that vaccines appropriate for susceptible health care providers include annual influenza ([PIDAC, 2012](#), p.40)~~ **People who are potentially capable of transmitting influenza to those at high risk should receive annual vaccination, regardless of whether the high risk individual has been vaccinated.** [National Advisory Committee on Immunization](#)

Resource

[Immunize Canada](#) [Immunize Canada](#) has an app to assist in recording vaccines information and accessing immunization schedules.

Professional Accountabilities: Health care workers (HCW), including hospital employees, other staff who work or study in hospitals (e.g., students in health care disciplines, contract workers, volunteers) and other health care personnel (e.g., those working in clinical laboratories, nursing homes, home care agencies and community settings) are at risk of exposure to communicable diseases because of their contact with patients/clients (diagnosed or undiagnosed) or their environment. There is also a risk that HCW could transmit an undiagnosed vaccine-preventable disease to others. Some health care institutions and jurisdictions are moving towards making vaccination a condition of employment for HCW. - [Public Health Agency of Canada](#) [Public Health Agency of Canada](#)

The Six Links in the Chain of Transmission & Breaking the Chain of Transmission



Did you know...

Public Health has a set of free infection prevention and control elearning modules [IPAC Core Competencies Course Infection Prevention and Control – Online Learning | Public Health Ontario](#)

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Each link in the chain represents a factor related to the spread of microorganisms. Transmission of infectious agents does not take place unless all six of the elements in the chain of transmission are present. ([PIDAC, 2012](#), p. 1). [Public Health of Ontario](#)

The links in the Chain of Transmission can be broken through a careful [Risk Assessment](#) and consistent application of [Routine and Additional Precautions](#), where indicated.

	Links in the Chain of Transmission are:	Breaking the Chain of Transmission by assessing:
Infectious Agent	The micro-organisms capable of producing infection (e.g., bacteria, viruses)	The pathogenicity/virulence of the infectious agent
Reservoir	The places in which the infectious agent lives (e.g., humans, animals, water)	The patient/client’s environment (e.g., shared

	Links in the Chain of Transmission are:	Breaking the Chain of Transmission by assessing:
		facilities, such as multi-bed rooms)
Portal of Exit	The point where the agent leaves the reservoir (e.g., blood, secretions)	The potential for exposure to blood, body fluids, secretions and excretions (e.g. splashing, patient coughing considering the duration of exposure (e.g., sterile gown for central line insertions)
Modes of Transmission	<p>Contact – which is divided into:</p> <ul style="list-style-type: none"> • Direct Contact – occurs through touch • Indirect Contact – occurs when micro-organisms are transferred by contaminated object coming into contact with another surface 	<p>The procedure(s) to be performed (e.g., hand hygiene & PPE required) and whether Additional Precautions are required</p> <ul style="list-style-type: none"> • whether there will be contact with non-intact skin or mucous membranes
	<p>Droplet Transmission – occurs when large droplets exit the respiratory tract of a person when he/ she coughs or sneezes. Can also be generated by some procedures (e.g., suctioning). These droplets are projected a short distance of usually < 2m and enter the hosts eyes, nose, mouth or fall onto surfaces.</p>	<ul style="list-style-type: none"> • the potential for handling sharp or contaminated instruments or equipment
	<p>Airborne Transmission – occurs when airborne particles remain suspended in the air, travel on air currents and are then inhaled by others who are nearby or who may be some distance away from the source patient, in a</p>	

Links in the Chain of Transmission are:		Breaking the Chain of Transmission by assessing:
	different room or ward (depending on air currents) or in the same room that a patient has left, if there have been insufficient air exchanges. (PIDAC, 2012 , p. 38).	
	Parenteral Transmission – the spread of an agent through intact skin by a sharp (e.g., needle stick injury).	
Modes of Transmission (cont'd)	Common Vehicle Transmission – the spread of an agent through a common contaminated source (e.g., multi-dose vials)	
	Vector Transmission – occurs when a host is bitten by an animal or insect carrying the infectious agent (e.g., mosquito transmitting West Nile virus)	
Portal of Entry	The point at which the agent enters the host (e.g., non-intact skin, respiratory or GI tract, mucous membranes)	The need for aseptic technique The appropriate catheter and wound care
Susceptible Host	Any person at risk of infection (e.g., immunosuppressed patients, burn victims)	The need for appropriate immunization

Routine Practices

Routine practices must be applied to **all patients at all times, in all settings**, regardless of diagnosis or infectious status, **and are based on the premise that all clients/patients/residents are potentially infectious, even when asymptomatic, and that the same safe standards of practice should be used routinely with all clients/patients/residents to prevent exposure and to prevent the spread of microorganisms.**

The basics of Routine Practices include:

- **Hand Hygiene**
- **Personal Protective Equipment (PPE)**
- **Control of the Environment**
 - **Needlesticks and Sharps Injuries Prevention & Safe Injection Practices**
 - **Cleaning, Disinfection & Sterilization of Medical Devices**
 - **Waste Disposal**
- **Performing a Risk Assessment**
- **Administrative Controls**
- **Additional Precautions**

Aerosol-Generating Respiratory Procedures

For any procedure with the potential to generate respiratory droplets or aerosolization (including but not limited to the procedures listed on the next page), Routine Practices require the addition of **Droplet Precautions**. Proper PPE must be used by staff when within two metres of procedures generating droplets/aerosols on any client/patient/resident, with or without symptoms of an acute respiratory infection,

Did you know...

Droplet Precautions are not required when performing aerosol-generating on stable, afebrile patients/clients without new or worsening cough or shortness of breath [such as those who require routine tracheostomy care at home, or chronic or home use of non-invasive positive pressure ventilators (NIPPV)].

Professional Accountability: These precautions may be a departure for many CRTO Members, however, lessons learned during the SARS crisis remind us that strict vigilance to appropriate infection control prevention activities are vital to ensuring a safe environment for both our patients and ourselves. With the **current, ongoing Covid-19 pandemic, emerging threat of an influenza pandemic and other emerging pathogens**, it is crucial that RRTs follow the MOHLTC's recommended infection control guidelines.

to prevent deposition of droplets/aerosols on staff mucous membranes.

Aerosol-Generating Respiratory Procedures (cont'd)

There are certain procedures where there has been confirmed transmission of infectious agents via droplets or aerosols. In other cases, transmission may be possible but not yet proved. The table below illustrates which category many Aerosol-Generating Respiratory Procedures fit into.

Aerosol-Generating Respiratory Procedures with conclusive evidence of transmission	Aerosol-Generating Respiratory Procedures without conclusive evidence of transmission
Endotracheal (ETT) intubation	Nebulized therapies
Cardio-pulmonary resuscitation (CPR)	High-Frequency Oscillatory Ventilation (HFOV)
Bronchoscopy*	Tracheostomy insertion, changing and/or care
Sputum induction*	Chest physiotherapy
Non-invasive positive pressure ventilation for acute respiratory failure (i.e., CPAP, BiPAP)	Nasopharyngeal swabs and/or aspirates
High flow oxygen therapy	Chest tube or chest needle insertion
Open artificial airway suctioning (i.e., ETT, tracheostomy)	Open suctioning (i.e., mouth or nose)
	Other breaches to the integrity of a mechanical ventilation system (e.g., filter changes)



Mask and either protective eyewear or face shield must be used by staff when within two metres of procedures generating droplets/aerosols	PPE should be determined by risk assessment All units and crash carts should be equipped with: <ul style="list-style-type: none"> • a manual resuscitation bag with hydrophobic submicron filter
---	--

<p>* For diagnostic (but not therapeutic) bronchoscopy or sputum induction, must wear an N95 respirator, due to risk from undiagnosed TB (PIDAC, 2012, p. 16)</p>	<ul style="list-style-type: none"> • in-line suction catheters • non-rebreather mask that allows filtration of exhaled gases • PPE (gloves, gowns, masks, eye protection).
---	---

As a live document, the above chart is subject to change as public health guidelines are updated and revised.

Hand Hygiene

Hand hygiene is considered the most important and effective infection prevention and control measure to prevent the spread of health care-associated infections ([RHPA, 2012](#), p. 9).

There are a number of resources available to assist in the proper application of hand hygiene:

- Public Health Ontario's [Just Clean Your Hands](#), [Just Clean Your Hands](#) which is a hand hygiene improvement program that includes instructional videos for both acute and long-term care practice settings
- Provincial Infectious Diseases Advisory Committee (PIDAC) [Best Practices for Hand Hygiene in Healthcare](#) [Best Practices for Hand Hygiene in All Health Care Settings, 4th edition](#) (2014), which is best practice guideline on hand hygiene available through Public Health Ontario
- Public Health Ontario's [Hand Hygiene for Health Care Settings](#) [Hand Hygiene](#) Fact Sheet
- Public Health Ontario's [Your 4 Moments of Hand Hygiene](#) [Your 4 Moments for Hand Hygiene](#)

Professional Accountability: An integral part of an effective hand hygiene program is the promotion of hand hygiene by champions and role models within the health care setting. By being role models for best practices, these champions will take personal responsibility and hold others accountable as part of a facility's internal responsibility system ([PIDAC, 2014](#), p. 9). [Infection Prevention and Control | Public Health Ontario](#)

The Four Moments for Hand Hygiene

Your 4 Moments for Hand Hygiene



1 BEFORE initial patient/patient environment contact	<p>WHEN? Clean your hands when entering the patient's environment:</p> <ul style="list-style-type: none"> • before touching patient or • before touching any object or furniture <p>WHY? To protect the patient/patient environment from harmful germs carried on your hands</p>
2 BEFORE aseptic procedure	<p>WHEN? Clean your hands immediately before any aseptic procedure; for instance: changing a dressing, oral care, drawing blood, administering IV medication</p> <p>WHY? To protect the patient against harmful germs, including the patient's own germs, entering his or her body</p>
3 AFTER body fluid exposure risk	<p>WHEN? Clean your hands immediately after an exposure risk to body fluids (and after glove removal)</p> <p>WHY? To protect yourself and the health care environment from harmful patient germs</p>
4 AFTER patient / patient environment contact	<p>WHEN? Clean your hands when leaving the patient's environment:</p> <ul style="list-style-type: none"> • after touching patient or • after touching any object or furniture <p>WHY? To protect yourself and the next patient from harmful patient germs</p>

Adapted from WHO's "Five Moments for Hand Hygiene".

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www.ontario.ca/handhygiene



Hand Hygiene Considerations

- Ensuring skin integrity (dermatitis, cracks, cuts or abrasions can trap bacteria)
- Use of employer supplied lotions products regularly (3 times a day when cleaning hands several times per hour)
- Things that can reduce the effectiveness of hand hygiene:
 - long nails
 - nail polish
 - artificial nails and nail enhancements
 - hands and arm adornments (associated with poor hand hygiene practices and result in more tears to gloves)

Did you know...

It is estimated that approximately 30% of healthcare providers report symptoms or signs of dermatitis involving their hands and as many as 85% give a history of having chronic skin problems. ([PIDAC, 2014, p.20](#)) [Hand Hygiene Public Health Ontario p.16](#)

Performing Hand Hygiene

First...

- Remove hand and arm jewellery (watch must be worn above the wrist)
- Clothing or other items that impede frequent and effective hand hygiene should be removed ([PIDAC, 2014, p. 16](#))

Professional Accountability: If experiencing skin integrity issues, the Member is required to contact their employee Occupational Health to seek a solution (e.g., alternate skin care products)

Alcohol-Based Hand Rubs (ABHR) - e.g., gels and foams containing 70 - 90% alcohol

- Is the preferred method of hand hygiene for hands that are not visibly soiled
- Has been shown to be less irritating to skin than soap and water and may significantly decrease dermatitis due to emollients in the product ([PIDAC, 2014, p.16](#))
- Must be used with employer-approved products that are compatible with the gloves being used

Did you know...

ABHR should not be used with water, as water will dilute the alcohol and reduce its effectiveness.

ABHR should not be used immediately after hand washing with soap and water as it will result in more irritation of the hands. ([PIDAC, 2014, p.20](#))

Handwashing Soaps

- Plain soap is recommended for routine hand hygiene when hands are visibly soiled
- Should be in a liquid format in a dispenser that is discarded when empty (should not be refilled)
 - Bar soaps for hand hygiene must not be used in health care facilities
- Antibacterial soap should be limited to specific settings (e.g., OR, ICU and burn units).
- It has been shown that at least 15 seconds of lathering with soap is required to remove transient flora ([PIDAC, 2014, p.21](#)) [Public Health Ontario](#)
- Essential components are soap, friction and lukewarm running water.

Did you know...

According to Public Health Ontario, the best evidence suggests that antimicrobial soap is equivalent to ABHR in terms of microorganism reduction but is harsher on the hands and more time-consuming to use.

Resource

Techniques for ABHR and Handwashing

Public Health Ontario's [Just Clean Your Hands Videos \(ABHR & Handwashing\)](#)

Personal Protective Equipment (PPE)

General Principles

- PPE is used to prevent:
 - contact with non-intact skin, blood, body fluid, excretions and secretions
 - the transmission of particular organisms that may be transmitted via the air, or by contact with intact skin (see section on [Additional Precautions](#))
- PPE is only effective in infection control and prevention when applied, used, removed and disposed of properly
- Avoid any contact between contaminated PPE and surfaces, clothing or people outside the patient care area
- Discard used PPE in the appropriate disposal bags
- Do not share PPE
- Remove PPE completely and thoroughly perform hand hygiene each time you leave a patient to attend to another patient or move to a non-patient care area.
- The use of PPE does not replace the need for proper hand hygiene, which needs to be performed both before PPE is applied and after it is removed
- It is essential to perform a risk assessment to determine the PPE needed

Did you know...

All regulated health care professionals have the authority to initiate additional precautions without a physician's order ([PIDAC, 2012, pp. 29 & 37](#))

Individual components of routine practices are determined by a point-of-care risk assessment (PCRA) (i.e., one that includes an assessment of the task/care to be performed, the patient's clinical presentation, physical state of the environment and the healthcare setting).

Professional Accountability:

Increased knowledge, hand hygiene, appropriate PPE, immunization etc., are all part of a system that provides for the safety of our patient/clients, our Members and other members of the interprofessional team

Resource

[Risk Algorithm for PPE Use](#)

[Risk Algorithm to Guide PPE Use](#)

Gloves

Gloves must be worn when it is anticipated that the hands will be in contact with:

- mucous membranes
- non-intact skin
- tissue
- blood
- body fluids
- secretions
- excretion
- equipment and environmental surfaces contaminated with the above

Remember...

The use of gloves does not replace the need for proper hand hygiene.

Do's	Don't
Perform hand hygiene <u>before and after</u> each glove use/change.	Do not use gloves for routine care activities e.g., taking a blood pressure in which contact is limited to intact skin, unless additional precautions are in place.
Remove gloves and clean hands between patients and <u>before</u> leaving the patient care area.	Do not use gloves if they are ripped or torn.
Always use the appropriate technique for removing the gloves and disposing of them.	Do not allow the outer surface of the glove to touch your skin.
Gloves should be worn for specific tasks and discarded immediately following.	
Change gloves if they become heavily soiled during the task.	

Change or remove gloves when moving from a contaminated body site to a clean body site during the same task.	
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Selection of Glove

Glove Type	Situation and rationale
Vinyl/ Clean	Provides protection for minimal exposure to blood/body fluids/infectious agents and short duration tasks.
Sterile	Used for activities that involve invasive procedures, or where contact with non-intact skin, blood, body fluids or body substances is sustained or continuous (e.g. arterial line insertion, central line insertion). Please note: there is increasing evidence of latex sensitivity and allergies amongst healthcare workers. To reduce this risk, latex gloves should only be used when needed and should be <u>powder free</u> and have <u>low or reduced protein content</u> .
Nitrile	Protection for heavy exposure to blood/body fluids/infectious agents and tasks of longer duration. Used when handling chemicals and chemotherapeutic agents and is the preferred replacement for vinyl gloves when a documented allergy or sensitivity is present.
Neoprene	Used as a replacement sterile latex glove when a documented allergy or sensitivity occurs. Recommended for contact with acids, bases, alcohols, etc.

Remember...

Gloves protect the healthcare professional, but once contaminated they can transmit pathogens to the skin, clothes or to other patients.

Gowns

Gowns are worn in order to protect the health care professional's arms, exposed body areas, and clothing from contact with blood, body fluids, and other potentially infectious material.

Do's	Don't
Discard immediately after each patient encounter.	Do not reuse gowns.
Gowns should fully cover the torso to mid-thigh, fit close to the body, tie in the back and have long sleeves that fit snugly at the wrists.	Do not go from patient to patient wearing the same gown.

Resources

Appropriate Gown Use

[PIDAC 2012, p. 13 \(Box 3\)](#)

New Criteria for Surgical Gowns

www.aami.org

Selection of Gowns

Gown type	Situation and Rationale
Cotton/linen, reusable or disposable, long-sleeved isolation gowns.	Use if contamination is anticipated and in contact/droplet precautions.
Fluid resistant isolation gown or plastic apron over isolation gown.	Use if contamination of uniform or clothing from significant volumes of blood or body fluids is likely or anticipated.
Fluid impervious gowns (e.g., Gortex®)	Use if extended contact or large volume exposure (e.g. large volume blood loss during resuscitation of MVA victim or surgical assist).

Facial Protection

Facial protection may include a [mask](#) or [respirator](#) in conjunction with [eye protection](#), or a face shield that covers eyes, nose and mouth. Facial protection is to be used if it is anticipated that a procedure or care activity is likely to generate splashes or sprays of blood, body fluids, secretions or excretions, or within two metres of a coughing client/patient/resident (RPAP, 2012, p. 13).

[Masks](#) provide a barrier that protects the mucous membranes of the mouth and nose which are portals for infection. Droplets can carry microbes and other infectious agents and a surgical mask helps protect you from inhaling respiratory pathogens transmitted by the droplet route.

[Eye protection](#) used in addition to a mask to protect the mucous membranes of the eyes when:

- it is anticipated that a procedure or care activity is likely to generate splashes or sprays of blood, body fluids, secretions or excretions; and/or
- providing care within two metres of a coughing client/patient/resident.

Eye protection includes:

- safety glasses
- safety goggles
- face shields
- visors attached to masks

Did you know...

Personal eyeglasses and contact lenses are NOT adequate eye protection; they may not provide sufficient protection above, below, or around the eyes.

Mask

Do's	Don't
Mask should securely cover the nose and mouth.	Do not touch mask while wearing it.
Change mask if it becomes wet.	Do not allow mask to hang or dangle around the neck.
Remove mask correctly immediately after completion of task and discard into an appropriate waste receptacle.	Do not re-use disposable masks.
Clean hands after removing the mask.	Do not fold the mask or put it in a pocket for later use.

Selection of Masks

Mask type	Situation and Rationale
Procedure mask	Protection for minimal exposure to infectious droplets. Used for short duration tasks and those that do not involve exposure to blood/body fluids.
Fluid Resistant Mask	Protection for heavy exposure to infectious droplets or blood/body fluids.
Surgical Mask	Protection for exposure to infectious droplets or blood/body fluids and for longer duration tasks.

Did you know...

Some studies have demonstrated that protection with a surgical mask against influenza appears to be similar to the N95 respirator. However, this should not be generalized to settings where there is a high risk for aerosolization (such as intubation or bronchoscopy), where use of an N95 respirator is required. (Loeb et al., 2009)

Respirators

N95 respirators prevent inhalation of small particles that may contain infectious agents transmitted via the airborne route and must:

- filter particles one micron in size
- have a 95% filter efficiency
- provide a tight facial seal with less than 10% leak. ([PIDAC, 2012](#), p. 38).

A fit-tested N95 respirator covering the nose and mouth respirators should be worn when:

- entering the client/patient/resident’s room or transporting patient/clients who are on Airborne Precautions (e.g., Active TB)
- performing aerosol-generating procedures such as sputum induction and bronchoscopy.

Did you know...

In Ontario, the Ministry of Health and Long-Term Care recommends the use of a fit-tested, seal-checked N95 respirator and AIIR for MERS-CoV. This advice differs from guidance from the Public Health Agency of Canada. ([PIDAC, 2016](#), p. 6)

Non-immune staff is required to enter the room of a client/patient/resident with measles or varicella ([PIDAC, 2012](#), p. 38).

Directed by the medical officer of health (e.g., Novel Respiratory Illnesses) ([PIDAC, 2015b](#))

N95

Do's	Don't
Undergo regular fit testing as part of an approved fit-testing program.	NEVER put an N95 respirator on a patient/client (patient/clients should wear a surgical/procedure mask when outside their room)
Performing a seal check each time an N95 respirator is used.	Do not use N95 respirator if seal check fails.
Remove the N95 respirator correctly and discard on removal into an appropriate receptacle.	Do not use N95 respirator if wet or soiled.

Fit Testing for N95 Respirators

Fit Testing involves the evaluation of the fit of a specific respirator on an individual with respects to:

- make;
- model; and
- size

This procedure is to be done periodically, **at least every two years and** whenever there is a change in respirator face piece or the user's physical condition which could affect the respirator fit (e.g. significant weight change, facial structure change due to injury or major dental work) ([PIDAC, 2012](#), p. 47)

Performing a Seal Check for an N95 Respirator

A Seal Check (also referred to as a 'fit-check') must be performed each time an N95 respirator is worn to ensure adequate respiratory protection.

Positive Pressure Seal Check:

1. Apply mask as per instructions
2. Cover exhalation valve or cup hands around the sides of the mask
3. Exhale gently into the mask – you should feel no leaks around the mask edge and the mask should rise/lift gently from your face

Negative Pressure Seal Check:

1. Apply mask as per instructions
2. Cover exhalation valve or cup hands around the sides of the mask
3. Gently inhale for 5 seconds – the mask should collapse slightly onto your face without any inward leakage of air around the edges of the mask

Professional Accountability:

Members are required to know what size and manufacturer of N95 respirator is appropriate for them and adhere to their employer's requirement for mask fit testing.

Scenario

You are unable to pass a seal check with an N95 mask prior to entering an airborne isolation room.

What do you do?

You should notify your supervisor that you cannot provide care and ensure that you are mask fit tested as soon as possible.

Eye Protection

Do's	Don't
Eye protection must be removed immediately after the task for which it was used and discarded into waste or placed in an appropriate receptacle for cleaning.	Prescription eye glasses are not acceptable as eye protection.
Reusable eye protection must be sent to a central area for reprocessing after use.	

Selection of Eye Protection

Eye Protection type	Situation and Rationale
Goggles	Provides protection for exposure to infectious droplets or blood/body fluids. However, visibility is often poor.
Face Shield	Protection for exposure to infectious droplets or blood/body fluids. Provide good visibility.
Visor attached to Mask	Protection for minimal exposure to infectious droplets or blood/body fluids.

Resource

Putting On & Taking Off PPE

([PIDAC, 2012](#), pp. 70 & 71)

Organizational Expectations

Organizations have a responsibility to have systems in place with established procedures that enable compliance with Hand Hygiene, Routine Practices and Additional Precautions. Both the employer and the employee have duties under the Occupational Health and Safety Act¹⁵:

“An employer shall ensure that the equipment, materials and protective devices as prescribed are provided’ [S. 25(1)(a)] and ‘the equipment, materials and protective devices provided by the employer are maintained in good condition” [S. 25(1)(b)];

“A worker shall use or wear the equipment, protective devices or clothing that his employer requires to be used or worn’ [S. 28(1)(b)] and ‘a worker shall report to his or her employer or supervisor the absence of or defect in any equipment or protective device of which the worker is aware and which may endanger himself, herself or another worker” [S. 28(1)(c)].

Control of the Environment

These include:

- appropriate placement and bed spacing, such as single room and private toileting facilities for clients/patients/residents who soil the environment
- cleaning of equipment that is used for/on more than one client/patient/resident between uses
- cleaning of the health care environment, including safe handling of soiled linen and waste (e.g., sharps) to prevent exposure and transmission to others,
- engineering controls, such as: well-maintained heating, ventilation and air conditioning (HVAC) systems with sufficient air changes per hour, barriers, such as the use of Plexiglass® screens or curtains, point-of-care sharps containers and alcohol-based hand rub dispensers and adequate dedicated hand wash sinks

Needlestick and Sharps Injuries Prevention & Safe Injection Practices

Needlestick and Sharps (e.g., scalpels, lancets) Injuries can occur at every stage of the use, disassembly, or disposal of sharps, and is a component of the Chain of Transmission (i.e., Parenteral Transmission). Improved equipment design, effective disposal systems and safe handling practices are all part of a Sharps Injury Prevention Program (SIPP). Safe injection practices help prevent the transmission of infections (e.g., Hepatitis B and C).

Elements of a SIPP

- **Improved equipment design** [i.e., Safety Engineered Medical Sharps (SEMS)]
- **Effective Disposal Systems**

Sharps containers should always meet or exceeds the Canadian Standards Association (CSA) standards. (Z316.6-07 “*Evaluation of single-use and reusable medical sharps containers for biohazardous and cytotoxic waste*”.)

Resource

[Canadian Centre for Occupational Health & Safety](#)

- **Safe Handling Practices**

- Used needles should be discarded immediately after use and not recapped
- The contents of the sharps container must not exceed the fill line

- **Safe Injection Practices**

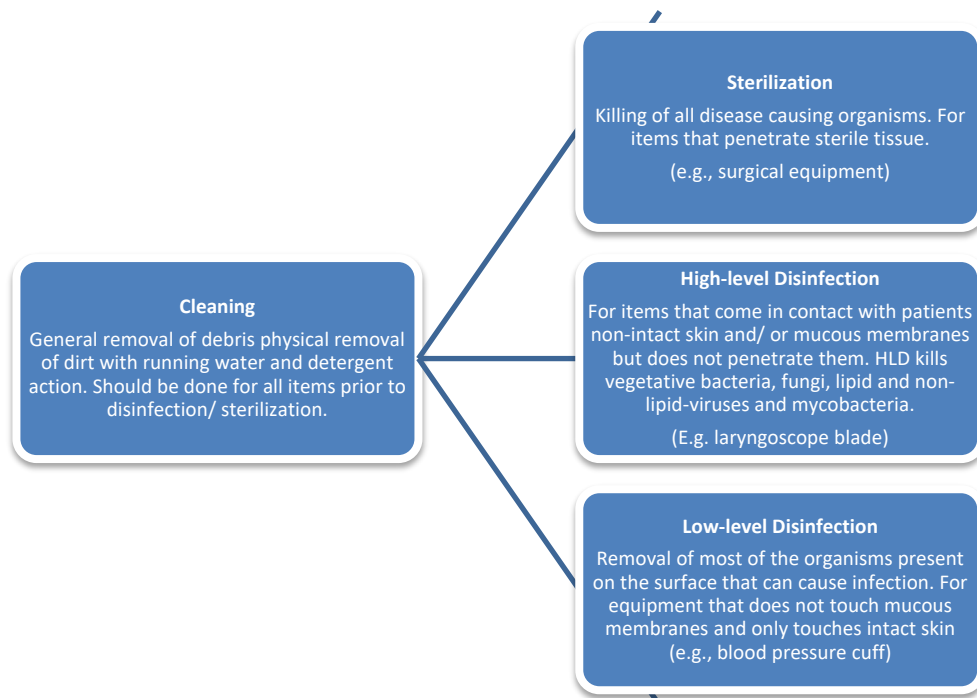
- Use of a new needle and syringe with each injection of a patient/client
- Using medication vials for one patient/client only

Did you know...

Whenever possible, multidose medication vials are not to be used. ([PIDAC, 2015a](#), p. 89)

Cleaning, Disinfection & Sterilization of Medical Devices

Effective cleaning, disinfection and sterilization is an essential part of breaking the chain of transmission of infectious pathogens. Reusable medical equipment must be cleanable and be able to be disinfected or sterilized as appropriate for the equipment.



Resource

[Reprocessing Medical Equipment](#)

([PIDAC, 2015b](#), p. 49)

[Reprocessing Decision Chart](#)
([publichealthontario.ca](#))

The Spaulding Classification

Deciding whether an item needs to be cleaned disinfected or sterilized depends on the type of item involved and how it is used. The Spaulding Classification medical equipment/devices into three categories, based on the potential risk of infection involved in their use ([PIDAC, 2013](#), p. 25).

Classification	Definition	Level of Processing/Reprocessing	Examples
Non-critical equipment/device	Equipment/device that touches only intact skin and not mucous membranes, or does not directly touch the client/patient/resident	Cleaning followed by low-level disinfection (in some cases, cleaning alone is acceptable)	<ul style="list-style-type: none">• ECG machines• Oximeters• Stethoscopes
Semi-critical equipment/device	Equipment/device that comes in contact with non-intact skin or mucous membranes but does not penetrate them	Cleaning followed by high-level disinfection (as a minimum). Sterilization is preferred.	<ul style="list-style-type: none">• Anaesthesia equipment• Most respiratory therapy equipment
Critical Equipment/device	Equipment/device that enters sterile tissues,	Cleaning followed by sterilization	<ul style="list-style-type: none">• Surgical instruments

	including the vascular system		<ul style="list-style-type: none"> • Biopsy instruments
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Waste Disposal

Biomedical waste is contaminated, infectious waste that requires careful disposal, and includes:

- human anatomical waste
- human cultures or specimens (excluding urine and faeces)
- human blood and blood products

Waste should be segregated into either a plastic bag or rigid container with a non-removable lid according to the categories listed in the table below.

Waste Category	Colour Code	Examples
Anatomical waste	Red	Tissues, organs, body parts
Microbiologic waste	Yellow	Diagnostic specimens, cultures, vaccines
Fluid waste	Yellow	Drainage collection units and suction container contents, blood, blood products, bloody body fluids
General waste	Green, black or clear	Dressings, sponges, PPE, empty IV bags and tubing, catheters, empty specimen containers, Isolation waste from Contact, Droplet and Airborne Precautions rooms

Performing a Risk Assessment

A risk assessment is essential for determining:

Risk Presented by the Task

- risk of exposure to:
 - blood and body fluids
 - mucous membranes
 - non-intact skin
 - contaminated equipment
 - splash/spray,
 - cough or sneeze



Routine Practices

Risk Presented by the Patient/Client

- patient/client has a known infection
- patient/client has symptoms of an undiagnosed infection



Routine Practices

+

Additional Precautions

Other Considerations

- Practice setting-specific factors (e.g., long-term care facility, home care)
- Government and related agency (e.g., [Ministry of Health and Long-Term Care](#), [Public Health Ontario](#), [Public Health Agency of Canada](#)) health alerts, surveillance, screening and reporting of suspected illness such as:
 - Acute Respiratory Illness (ARI)
 - Influenza-Like Illness (ILI)
 - Novel Respiratory Illness (NRI)

Professional Accountability:

Members are expected to consider their own health status and whether they are at risk to spread infection to others.

Resource...

Routine Practices Risk Assessment Algorithm for All Client/Patient/Resident Interactions ([PIDAC, 2012, p. 58](#)) [Checklist for Office Infection Prevention and Control \(publichealthontario.ca\)](#)

Administrative Controls

- Policies and procedures to ensure that staff are able to deal effectively with transmission risks associated with infectious illnesses γ
 - Staff education to heighten awareness of infectious diseases, their mode of transmission and prevention of transmission γ
 - Healthy workplace policies that exclude staff from working when ill with a communicable disease that would put clients/patients/residents and colleagues at risk γ
 - Immunization programs for staff and for clients/patients/residents where applicable
 - Respiratory etiquette for both staff and clients/patients/residents γ
 - Monitoring of compliance with feedback is built into the program to measure compliance with Routine Practices, including hand hygiene γ
 - Sufficient staffing
-

Additional Precautions

Additional Precautions are interventions used in addition to Routine Practices when necessary. The need for Additional Precautions is based on the mode of transmission of microorganisms (e.g., MRSA, VRE, *C. difficile*).

Categories of Additional Precautions:

1. Contact Precautions
2. Droplet Precautions
3. Airborne Precautions

Organizational Accountability

Additional Precautions must be instituted as soon as symptoms suggestive of a transmissible infection are noted, not only when a diagnosis is confirmed. Each health care setting should have a policy authorizing any regulated health care professional to initiate the appropriate Additional Precautions at the onset of symptoms and maintain precautions until laboratory results are available to confirm or rule out the diagnosis ([PIDAC, 2012](#), p. 29)

Resource

Clinical Syndromes/Conditions with required level of precautions

([PIDAC, 2012](#), Appendix N)

Contact Precautions

Contact transmission is the most common route of transmission of infectious agents. There are two types of contact transmission:

1. **Direct** – transmission of microorganisms via touching contaminated individual
2. **Indirect** – transmission of microorganisms via contact with contaminated objects

Droplet Precautions

Droplet transmission occurs when droplets carrying an infectious agent exit the respiratory tract of a person. Droplets can be generated when a patient/client talks, coughs or sneezes and through some procedures performed on the respiratory tract (e.g., suctioning, bronchoscopy or nebulized therapies). **Droplets do not remain suspended in the air and usually travel less than two metres.**

Airborne Precautions

Airborne transmission occurs when airborne particles remain suspended in the air and are then inhaled by others who are nearby or who **may be some distance away from the source.**

Common organisms transmitted via the air (airborne) include:

- Mycobacterium tuberculosis
- Varicella (chickenpox/disseminated shingles)
- Rubella (measles)

Patients with a known or suspected airborne organism should be cared for in an **Airborne Infection Isolation Room (AIIR)** with the door closed. The important characteristics of an airborne room AIIR are that it be:

- single-patient
- negative pressure to the corridor/adjacent areas with audiovisual alarms
- have a minimum of 12 air exchanges/hour (either using the facilities ventilation system or by using HEPA filtration of the air in the room)
- have air flow that is designed to move air from the area of the patient's head/face away from the likely position(s) of health care workers

Even after a patient has left the room everyone entering the room must wear an N95 respirator for the time period specified in your employer's policy.

Resource

Time required for Airborne Infection Isolation Room to Clear M Tuberculosis.

[\(PIDAC, 2012, p. 62\)](#)




Essential Elements of Additional Precautions

- **Special Accommodation Considerations** (e.g., a single room with private toileting facilities is highly recommended)
- **Signage** (i.e., that lists the required precautions)
- **Dedicated equipment**, whenever possible
- **Appropriate PPE**
- **Additional cleaning measures**
- **Transportation considerations** (e.g., restricted patient/client movement outside of their room)
- **Effective Communication** with all members of the healthcare team (e.g., patient/client, their family members, other healthcare providers)

Did you know...

Equipment and supplies that are required for the interaction (and cannot be left in the room) should be assembled first and brought into the room after PPE has been put on.
([PIDAC, 2012](#), p. 27)

Additional Precautions in an Acute Care Setting

	Contact	Droplet	Airborne
Special accommodation considerations	Single room with dedicated toilet and patient sink – door may be open	Single room with dedicated toilet and patient sink – door may be open	AIIR Keep door closed
Signage (examples)			
Dedicated equipment	Dedicated equipment if possible	Dedicated equipment if possible	As per Routine Practices
Appropriate PPE	Gloves at all times Gown if skin or clothing will come in contact with the patient/client environment	Facial protection within 2 meters of patient/client	Only immune staff for measles, varicella (no N95 required) Don N95 fit tested respirator and do seal check prior to entry Doff N95 respirator outside patient room.
Additional cleaning measures	VRE and <i>C diff</i> rooms require special cleaning (routine cleaning for all others)	Routine Cleaning	Routine Cleaning
Transportation considerations	Transport staff to wear gloves and gown for direct contact with patient/client during transport	Patient/client to wear a surgical (procedure) mask during transport Transport staff to wear the appropriate mask during transport Limit transport unless required for diagnostic or therapeutic purposes	Patient/client to wear a surgical (procedure) mask during transport Transport staff to wear an N95 during transport Limit transport unless required for diagnostic or therapeutic purposes

Respiratory Therapy Specific Infection Control Considerations

Ventilator-Associated Pneumonia (VAP)

Ventilator-associated pneumonia (VAP) is the leading cause of death among hospital-acquired infections. Hospital mortality of ventilated patients who developed VAP is 46% compared to 32% for ventilated patients who do not develop VAP (Canadian Patient Safety Institute).

VAP Diagnostic Criteria

In a patient who has been invasively mechanically ventilated for greater than 48 hours, the diagnostic criteria for VAP are as follows:

- New, worsening or persistent infiltrate consolidation or cavitation on CXR compatible with pneumonia and 1 of:
 - White Blood Cells \geq 12,000 or $<$ 4,000
 - Temperature greater than 38 degrees Celsius or less than 36 degrees Celsius with no other recognized cause

And both of the following:

- New onset of purulent sputum, or change in character of sputum, or increase in respiratory secretions or increase in suctioning requirements
- Worsening gas exchange (e.g., increasing oxygen requirements, worsening PaO₂/FiO₂ ratio, increasing in minute ventilation)

And

- The patient is being treated with antibiotics for ventilator-associated pneumonia

[Critical Care Services Ontario \(criticalcareontario.ca\)](http://criticalcareontario.ca) ~~Ministry of Health and Long Term Care.~~ (2012). *Ventilator Associated Pneumonia and Central Line Infection Prevention Toolkit*. Critical Care Secretariat

VAP Bundles

VAP Bundles are a variety of evidence-based practices that, when implemented together, have the potential to result in dramatic reductions in the incidence of VAP.

Adult VAP Bundle

1. Elevate the head of the bed to 45° when possible; otherwise, attempt to maintain the head of the bed at more than 30°
2. Evaluate readiness for extubation daily
3. Use endotracheal tubes with subglottic secretion drainage
4. Conduct oral care and decontamination with chlorhexidine
5. Initiate safe enteral nutrition within 24–48 hours of ICU admission

Pediatric VAP Bundle

1. Elevate the head of the bed
2. Properly position oral or nasal gastric tubes
3. Perform oral care
4. Eliminate the routine use of instil for suctioning

Resource

[Ventilator-Associated Pneumonia \(VAP\): Getting Started Kit \(Safer Healthcare Now\) Measures: Ventilator-Associated Pneumonia \(VAP\) \(patientsafetyinstitute.ca\)](http://patientsafetyinstitute.ca)

Aseptic Practice

When needed, adherence to **aseptic practice** is critical in protecting patients from common and serious hospital-acquired infections such as line-associated tissue and blood stream infections as well as ventilator-associated pneumonia (VAP). For more information on VAP visit [Safer Health Care Now!](http://SaferHealthCareNow.org)

Resource

Centre for Disease Control

[Central Line-associated Bloodstream Infections: Resources for Patients and Healthcare Providers](#)

Closed Suction Systems

In-line (closed) suction systems are ideal as they contribute to the reduction of environmental contamination and prevent exposure to respiratory pathogens. Most published clinical practice guidelines for the reduction in ventilator-associated pneumonia (VAP), suggest that in-line catheters do not require routine changes (Hess, 2003). **Breaking the ventilator circuit to change an in-line catheter places patients, RRTs and other health care providers at risk.**

The controversy, therefore, lies in the fact that it is preferable, for infection control purposes, to only change the in-line suction catheter when needed (i.e., visibly soiled, not functioning appropriately) and not routinely breaking the circuit. However, certain manufacturers of in-line suction catheters/systems are now recommending that all in-line suction systems be changed every 24 hours.

Standards related to the practice of routine replacement of in-line suction catheters for mechanically ventilated patients appear to have discrepancies depending on the source being used to support the practice. Most in-line suction products state in their literature that the catheter requires changing every 24 hours. Public Health Agency of Canada (PHAC) does not address the specific issue of routine suction catheter changes. PIDAC suggests that facial protection is routinely required for breaches to the integrity of a mechanical ventilation system which would include changing in-line suction catheters ([PIDAC, 2012](#), p. 16).

Powered Air Purifying Respirators (PAPR)

A PAPR is a battery operated unit consisting of a half or full facepiece, breathing tube, battery-operated blower, and particulate filters (HEPA only). A PAPR uses a blower to pass contaminated air through a HEPA filter, which removes the contaminant and supplies purified air to a facepiece.

A PAPR may be selected when performing high-risk aerosol-generating procedures if:

- The appropriate N95 respirator does not fit or is not available
- Facial hair or facial deformity interferes with an adequate mask-to-face seal.

Did you know...

PAPRs do not require fit testing.

Resource

PAPR Donning & Doffing
Instructional Videos

[Centre for Disease Control](#)

Novel Respiratory Infections (NRI)

In the previous decade, we have seen the emergence of a number of NRIs (also called Emerging Respiratory Pathogens), such as:

- SARS
- Covid-19
- pH1N1
- H7N9 avian influenza A
- MERS-CoV

An NRI is an illness that causes respiratory symptoms (e.g., fever, cough) where the etiologic agent and/or epidemiology of the disease are not yet known.

Due to the evolving and changing climate of new strains of respiratory illnesses, this document discusses this topic as a group, rather than specific diseases. For up to date information regarding the specific recommendations, please see [Best Practices for Prevention, Surveillance and Infection Control Management of Novel Respiratory Infections in All Health Care Settings \(publichealthontario.ca\)](#)

Resource

[PIDAC Best Practices for Prevention, Surveillance and Infection Control Management of Novel Respiratory Infections in All Health Care Settings](#)

Middle East Respiratory Syndrome Coronavirus (MERS-CoV)

MERS-CoV is a viral respiratory illness that is new to humans. It was first reported in Saudi Arabia in 2012 and has since spread to several other countries. Most people infected with MERS-CoV developed severe acute respiratory illness, including fever, cough, and shortness of breath. The virus does not seem to pass easily from person to person unless there is close contact, such as occurs when providing unprotected care to a patient/client. No vaccine or specific treatment is currently available. Treatment is supportive and based on the patient's clinical condition. ([WHO MERS-CoV Fact Sheet](#)).

Resources

[PIDAC Tools for Preparedness: Triage, screening and patient management of Middle East Respiratory Syndrome Coronavirus \(MERS-CoV\) infections in acute care settings](#)

[Summary of Assessment of Public Health Risk to Canada Associated with Middle East Respiratory Syndrome Coronavirus \(MERS-CoV\)](#)

Final Comments and Recommendations

The rationale for producing this Clinical Best Practice Guideline (CBPG) on Infection Prevention and Control is twofold:

1. to provide a one stop infection control resource for CRTO Members that contains RT-specific infection control guidance; and
2. to remind Ontario Respiratory Therapists of their responsibility and obligation in preventing and controlling the spread of infection in their practice settings.

CRTO Members are expected to keep informed regarding current infection control procedures and to advocate for infection control best practices in their practice environment. This CBPG is a “living document” and will evolve as the practice standards change. In addition to this practice guideline, there are new infection, prevention and control documents being published on an ongoing basis by numerous government and external agencies (e.g., [Public Health Ontario PIDAC Best Practice Documents](#)).

For information on continuing education for infection control and the certification process to become a Certified Infection Control Practitioner, please see [Infection Prevention and Control Canada](#) ~~[Infection, Prevention and Control Canada](#)~~.

References (included throughout the document)

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~~Government of Canada.(2017) Routine Practices and Additional Precautions for Preventing the Transmission of Infections in Healthcare Settings. Retrieved from: <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/routine-practices-precautions-healthcare-associated-infections/part-a.html#A.II.C.2e>~~

Appendix B: Infection Control CBPG Consultation Survey Results

Answers to Questions Infection Control CBPG Consultation 2022 As of: 2/14/2023 10:41:43 AM		
Page: Infection Control Clinical Best Practice Guideline(CBPG) Background		
Question: Introduction/Overview		
Number Who Answered: 0		View Details
Page: About You		
Question: Are you a...		
Number Who Answered: 9		View Details
Respiratory Therapist (including retired)	9	100 %
Graduate Respiratory Therapist	0	0 %
Student of a Respiratory Therapy Program	0	0 %
Member of the Public	0	0 %
Other Respiratory Therapy Regulator or Association	0	0 %
Other Health Care Professional (including retired)	0	0 %
Other Health Care Regulator or Association	0	0 %
Prefer Not to Say	0	0 %
Question: I live in...		
Number Who Answered: 9		View Details
Ontario	9	100 %
Canada, but outside Ontario	0	0 %
Outside of Canada	0	0 %
Prefer Not to Say	0	0 %
Page: Questions		
Question: Infection Control CBPG		
Number Who Answered: 0		View Details
Question: Is the purpose of the Infection Control CBPG clear?		
Number Who Answered: 8		View Details
Yes	No	
7	1	
88 %	13 %	
Question: If no, please provide further details:		
Number Who Answered: 0		View Details
Question: Do you agree that the Infection Control CBPG clear? is clear and understandable?		
Number Who Answered: 8		View Details
Yes	No	
7	1	
88 %	13 %	
Question: If no, please provide further details:		
Number Who Answered: 0		View Details
Question: Is the Infection Control CBPG free from omissions and/or errors?		
Number Who Answered: 6		View Details
Yes	No	
4	2	
67 %	33 %	
Question: If no, please provide further details:		
Number Who Answered: 0		View Details

Appendix B: Infection Control CBPG Consultation Survey Results

Question: Does this Infection Control CBPG provide you with sufficient understanding of the expectations?	
<i>Number Who Answered: 8</i> View Details	
Yes	No
7	1
88 %	13 %
Question: If no, please provide further details:	
<i>Number Who Answered: 0</i> View Details	
Page: Additional Comments	
Question: Do you have any additional comments you would like to share?	
<i>Number Who Answered: 0</i> View Details	

Council Briefing Note

AGENDA ITEM # 6.6

March 3, 2023

From:	Kelly Arndt RRT, Manager, Quality Practice
Topic:	Draft Revised Respiratory Therapists Providing Telepractice Services Professional Practice Guideline (PPG)
Purpose:	For Decision
Strategic Focus:	Enhancing Professionalism
Attachment(s):	Appendix A – Draft Telehealth PPG Appendix B – Current Telehealth PPG
Motion:	It is moved by _____ and seconded by _____ that: Council approves the draft revised Respiratory Therapists Providing Telepractice Services PPG for consultation.

PUBLIC INTEREST RATIONALE:

Ensuring that Respiratory Therapists understand their professional and legislative requirements and responsibilities with respect to providing telehealth.

ISSUE:

Previously revised in June 2017, the Telehealth PPG has been reviewed and updated. In the current state of healthcare, telepractice has provided increased and improved access to healthcare for patients, which can improve access options and wait times. This PPG provides information regarding the applicable legislation and expectations for RT’s who provide virtual care.

BACKGROUND:

This PPG has been updated and revised to facilitate understanding and clear direction with respect to telehealth. It is extremely important that the expectations and guidelines for Members surrounding this topic are clear, current, and concise.

ANALYSIS:

Summary of Changes

The format of this document is unchanged. A jurisdictional and regulatory scan was conducted to confirm the content of the document is current and aligned with all relevant legislation and regulations. The content has been revised to include legislative requirements, and updated links. Additions made to include documentation requirements.

RECOMMENDATION:

It is recommended that the CRTO Council review and approve the revised Respiratory Therapists Providing Telepractice Services PPG for circulation for consultation.

NEXT STEPS:

If the motion is approved, the PPG will be sent for public consultation and review. Final draft to be presented to Council in May 2023.

Appendix A: Respiratory Therapists Providing Telepractice Services PPG

Current Respiratory Therapists Providing Telepractice Services PPG

JUNE 2017

Respiratory Therapists Providing Telepractice Services

PROFESSIONAL PRACTICE GUIDELINE



Definition

“Telepractice” refers to the use of telecommunications technology (e.g., videoconference, telephone, or email) to provide healthcare services (e.g., patient education) at a distance where the healthcare professional and the patient/client are not in same physical location. It may also involve situations where the healthcare service is not being given by the healthcare professional and received by the patient/client at the same time (i.e., not in real-time). Telepractice is intended to improve patient/client access to healthcare services, and has the potential to reduce hospitalizations and healthcare costs¹.

CRTO Members

CRTO Members who are engaged in telepractice, regardless of where the patient/client is physically located when the service is provided, are responsible for:

- adhering to all Ontario legislative and regulatory requirements that applies to all CRTO Members (e.g., standards of practice, scope of practice, controlled acts authorized to RTs, ethical guidelines, etc.);
- adhering to any specific terms, conditions and limitations on their CRTO certificates of registration;
- determining whether providing their services via telecommunications technology is appropriate for the particular patient/client;
- obtaining informed consent from the patient/client, both for service provided and for the use of telepractice as a means of service provision;
- protecting the privacy and confidentiality of the patient’s/client’s personal health information by taking reasonable steps to confirm the information and communication technology and physical setting being used themselves and by the patient/client permits the sharing of the patient’s personal health information in a private and secure manner (for more information, the RT may contact the [Information and Privacy Commissioner of Ontario](#)); and,
- ensuring there is a plan in place for medical emergencies.

¹ Ontario Telemedicine Network (OTN). Retrieved from <https://otn.ca/>

Please Note:

All CRTO Members are required to maintain Professional Liability Insurance (PLI) coverage in accordance with the [CRTO Professional Liability Insurance Policy](#). When engaged in telepractice, CRTO Members are responsible for ensuring that their own PLI policies offer adequate coverage for that type of service delivery.

In addition, when the telepractice practice involves a patient/client who is a resident of another jurisdiction, the CRTO Member is also responsible for:

- determining whether the jurisdiction permits its residents to receive telepractice services from healthcare providers who are not registered in that jurisdiction and, if they do, whether there are any restrictions place upon their practice; and,
- ensuring that the patient/client is aware that their service is being provided by a healthcare professional who is registered in another jurisdiction, and that if they have any complaint regarding the service, the patient/client should direct their concern to the CRTO.

Non-Members

RTs from other jurisdictions that provide telepractice services to Ontario residents are expected to adhere to the legislative and regulatory requirements that govern RT practice in Ontario.



**College of Respiratory
Therapists of Ontario**

**Ordre des thérapeutes
respiratoires de l'Ontario**

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

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

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

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

Appendix B: Respiratory Therapists Providing Telepractice Services PPG

Draft revised Respiratory Therapists Providing Telepractice Services PPG

JUNE 2017

Respiratory Therapists Providing Telepractice Services

PROFESSIONAL PRACTICE GUIDELINE



CRTO publications contain practice parameters and standards which should be considered by all Ontario Respiratory Therapists in the care of their patients/clients and in the practice of the profession. CRTO publications are developed in consultation with professional practice leaders and describe current professional expectations. It is important to note that these CRTO publications may be used by the CRTO or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

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

Definition

"Telepractice" refers to the use of telecommunications technology (e.g., videoconference, telephone, or email) to provide healthcare services (e.g., patient education) at a distance where the healthcare professional and the patient/client are not in same physical location. It may also involve situations where the healthcare service is not being given by the healthcare professional and received by the patient/client at the same time (i.e., not in real-time). **As a result, this constitutes a therapeutic RT-patient relationship and all applicable legislation applies.** ~~Telepractice is intended to improve patient/client access to healthcare services, and has the potential to reduce hospitalizations and healthcare costs¹~~

"By maximizing access to care and minimizing travel and wait times, virtual care makes health care delivery more human, efficient, and equitable." (Ontario Telemedicine Network, 2023)

CRTO Members

CRTO Members who are engaged in telepractice, regardless of where the patient/client is physically located when the service is provided, are responsible for:

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- adhering to any specific terms, conditions and limitations on their CRTO certificates of registration;
- determining whether providing their services via telecommunications technology is appropriate for the particular patient/client;
- obtaining informed consent from the patient/client, both for service provided and for the use of telepractice as a means of service provision;
- protecting the privacy and confidentiality of the patient's/client's personal health information by taking reasonable steps to confirm the information and communication technology and physical setting being used themselves and by the patient/client permits the sharing of the patient's personal health information in a private and secure manner (for more information, the RT may contact the [Information and Privacy Commissioner of Ontario](#) [Information and Privacy Commissioner of Ontario](#));
- ensuring there is a plan in place for medical emergencies, and;
- **document all interactions in accordance with the CRTO's [Documentation standards and guidelines](#)**

⁴Ontario Telemedicine Network (OTN). Retrieved from <https://otn.ca/>

Please Note:

All CRTO Members are required to maintain Professional Liability Insurance (PLI) coverage in accordance with the [CRTO Professional Liability](#) policy. [CRTO Professional Liability Insurance Policy](#). When engaged in telepractice, CRTO Members are responsible for ensuring that their own PLI policies offer adequate coverage for that type of service delivery.

In addition, when the telepractice practice involves a patient/client who is a resident of another jurisdiction, the CRTO Member is also responsible for:

- determining whether the jurisdiction permits its residents to receive telepractice services from healthcare providers who are not registered in that jurisdiction and, if they do, whether there are any restrictions place upon their practice; and,
- ensuring that the patient/client is aware that their service is being provided by a healthcare professional who is registered in another jurisdiction, and that if they have any complaint regarding the service, the patient/client should direct their concern to the CRTO.

Non-Members

RTs from other jurisdictions that provide telepractice services to Ontario residents are expected to adhere to the legislative and regulatory requirements that govern RT practice in Ontario.



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

Manager, Quality Practice

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

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

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

Committee Report Items

AGENDA ITEM 7.1

EXECUTIVE COMMITTEE REPORT – CHAIR’S REPORT TO COUNCIL

November 22, 2022 – February 17, 2023

The Executive Committee has met once since the December 3, 2022, Council meeting. On February 14, 2023, the Executive Committee reviewed the following items:

- 2021 – 2025 Strategic Direction Update Report
- 2022 College Performance Measurement Framework (CPMF) Update
- Feedback from the consultation on the revised CRTO By-Laws & Schedule of Fees
- Draft 2023/24 Budget
- Financial Statements (March 1, 2022 – January 31, 2023)
- Draft March 3, 2023, Council agenda
- Draft Membership Fee Assessment Tool

Respectfully submitted,
Lindsay Martinek, RRT
Executive Committee Chair

Committee Report Items

AGENDA ITEM 7.2

REGISTRATION COMMITTEE REPORT – CHAIR’S REPORT TO COUNCIL

Nov. 22, 2022 - February 17, 2023

Since the last report, the Registration Committee (RC) met via video conference on February 1, 2023. In addition, RC Panels met to consider referrals from the Registrar on the following dates:

- December 19, 2022 (via email)
- January 16, 2023 (video conference)
- February 1, 2023 (video conference)

Referral Summary

Reason for Referral	Decision
Two applications for General Certificates of Registration and one application for reinstatement (from Inactive) were referred to the Registration Committee to ratify the Registrar’s offer to issue General Certificates of Registration with terms, conditions, and limitations (TCLs).	The Panel ratified the Registrar’s offers and directed the Registrar to issue General Certificates with TCLs.
One application for a Graduate Certificate of Registration was referred to consider whether it is in the public interest to approve the application based on the applicant’s entry-to-practice assessment results. The applicant had completed all three stages of the assessment.	The Panel directed the Registrar to register the applicant with a Graduate Certificate with TCLs.

February 1, 2023, Meeting Report:

- **Registration Orientation:** Julie Maciura, the College's legal counsel provided members of the RC with an annual orientation and training session. The presentation focused on registration requirements, decision-making, human rights, the Health Professions Appeal and Review Board (HPARB), and the Office of the Fairness Commissioner (OFC).
- **Terms of Reference and Action Plan for 2023:** The terms of reference and action plan were updated based on the anticipated Registration Regulation changes and to clarify the language and update references to other documents.

Committee Report Items

- **RC Appointments:** The Chair appointed members of the RC to two Panels (Panel A and Panel B) to consider referrals from the Registrar. This will streamline the panel appointment process moving forward.
- **Registrar's Report:** Carole Hamp, Registrar & CEO, provided the RC with an update on several CRTO initiatives, including:
 - The ongoing review of CRTO policies, Professional Practice Guidelines (PPGs) & Clinical Best Practice Guidelines (CPBGs) under the Policy Framework
 - Diversity, Equity, and Inclusion (DEI) initiatives and the work being conducted by the Canadian Equity Consulting (CEC);
 - The December 2022 revisions to the Language Proficiency Requirement Policy;
 - The proposed revised CRTO By-Laws & Scheduled of Fees;
 - Draft 2023/24 Budget;
 - Membership Fee Assessment Tool;
 - College Performance Management Framework (CPMF).
- **Office of the Fairness Commissioner (OFC):** Staff provided an overview of the role of the OFC and the CRTO's responsibilities under the Fair Access legislation, which includes the submission of an annual Fair Registration Practices Report. The CRTO submitted the 2021 report on December 14, 2022.
- **International Educated Health Professionals:** Staff provided an overview of the assessment process and updated the Committee on the applicants that are currently undergoing the Entry-to-Practice Assessment. There are 25 active IEHP applications in various stages in the assessment process.
- **Health Professions Appeal and Review Board (HPARB):** Staff provided a brief overview of the role that the Health Professions Appeal & Review Board (HPARB) plays in the College's registration process.
- **Approval of Canadian Respiratory Therapy Programs:** The RC reviewed the list of approved Respiratory Therapy programs and their accreditation status with Accreditation Canada. The RC recommends that Council approve the 2023 approved program list based on the program's accreditation status (see item 8.1.3).
- **Registration Regulation Amendments:** The RC reviewed several proposed revisions to Ontario Regulation 596/94, under Part VII Prescribed Procedures, Part VII.1 Prescribed Substances Regulations, and Part VIII Registration. These changes include the addition of an Emergency Class of Registration as required under the *Pandemic and Emergency Preparedness Act, 2022*.

Committee Report Items

In addition, several other changes are being recommended under the Registration Regulation to clarify existing provisions and to help harmonize the registration requirements for Respiratory Therapists across Canada.

Following the review of the proposed changes, members of the RC recommended that Council approve the draft revised Ontario Regulation 596/94 Parts VII, VII.1 and VIII for consultation.

Respectfully submitted,
Derek Clark
Registration Committee Chair

Committee Report Items

AGENDA ITEM #7.3

QUALITY ASSURANCE COMMITTEE REPORT – CHAIR’S REPORT TO COUNCIL

November 22, 2022 – February 17, 2023

Since the last Council meeting, there has been one meeting of the Quality Assurance Committee (QAC), on February 10, 2023, and four panel virtual meetings. The following is a summary of those meetings and the activities related to the QAC that have been ongoing since our last Council meeting:

QAC Orientation

An orientation for the new members of the QAC was held on February 10, 2023. The QAC welcomes a new Chair, Laura Dahmann RRT, and a new Vice Chair, Jillian Wilson RRT for 2023.

QAC Terms of Reference and Action Plan 2023

The committee reviewed and approved the new revisions to the Terms of Reference and Action Plan revising the template for these documents.

Professional Development Policy and Procedure Update

The committee reviewed and approved the new revision to the PDP policy, which includes a \$25 penalty fee for late submissions for QA requirements (e.g. RelevantT, Launch).

QAC Panel

A panel of the QAC was convened for an email vote on January 17 and 27, 2023, and February 1, and 10, 2023, to review three deferral requests for the 2023 Portfolio. All four requests were granted.

Respectfully submitted,
Laura Dahmann, RRT
Quality Assurance Committee Chair

Committee Report Items

AGENDA ITEM 7.4

PATIENT RELATIONS COMMITTEE – CHAIR’S REPORT TO COUNCIL

November 22, 2022 to February 17, 2023

Since the last Council meeting, there have been no Patient Relations Committee (PRC) meetings. Work continues on the PRC-led Diversity Equity & Inclusion (DEI) project.

Respectfully submitted

Kim Morris

Fitness to Practise Committee Chair

Committee Report Items

AGENDA ITEM 7.5

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE - CHAIR'S REPORT TO COUNCIL

November 22, 2022, to February 17, 2023

ICRC Deliberations:

Since the last Council meeting, the ICRC held three (3) meetings via Zoom. Two (2) of the meetings were to review an investigation and render a decision on the matter. One (1) of the investigations related to an employer report and one (1) was regarding a complaint. The remaining ICRC meeting was for the purpose of ICRC orientation.

Public Complaints:

In July of 2022, a complaint was received by the CRTO that included allegations that the Member breached patient confidentiality by accessing the health record of a client when they were no longer in the patient's circle of care.

After a careful review of the investigation report, Complainant's submissions and Member's submissions, the Panel decided to take no action on the basis that there was no information to support that the Member breached the Standards of Practice of the CRTO.

Employer Reports:

In February of 2021, the CRTO received an employer report that the Member had been terminated after improperly intervening with respect to the patient's respiratory care and engaging in unprofessional communication.

After a careful review of the investigation report and Member's submissions, the Panel identified significant concerns about the Member's practice and considered whether the severity of the concerns warranted a referral to the Discipline Committee. However, given the Member's inactive status, the panel decided to offer the Member the opportunity to permanently resign from the profession. The Member accepted the Panel's offer and signed an acknowledgment and undertaking permanently resigning from the profession. The Panel accepted the signed undertaking and took no further action.

Committee Report Items

ICRC Orientation Meeting:

The meeting consisted of two presentations focusing on the following topics:

- a) An overview of the role and responsibilities of the ICRC and Administrative Law Principles.
- b) An overview of the Professional Conduct Department of the CRTO, to explain how the CRTO addresses concerns regarding its members. The presentation consisted of a walkthrough of the CRTO Professional Conduct Department from initial receipt of a complaint/report until the matter is ready for an ICRC Panel's review and deliberation.

The first presentation (item a) was conducted by Rebecca Durcan of Steinecke Macuira Leblanc. The second presentation (item b) was conducted by Peter Laframboise , Manager of Professional Conduct, Misbah Chaudhry, Coordinator of Professional Conduct and Abeeha Sayed, Associate of Professional Conduct. This meeting was offered to all members of the ICRC, both returning and new.

New Matters:

Since the last Council meeting, the CRTO received five (8) new matters. The new matters are comprised of seven (7) Employer Reports and one (1) complaint.

Four (4) of the Employer reports and the complaint are currently under review by the Registrar. The other three (3) employer reports have been referred to the ICRC and are under investigation.

Policy Framework:

The ICRC continues to review its policies per the CRTO Policy Framework.

Respectfully submitted,
Kim Morris
Inquiries, Complaints and Reports Committee Chair

Committee Report Items

AGENDA ITEM 7.6

DISCIPLINE COMMITTEE – CHAIR’S REPORT TO COUNCIL

November 22, 2022 to February 17, 2023

Since the last Council meeting, there have been no Discipline hearings, nor referrals to the Discipline Committee.

Respectfully submitted,
Lindsay Martinek, RRT
Fitness to Practise Committee Chair

Committee Report Items

AGENDA ITEM 7.7

FITNESS TO PRACTISE COMMITTEE – CHAIR’S REPORT TO COUNCIL

November 22, 2022 to February 17, 2023

Since the last Council meeting, there have been no new referrals to the Fitness to Practise Committee and no Fitness to Practise hearings have taken place.

Respectfully submitted,
Lindsay Martinek, RRT
Fitness to Practise Committee Chair

Committee Report Items

AGENDA ITEM 7.8

FINANCE & AUDIT COMMITTEE REPORT – CHAIR’S REPORT TO COUNCIL

Nov. 22, 2022 - February 17, 2023

Since the last Council meeting, the FAC or a subcommittee of the FAC met a combined six times.

FAC Subcommittee Meetings:

A subcommittee comprised of Michelle Causton, Chair of FAC, Kelly Munoz, Profession Member of FAC, Carole Hamp, Registrar and Shaf Rahman, Deputy Registrar (staff liaisons to FAC) met on four occasions between December 2022 and January 2023 to continue the recruitment process for a Financial Advisor for the CRTO.

On December 20, 2022, the subcommittee met to discuss the four responses to the Request for Proposal (RFP) that was sent out to interested parties. At the conclusion of that meeting, the subcommittee identified two organizations that provided appropriate responses to the RFP.

In January 2023, the subcommittee met a further three times, the first two to interview the prospective organizations that made the final list, and a third time to discuss and confirm a final recommendation to FAC on the best organization to hire as a financial advisor for the CRTO.

FAC Meetings:

On December 9, 2022, the FAC meet to continue developing a Membership Fee Assessment tool. During this meeting appropriate considerations and datasets were identified. Further, there was a discussion around a yearly cycle timeline on when to conduct a fee assessment and the communication strategy with the membership around membership fees was discussed.

On February 8, 2022, the FAC meet to finalize the tools for the Membership Fee Assessment and forward them to Council for their information.

Further, the FAC reviewed the recommendations of the subcommittee regarding a financial advisor, agreed to the recommendations and forwarded their final recommendations to Council for information and to the Registrar for final decision.

In addition, the FAC also reviewed and approved the Revised Signing Officers & Authorized Personnel – Banking & Investments policy and has forwarded that to Council for final approval.

Respectfully submitted,
Jeffrey Dionne, RRT
Vice-Chair, Finance & Audit Committee

Council Briefing Note

AGENDA ITEM # 8.1.1

March 3, 2023

From:	Ania Walsh – Manager, Regulatory Affairs
Topic:	Registration Regulation Amendments
Purpose:	For Information
Strategic Focus:	Core Business Practices
Attachment(s):	N/A

PUBLIC INTEREST RATIONALE:

The [Registration Regulation](#) (Ontario Regulation 596/94: General, Part VIII) sets out the rules that establish who can be registered with the CRTC. The regulation lists the classes of certificates of registration issued by the CRTC (i.e., General, Graduate, Limited and Inactive). It specifies the requirements for registration (e.g., to ensure that applicants for registration have current knowledge and level of skill), as well as the conditions imposed on Members registered in each class of registration. The regulation helps ensure that those registered with the CRTC provide safe, ethical and high-quality care to members of the public.

ISSUE:

The CRTC is proposing several amendments to the Registration Regulation to address the new Emergency Class Registration requirement and to provide clarification to existing provisions and help harmonize the registration requirements for Respiratory Therapists across Canada.

BACKGROUND:

In October 2022, the Lieutenant Governor in Council approved a regulation [under the *Regulated Health Professions Act, 1991* (RHPA)] that includes a provision requiring health regulatory Colleges to have an emergency class of registration. The emergency class provision will come into force on August 31, 2023. The regulations establishing an emergency class of registration must (at a minimum):

- Create a separate class of registration;
- Specify emergency circumstances in which the class is open to applicants;
- Specify the expiry of a certificate issued in the emergency class of registration; and
- Specify circumstances in which a member of the emergency class may transition to another class of registration.

In addition, several other changes are being recommended to provide clarification to existing provisions and to help harmonize the registration requirements for Respiratory Therapists across Canada.

The amendments have been drafted in consideration of the CRTO's public interest mandate and in consultation with the CRTO's legal counsel. The draft Registration Regulation was approved by Council to be sent out for consultation, which began on **February 17, 2023, and will run until April 18, 2023.**

NEXT STEPS:

There will be a special meeting of Council on **April 24, 2023**, to review the consultation results and consider the final version of the revised Registration Regulation for submission to the Ministry of Health (due date May 2, 2023).

Registration Committee Briefing Note

AGENDA ITEM # 8.1.2

March 3, 2023

From:	Registration Committee
Topic:	Registration Committee Terms of Reference & Action Plan
Purpose:	For Decision
Strategic Focus:	Governance & Accountability
Attachment(s):	Appendix A - Registration Committee Terms of Reference & Action Plan
Motion:	It is moved by _____ and seconded by _____ that: Council approves the revised Registration Committee Terms of Reference & Action Plan.

PUBLIC INTEREST RATIONALE:

To ensure the actions of the Registration Committee are aligned with its key roles & responsibilities.

BACKGROUND:

Under the Registration Committee (RC) Terms of reference, it is recommended that the committee review its terms of reference annually. The attached draft (Appendix A) includes the suggested changes to the Terms of Reference and action plan. These include the changes required because of the anticipated Registration Regulation amendments, as well as minor updates to clarify the language and ensure that references to other documents are correct.

ANALYSIS:

The following is a highlight of the recommended changes to the RC Terms of Reference and Action Plan:

- Registration Policies, Guidelines and Related Legislation section
 - Added relevant references to Ontario Regulation 596/94, Part VIII (Registration), VII Prescribed Procedures and VII.1 Prescribed Substances
- Membership section
 - Updated references to committee members' positions based on the current By-law
 - Added "up to one Public Member Appointee" in anticipation of the By-law change (pending Council approval on March 3, 2023)

- Records Retention section
 - Section removed; the reference to the Freedom to Information and Protection of Privacy Act does not apply to RC records
- Action Plan
 - The 2023 Action Plan has been updated based on the anticipated changes to the Registration Regulation

RECOMMENDATION:


That Council approves the revised Registration Committee Terms of Reference and Action Plan for 2023.

NEXT STEPS:

If approved by Council, the Revised Terms of Reference and Action Plan will be used as a guidance document for the Registration Committee for 2023.

APPENDIX A

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Title: ~~Goals and Terms of Reference - and~~
~~Action Plan: Registration~~ **Committee** NUMBER: **CP- REG.GOALS&TERMS-162**

Date originally approved: **January 8, 1996** Date last revision approved: **September 15, 2022**

Commented [AW1]: Consistent with other CRTO committees and the Policy Framework

Terms of Reference

It is recommended that the committee terms of reference be reviewed annually and amended where necessary, for example, in response to statutory, regulatory or policy amendments.

PURPOSE:

To develop and implement the ~~registration-Registration regulation-Regulation~~ in accordance with the *Regulated Health Professions Act 1991 (RHPA)*, the *Respiratory Therapy Act 1991 (RTA)*, By-Laws and the policies of the CRTO.

RESPONSIBILITIES & OPPORTUNITIES:

- Develop policies and make recommendations regarding the criteria for certificates of registration with the CRTO.
- Form panels as required, to make decisions regarding members and applicants.
- Review and approve Certification Programs for Advanced Prescribed Procedures below the Dermis.
- Review and monitor the results of the CRTO approved examination and ensure that the examination meets its objectives.
- Ensure that the CRTO's entry-to-practice competencies are relevant and current.
- Monitor whether approved education institutions are teaching and effectively evaluating the entry to practice competencies and recommend to Council any changes to the list of approved education programs.
- Review issues related to internationally educated applicants and monitor the assessment process.
- Submit a formal written annual report from the Chair, of the Committee's activities for the period from March 1st until the last day of February.
- Ensure that the CRTO's registration practises are transparent, objective, impartial and fair.

REGISTRATION POLICIES, GUIDELINES & RELATED LEGISLATION:

- [Regulated Health Professions Act, 1991, S.O. 1991, c. 18 \(ontario.ca\)](#)
- [Respiratory Therapy Act, 1991, S.O. 1991, c. 39 \(ontario.ca\)](#)
 - [Ontario Regulation 596/94 Part VIII - Registration Regulation](#)
 - [Ontario Regulation 596/94 Part VII – Prescribed Procedures](#)
 - [Ontario Regulation 596/94 Part VII.1 – Prescribed Substances](#)
- Graduate Certificate of Registration Policy (RG-403)
- Entry-to-Practice Exam Policy (RG-406)

Commented [AW2]: Added to clarify which part of Ontario Regulation 596/94 apply

- Language Proficiency Requirements Policy (RG-407)
- Approval of Canadian Education Programs Policy (RG-408)
- Registration Currency Policy (RG-410)
- Emergency Registration Policy (RG-412)
- Labour Mobility: Applicants from Regulated Canadian Jurisdictions (RG-416)
- Application for Registration Documents Requirement Policy (RG-420)
- Entry-to-Practice Competency Assessment Policy (RG-425)
- Application for Registration – File Closure Policy (RG-426)
- Entry-to-Practice Competency Assessment Appeal Policy (RG-429)
- Registration and Use of Title Professional Practice Guideline (PPG)
- Certificate Programs for Advanced Prescribed Procedures Below the Dermis (APPBD) Professional Practice Guideline (PPG)

MEMBERSHIP:

As per By-Law 2: Council and Committees section 8.01, the Committee shall consist of at least five (5) voting members with:

- at least one (1) ~~Professional Council Member~~ member of the Council who is a member of the CRTQ;
- at least one (1) ~~Public Council Member~~ member of the Council appointed to the Council by the Lieutenant Governor in Council;
- ~~at least one (1) an Academic Member of Council;~~ member of Council who is an Academic Member; and
- at least two (2) Professional Committee Appointees; and
- up to one Public Member Appointee.

Commented [AW3]: Wording consistent with the current By-law.

Commented [AW4]: Based on the draft revised By-law, pending Council approval

In addition, the Registrar is an ex-officio member of the Committee.

A panel shall consist of at least three (3) members of the ~~committee~~ Committee, at least one of whom must be a ~~professional Council Member or Professional Committee Appointee~~ Council member or Professional Committee Appointee who is a Member of the CRTQ, and at least one of whom is ~~a Public Council Member appointed to the Council by Lieutenant Governor in Council.~~

Commented [AW5]: Consistent with the current By-law

REPORTING RELATIONSHIP:

The Committee is responsible to Council and shall provide an approved or amended terms of reference and proposed annual plan. The Committee shall report to Council at each Council meeting outlining all Committee activities that have been undertaken since the last report. The Chair shall submit to Council an Annual Report of the Committee’s activities at the close of each fiscal year. Panels of the ~~committee~~ Committee have independent authority as laid out in the RHPA, Panels are responsible to the Committee and Council in broad terms but not in relation to specific cases being heard by a panel.

CHAIR:

The Chair and Vice-Chair will be appointed by Executive Committee on an annual basis. The Vice-Chair will fulfill the responsibilities of the Chair in the Chair’s absence.

FREQUENCY OF MEETINGS:

The Committee shall hold at least two (2) meetings each year. Additional meetings of the Committee may be called by the Chair as required. Meetings are held in accordance with CRTO By-Law 2: ~~Council and Committees Meetings~~ section 14.

Commented [AW6]: Consistent with the current By-law

QUORUM:

A quorum shall consist of a majority of the voting members of the Committee, at least one (1) of whom must be a ~~Public Council Member as appointed by the Lieutenant Governor in Council.~~

Commented [AW7]: Consistent with the current By-law

TERMS OF APPOINTMENT:

All Committee members will be appointed by the Executive Committee on an annual basis. Committee members may be re-appointed.

CIRCULATION OF MINUTES:

Minutes will be circulated to all members of the Committee and made available to all members of Council upon request. Minutes are confidential and are not available to the public.

~~RECORDS RETENTION:~~

~~The Committee's records are subject to the Freedom of Information and Protection of Privacy Act (FIPPA) and are governed by the CRTO's Records Retention Schedule.~~

Commented [AW8]: The reference to the Freedom to Information and Protection of Privacy Act does not apply to RC records

TRAINING:

Members of the Registration Committee will receive training annually on:

- how to assess qualifications and make registration and review decisions;
- dealing with any special considerations that may apply in the assessment of applicants and the process for applying those considerations; and
- human rights and anti-discrimination.

ACTION PLAN FOR THE PERIOD ENDING (FEBRUARY ~~2023~~2024)

Actions identified with an asterisk (*) must be undertaken at least annually.

Actions are taken from the Responsibilities and Opportunities section of the Terms of Reference. This is a living document and will be submitted to Council for approval after the first Committee meeting each fiscal year. Any additional activities must be approved before adding to the plan and show the date of addition. The action plan will inform the Committee's annual report. Policies and Guidelines are reviewed on a five year cycle or as needed.

Status can be "complete", "carried over" or "N/A" for year-end reporting.

Action	How	When	Status
1. Conduct a review of the <u>Ontario Regulation 596/94 Part VIII - Registration Regulation and entry-to-practice requirements and make recommendations to Council as appropriate.</u>			
<u>a. Identify any changes or proposed changes to legislation (e.g., <u>Respiratory Therapy Act, 1991, Regulated Health Professions Act, 1991</u>)</u> <ul style="list-style-type: none"> <u>Emergency Registration Regulation</u> <u>Additional changes</u> 	Staff will monitor and brief the Committee.	<u>As required. The final version of the regulation (incorporating the Emergency Class) must be finalized after a 60-day consultation period) and submitted to the Ministry by May 1, 2023</u>	<u>Started in October 2017. Pending</u>
2. Conduct a review of the <u>Ontario Regulation 596/94 Part VII – Prescribed Procedures (below the dermis).</u>			
<u>a. Identify any changes or proposed changes to legislation.</u> <ul style="list-style-type: none"> <u>References to the (new) Emergency Class</u> 	Staff will monitor and brief the Committee.	As required.	<u>Under review</u>
3. <u>Conduct a review of the Ontario Regulation 596/94 Part VII.1 – Prescribed Substances</u>			
<u>a. Identify any changes or proposed changes to legislation.</u>	<u>Staff will monitor and brief the Committee.</u>	<u>As required.</u>	<u>Under review</u>

Action	How	When	Status
<ul style="list-style-type: none"> References to the (new) Emergency Class 			
4. Conduct a review of the following practice guidelines:			
a. Review the Registration and Use of Title PPG and identify any changes or proposed changes to the guideline.	Committee will review the Registration and Use of Title Practice Guideline and recommend changes if necessary.	Last approved March 2020	Review pending the Registration Regulation amendments
b. Review the Certificate Programs for Advanced Prescribed Procedures Below the Dermis PPG.	Committee will review the practice guideline entitled "Certification Programs for Advanced Prescribed Procedures Below the Dermis" and recommend changes if necessary.	Last approved March 2020	Review pending any amendments to the Prescribed Procedures Regulation
5. Conduct a review of the policies that support the Registration Committee.			
a. Graduate Certificate of Registration Policy (RG-403)	Committee will review documents and recommend changes if necessary.	Last approved May 27, 2022	Review pending the Registration Regulation amendments
b. Entry-to-Practice Exam Policy (RG-406)	Committee will review documents and recommend changes if necessary.	Last approved September 2021	Review pending the Registration Regulation amendments
c. Language Proficiency Requirements Policy (RG-407)	Committee will review documents and recommend changes if necessary.	Last approved April 8 Dec. 14, 2022	Complete
d. Approval of Canadian Education Programs Policy (RG-408)	Committee will review documents and recommend changes if necessary.	Last approved May 27, 2022	Complete
e. Registration Currency Policy (RG-410)	Committee will review documents and recommend changes if necessary.	Last approved April 8, 2022	Review pending the Registration Regulation amendments

Action	How	When	Status
f. Emergency Registration Policy (RG-412)	Committee will review documents and recommend changes if necessary.	Last approved September 2021	Review pending the Registration Regulation amendments
g. Labour Mobility: Applicants from Regulated Canadian Jurisdictions (RG-416)	Committee will review documents and recommend changes if necessary.	Last approved April 8, 2022	Complete
h. Application for Registration Documents Requirement Policy (RG-420)	Committee will review documents and recommend changes if necessary.	Last approved May 27, 2022	Complete
i. Entry-to-Practice Competency Assessment Policy (RG-425)	Committee will review documents and recommend changes if necessary.	Last approved April 8, 2022	Review pending the Registration Regulation amendments
j. Application for Registration – File Closure Policy (RG-426)	Committee will review documents and recommend changes if necessary.	Last approved May 27, 2022	Complete
k. Entry-to-Practice Competency Assessment Appeal Policy (RG-429)	Committee will review documents and recommend changes if necessary.	Last approved April 8, 2022	Complete
l. New - Criminal Background Checks Policy	Committee to consider if a new policy is required	Sept. 2023	

Council Briefing Note

AGENDA ITEM # 8.1.3

March 3, 2023

From:	Registration Committee
Topic:	Approval of Canadian Respiratory Therapy Programs
Purpose:	Decision
Strategic Focus:	Core Business Practices
Attachment(s):	Appendix A – Approval of Canadian Education Programs Policy Appendix B – Approval of Canadian Education Program Procedure Appendix C – List of Respiratory Therapy Programs on Accreditation Canada’s website as of February 23, 2022
Motion:	It is moved by _____ and seconded by _____ that: Council approves the Respiratory Therapy Programs for 2023 based on the programs’ accreditation status with Accreditation Canada.

PUBLIC INTEREST RATIONALE:

The College of Respiratory Therapists of Ontario (CRTO) is responsible for setting Respiratory Therapy entry-to-practice requirements in Ontario in the interest of the public. The approval process for Respiratory Therapy education programs helps to ensure that graduates of these programs have the required entry-to-practice competencies to provide safe, effective and ethical care.

ISSUE:

The Approval of Canadian Respiratory Therapy Programs Policy sets out the criteria used by the Registration Committee to recommend approval of Respiratory Therapy programs under section 55(2) of the [Registration Regulation](#) (ON. Regulation 596/94, Part VIII).

At the February 1, 2023 meeting, members of the Registration Committee reviewed programs currently accredited by [Accreditation Canada](#). This list is provided to Council for review and final approval (Appendix C).

BACKGROUND:

The *Registration Regulation* sets out the requirements for registration with the CRTO, the including requirement that an applicant must:

55(2) (a) **have successfully completed a respiratory therapy program offered in Canada that, at the time of completion, was approved or accredited by the Council or by a body approved by the Council; or**

(b) have,

- (i) successfully completed a program offered outside Canada either in respiratory therapy or in a closely related field that is acceptable to the Registration Committee, along with any additional education that is required by the Registration Committee, and
- (ii) demonstrated through an assessment process acceptable to the Registration Committee that he or she has knowledge, skills and judgment equivalent to those of a person who has successfully completed a program referred to in clause (a).

The process to approve the Canadian Respiratory Therapy program under section 55(2)(a), outlined in the Approval of Canadian Education Programs Policy, helps to ensure that applicants who wish to enter the profession possess the minimum competencies required for the safe and effective practice of the profession.

ANALYSIS:

Under the Approval of Canadian Education Programs Policy and Procedure, to obtain “approved program” status, a Canadian Respiratory Therapy education program must obtain and maintain satisfactory accreditation status with Accreditation Canada. The standards applied by Accreditation Canada are viewed by the CRTO as relevant to the approval of respiratory therapy education programs.

The programs’ accreditation status is monitored on an ongoing basis. The Registration Committee reviews approved program list on an annual basis (or if needed, when new information is reported). This list of approved programs is then provided to Council for review and final approval. The list of Respiratory Therapy Programs and their accreditation status included in Appendix C is based on the Accreditation Canada website (as on January 17, 2023).


RECOMMENDATION:

To recommend that Council approve the Respiratory Therapy Programs for 2023 based on the programs’ accreditation status with Accreditation Canada.

NEXT STEPS:

The list of approved programs posted on the CRTO website will be updated accordingly. Staff will continue to monitor the programs’ accreditation status. The next scheduled review by the Registration Committee is set for the first Committee meeting in 2024.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

	Approval of Canadian Education Programs	
	Type: Policy	Origin Date: February 23, 2007
	Section: RG	Approved By Council on: May 27, 2022
	Document Number: RG-408	Next Revision Date: May 2027

1.0 POLICY STATEMENT

The College of Respiratory Therapists of Ontario (CRTO) is responsible for setting Respiratory Therapy entry-to-practice requirements in Ontario in the interest of the public. It is the policy of the CRTO to support an appropriate approvals process for Respiratory Therapy education programs and to ensure these programs remain current.

2.0 PURPOSE

This policy sets out the approach used by the Registration Committee to recommend approval of Canadian Respiratory Therapy Programs¹ to the CRTO's Council.

3.0 APPROVED STATUS

To obtain "approved program" status, the education program must obtain and maintain **accredited** status with [Accreditation Canada](#). Any Respiratory Therapy education program that has been accredited by Accreditation Canada is considered an "approved program" by the CRTO Council.

4.0 NON-ACCREDITED PROGRAMS

Graduates of a non-accredited Respiratory Therapy Program are referred to the CRTO's [entry-to-practice assessment process](#). The assessment process provides a mechanism for applicants to demonstrate to the Registration Committee that they have knowledge, skills, and judgment that is equivalent to graduates of an approved Respiratory Therapy program.

5.0 RELATED DOCUMENTS

- [Accreditation Canada](#)
- [CRTO's entry-to-practice assessment process](#)

6.0 DEFINITIONS

- **Approved Programs** – Programs that are accredited with Accreditation Canada
- **Accredited** – The education program complies with the accreditation standard. The accreditation status will expire six (6) years from the date of the accreditation award.

¹ As per Ontario Regulation 596/94, Part VIII (*Registration*) clause 55(2) (a)



- **Accredited with Condition** – The educational program demonstrates partial accreditation compliance and is required to submit one or more follow-up reports within two (2) years of conditional accreditation award.
- **Registered** – An unaccredited education program that has successfully applied for accreditation, and accreditation processes are underway.

7.0 CONTACT INFORMATION

College of Respiratory Therapists of Ontario

180 Dundas Street West,
Suite 2103
Toronto, ON M5G 1Z8


Telephone: 416-591-7800

Toll-Free (in Ontario): 1-800-261-0528

Fax: 416-591-7890

General Email: questions@crto.on.ca

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

	Approval of Canadian Education Programs	
	Type: Procedure	Origin Date: July 9, 2008
	Section: RG	Updated on: May 27, 2022
	Document Number: RG-408	Next Revision Date: May 2027

BACKGROUND

The Registration Committee makes recommendations to Council concerning education programs' approval status on an annual basis.

The College of Respiratory Therapists of Ontario (CRTO) uses Accreditation Canada to accredit Respiratory Therapy education programs. Approval status is based on Accreditation Canada's accreditation categories.

OBJECTIVE

This procedure outlines Accreditation Canada's accreditation categories and what the CRTO staff and the Registration Committee will do when reviewing information related to Canadian Respiratory Therapy Programs' accreditation status.

ACCREDITATION CATEGORIES

The following accreditation status(es) are acceptable for CRTO's "approved program" status:

- **ACCREDITED** – The educational program is in compliance with the accreditation standard. The accreditation status will expire six (6) years from the date of the accreditation award.

A Canadian Respiratory Therapy Program receiving one of the following categories of accreditation will be monitored by the Registration Committee. A recommendation to Council regarding approved status will be made on a case-by-case basis:

- **ACCREDITED WITH CONDITION** – The educational program demonstrates partial accreditation compliance and is required to submit one or more follow-up(s) within two (2) years of conditional accreditation award.
- **REGISTERED** – An unaccredited educational program that has successfully applied for accreditation, and accreditation processes are underway.



MONITORING

CRTO staff will monitor Canadian Respiratory Therapy Programs' accreditation status and:

- a. report to the Registration Committee any changes to the programs' accreditation status as soon as this information becomes available, including any concerns regarding the quality, performance or relevance of the program;
- b. advise the Registration Committee concerning the status of new programs as soon as this information becomes available; and
- c. provide an annual report to the Registration Committee.

APPROVALS/AUTHORITY OF THE REGISTRATION COMMITTEE

The Registration Committee will review information related to Canadian Respiratory Therapy Programs and makes recommendations to Council concerning approval. Information to be considered by the Registration Committee when making a recommendation to Council includes:

- accreditation status; and
- any other information that it considers relevant.

APPENDIX

[Accreditation Canada Status Page](#)

RELATED DOCUMENTS

Approved Canadian Programs Policy RG-408



ACCREDITATION
CANADA

List of educational programs (accredited and registered)

<https://accreditation.ca/assessment-programs/health-education-accreditation/programs/>

Last updated: January 17, 2023

Health Education Accreditation is a quality improvement process that supports health education programs in ensuring that graduates are ready to deliver quality care at entry to practice. Accreditation Canada accredits the following health education programs, under the [EQual program](#):

- [Cardiology technology](#)
- [Clinical perfusion](#)
- [Clinical genetics technology](#)
- [Denturism](#)
- [Diagnostic cytology](#)
- [Diagnostic medical sonography](#)
- [Magnetic resonance](#)
- [Medical laboratory assistant](#)
- [Medical laboratory technology](#)
- [Nuclear medicine](#)
- [Optician](#)
- [Orthoptics](#)
- [Paramedicine](#)
- [Physician assistant](#)
- [Radiation therapy](#)
- [Radiological technology](#)
- [Respiratory therapy](#)

ACCREDITED – The educational program is in compliance with the accreditation standard. The accreditation status will expire 6 years from the date of the accreditation award.

ACCREDITED WITH CONDITION – The educational program demonstrates partial accreditation compliance and is required to submit one or more follow-up reports within 2 years of conditional accreditation award.

REGISTERED – An unaccredited educational program which has successfully applied for accreditation, and accreditation processes are underway.

Respiratory therapy

Alberta

Accreditation client	City	Educational program	Status	Expiry
Northern Alberta Institute of Technology	Edmonton	Respiratory Therapy	Accredited	2027/07/31
Southern Alberta Institute of Technology	Calgary	Respiratory Therapy	Accredited	2027/06/30

British Columbia

Accreditation client	City	Educational program	Status	Expiry
Thompson Rivers University	Kamloops	Respiratory Therapy	Accredited	2025/03/31

Manitoba

Accreditation client	City	Educational program	Status	Expiry
University of Manitoba	Winnipeg	Bachelor of Respiratory Therapy	Accredited	2027/09/30

New Brunswick

Accreditation client	City	Educational program	Status	Expiry
Collège communautaire du Nouveau-Brunswick	Dieppe	Thérapie respiratoire	Accredited	2023/10/31
New Brunswick Community College	Saint John	Respiratory Therapy	Accredited	2023/03/31

Newfoundland

Accreditation client	City	Educational program	Status	Expiry
College of the North Atlantic	St. John's	Respiratory Therapy	Accredited with condition	2024/05/31

Nova Scotia

Accreditation client	City	Educational program	Status	Expiry
Dalhousie University	Halifax	Diploma in Health Science, Respiratory Therapy	Accredited	2027/05/31

Ontario

Accreditation client	City	Educational program	Status	Expiry
Algonquin College of Applied Arts and Technology	Ottawa	Respiratory Therapy	Accredited	2027/05/31
Canadore College	North Bay	Respiratory Therapy	Accredited	2028/02/29

Collège La Cité	Ottawa	Thérapie respiratoire	Accredited	2027/07/31
Conestoga College Institute of Technology and Advanced Learning	Kitchener	Respiratory Therapy	Accredited	2028/05/31
Fanshawe College of Applied Arts & Technology	London	Respiratory Therapy	Accredited	2027/04/30
St. Clair College	Windsor	Respiratory Therapy	Accredited	2027/04/30
The Michener Institute of Education at UHN	Toronto	Respiratory Therapy	Accredited	2028/04/30

Quebec

Accreditation client	City	Educational program	Status	Expiry
Collège de Rosemont	Montreal	Techniques d'inhalothérapie	Accredited	2025/12/31
Vanier College	St-Laurent	Respiratory & Anaesthesia Technology	Accredited	2024/03/31

International

Accreditation client	City, Country	Educational program	Status	Expiry
University of DOHA for Science and Technology	Doha, Qatar	Respiratory Therapy	Accredited	2023/06/30

Council Briefing Note

AGENDA ITEM # 8.2.1

March 3, 2023

From:	Finance and Audit Committee
Topic:	Membership Fee Assessment Tools
Purpose:	For Information
Strategic Focus:	Core Business Practices
Attachment(s):	Appendix A: Membership Fee Assessment Tool Appendix B: Membership Fee Assessment Timeline Appendix C: Membership Fee - Communication Plan to Membership

PUBLIC INTEREST RATIONALE:

Ensuring the CRTO has the necessary financial resources to continue its mandate of regulating the profession of Respiratory Therapy in the public interest.

BACKGROUND:

Fees:

Since inception in 1994, the CRTO has increased its annual fees 3 times. The initial fee in 1994 for a CRTO Member was \$500. In 2018, the first increase occurred in the amount of \$60 for a total fee of \$560. In 2019, the second fee increase occurred in the amount of \$60 for a total of \$620.

In 2020, due to the COVID 19 pandemic and a surplus of approximately \$250,000, the CRTO Council, under the authority of By-Law 3 – 4.19 did not raise fees.

In 2021, a fee increase of \$30 was approved by Council, bringing the membership fee to \$650.

Authority to Increase Fees:

At the December 6, 2019, Council meeting, Council voted to amend the CRTO By-laws to remove membership fee structure from the By-Laws themselves and instead create a Schedule of Fees that will be available on the CRTO website (By-Law 36.01).

Additionally, Council voted to include a new By-law stating:

“Each fiscal year, each fee set out in Schedule of Fees shall be increased by an amount to offset increases in the Cost of Overhead and Operations (COO). That amount shall meet or exceed the percentage increase, if any, in the

Consumer Price Index for goods and services in Ontario as published by Statistics Canada or any successor organization, unless Council decides to waive a fee increase for that year.” (CRTO By-Law 3 – 4.19)

ISSUE:

The responsibility of the Finance and Audit Committee (FAC) is to provide recommendations to Executive Committee and/or Council on all aspects of the financial management of the CRTO, including revenue generation. Therefore, the FAC was tasked with reviewing the current fee structure, establishing a mechanism for review of fees on an annual basis, and providing recommendations to CRTO Executive Committee and/or Council if fees should be increased on any given year.

DISCUSSION:

Over the last year, the FAC has established and discussed several factors to consider in determining if a fee increase is required on any given year.

They included:

- 1) Is previous year budget in surplus or deficit position?
- 2) What are current budget projections for the fiscal year?
- 3) What are our anticipated revenue projections for the next 3 – 5 years, based on predicted membership increases (e.g., new grads) and decreases (e.g., retirements)?
- 4) What are our anticipated cost projections (e.g., rising costs for investigations & hearings, the decision to renew/not renew leased office space in Dec. 2024, staffing needs/compensation)?
- 5) Has the CRTO drawn down most of its Fee Stabilization fund?
- 6) If Fee Stabilization fund is drawn down, are there instances where we do not increase fees and draw from another special projects budget in case of an unplanned expense?
- 7) Is the CRTO able to maintain a reasonable amount in the unrestricted net assets operating funds? Per the net assets policy, the CRTO is to maintain at least 6 months operating budget in the fund.
- 8) Is an increase necessary to meet or exceed the yearly Consumer Price Index?
- 9) When should the determination for fee increases occur?
- 10) When should fee increases be communicated to the membership?
- 11) How should fee increase be communicated to the membership (e.g., rationale provided and if so, how much detail)?

During their December 9, 2022, and February 8, 2023 meetings, the FAC established a tool based on the above questions to help guide the FAC in determining if a fee increase is required on a given year (see Appendix A). It was determined that this document would be a guiding document to structure the FACs considerations by providing key data on the current budget, future projections of revenue and expenses, and status of restricted and unrestricted reserve funds.

Further, the FAC established a yearly timeline in which the FAC would consider if a fee increase is warranted and then forward their conclusions to the Executive Committee for their review and recommendations to Council (see Appendix B).

In addition, the FAC was of the opinion that a communication strategy be established to communicate yearly with the Membership regarding their fees, regardless of increase. As such, a guiding document was established to capture considerations to me made in communicating with Membership (see Appendix C).

NEXT STEPS:

Once the yearly budget is approved at this Council meeting, staff will begin to pull the datasets as noted in Appendix A. The FAC will meet in early September to discuss and deliberate based on all the available information in front of them and forward their first recommendations on if the membership fees should be increased for 2024.

Once a decision is made at Council in September 2023, per Appendix B and C, communication will go out to the membership capturing the final decision of Council and the rationale for why fees were increased or remained the same.

In addition, the FAC concluded that although the tools discussed above will establish an approach to membership fee review, the tools are organic and will most likely be adjusted as the FAC embarks on their first review. As such, the FAC will develop a procedural document as they go through the review to assist future members of the FAC in establishing a consistent approach to membership fee assessment.

Appendix A:

Membership Fee Assessment Tool

Stage 1 Considerations

Anticipated Cost Projections for March 1, 2024 - February 8, 2025

- a.) Projected Expenses (to include capital expenditures)
- b.) Special Project Costs
- c.) Anticipated Ministry Requirement Costs
- d.) Additional Staffing Costs

Notes:

Projected Unrestricted Reserves for March 1, 2024 - February 28, 2025

Current Amount in Unrestricted Funds:

Does it cover 6 months operating expenses or other:

Notes:

Projected Revenue for March 1, 2024 - February 28, 2025

Projected Total Revenue:

Notes:



Surplus or Deficit Budget

Surplus or Deficit:

Total:

Notes:

Initial Conclusion: initial determination if membership fee needs to be increased

Stage 2 Considerations

Anticipated Revenue Projections for 5 Years

March 2024 - February 2025:
March 2025 - February 2026:
March 2026 - February 2027:
March 2027 - February 2028:
March 2028 - February 2029:

Notes:

Anticipated Expense Projections for 5 Years

March 2024 - February 2025:
March 2025 - February 2026:
March 2026 - February 2027:
March 2027 - February 2028:
March 2028 - February 2029:

Notes:

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Stabilization Fund Considerations

Projection of fund if drawn to balance budget:

Projection of fund if fee increased:

Notes:

Should we draw down from another fund

General Contingency Fund:
Funding for Therapy:
Investigations & Hearings Fund:
Special Projects Fund:

Notes:

Appendix B:

Proposed Time for Membership Fee Review

Membership Fee Assessment - Yearly Timeline

Post March Council meeting, staff will begin to input data into flowsheet

Prior to June Council, FAC to meet once:

-Review and discuss assessment tool with data and provide initial directions to staff

Option 1: If more information is required, FAC directs staff to obtain additional information

Option 2: FAC is satisfied with information. FAC formulates their recommendations and forwards them to Executive Committee. Executive is to meet & discuss recommendations

Prior to September Council, FAC to meet again:

Option 1 cont'd: FAC to review additional information & formulate final recommendations. FAC to forward recommendation to Executive

Option 2 cont'd:
-Executive to review & provide feedback/directions to FAC
-FAC to incorporate feedback/directions by Executive & finalize their recommendation
-If Executive approves and has no feedback/directions, this meeting will discuss other business arising

At September Council:

- Formal presentation of recommendations & rationale provided to Council
- Council to consider & hopefully approve recommendations

- End of September communication sent out to Membership regarding fee increase/no change
- If increase, this will provide membership with 3-month notice as renewal starts in January of the following year.

Appendix C



College of Respiratory
Therapists of Ontario

Ordre des thérapeutes
respiratoires de l'Ontario

180 Dundas Street West, Suite 2103
Toronto, Ontario M5G 1Z8
Tel: 416.591.7800
Toll Free: 1.800.261.0528
Fax: 416.591.7890
Website: www.crto.on.ca
Twitter: @theCRTO

Membership Fee - Communication Plan to Membership

Scenario # 1: No Fee Increase Year

- Within the week after the September Council, notice goes out to Membership via email blast indicating:
 - Fee will not increase.
 - Outline the considerations made (high-level summary)
 - Rationale for why we won't be (high level rationale)
 - Drawing down on stabilization fund.
 - Surplus budget.
 - Any additional factors identified.

Scenario # 2: Fee Increase Year:

- Within the week after September Council, notice goes out to Membership via email blast indicating:
 - Fee will be increased.
 - Outline the considerations made in increasing the fee (high-level summary)
 - Rationale for why fees will increase (more detail than scenario 1 rationale)
 - Reference the use of the fee stabilization first.
 - Explain the need for funds for unanticipated costs.
 - Explain new initiatives and how it will benefit the public.
 - Any other factors.
- In drafting message, we must use a "reasonable person" test. Meaning, would a reasonable person understand and accept (not agree or disagree) with the justifications.

Council Briefing Note

AGENDA ITEM # 8.2.2

March 3, 2023

From:	Finance and Audit Committee
Topic:	Investment Management Services – Results & Recommendations
Purpose:	For Information
Strategic Focus:	Core Business Practice
Attachment(s):	Appendix A: Financial Advisor Considerations – Summary Appendix B: Request for Proposal (RFP) for Financial Advisor Appendix C: RBC Interview Presentation Slides Appendix D: CIBC Interview Presentation Slides

PUBLIC INTEREST RATIONALE:

To ensure the CRTO has appropriate oversight of its financial investments to ensure sufficient funds to meet its statutory objectives and regulatory mandate, now and in the future.

BACKGROUND:

In the past, the CRTO has typically invested in Guaranteed Investment Certificates (GICs), which are very conservative investments, generating very small returns on investment. In the past couple of years, these returns were not sufficient to meet the rising costs of expenses due to inflation.

Accordingly, after the establishment of the Finance and Audit Committee (FAC), one of the tasks identified and assigned to the FAC was to provide recommendations to the Registrar on the hiring a financial advisor to assist the CRTO in the investment of funds to ensure that investment returns would be able to match the current growing rates of inflation.

ISSUE:

A subcommittee of the FAC comprising of Michelle Causton and Kelly Munoz, along with staff representatives Carole Hamp and Shaf Rahman were assigned to conduct a recruitment process to identify an appropriate financial advisor and recommend the advisor to the FAC, who in-turn would provide their recommendations to the Registrar.

The goal of the subcommittee’s search was to obtain a financial advisor to assist in developing an investment strategy which will allow the CRTO to retain optimal operating funds and obtain returns on investments that, at a minimum, match current and future rates of inflation. In addition, the financial

advisor would provide assistance to the FAC in crafting an investment portfolio which will be in line with the values of the CRTO.

ANALYSIS:

In October of 2022, the subcommittee met and developed an initial Request for Proposal (RFP) provided to interested parties who wanted to submit a proposal to become the CRTO's financial advisor (see Appendix B).

By December 2022, the CRTO had obtained 4 responses to the RFP. They were from the following organizations:

- 1.) Royal Bank of Canada (RBC)
- 2.) Toronto Dominion Bank (TD)
- 3.) Canadian Imperial Bank of Commerce (CIBC)
- 4.) York Street Financial (via Canada Life)

After review of all four responses, it was decided that RBC and CIBC were the only parties who appropriately responded to the RFP and provided all the information requested. As such, the subcommittee decided that the appropriate next steps would be to conduct an interview with both RBC and CIBC representatives.

As part of the interview process, both banks were requested to present on the following topics:

- a.) Submit a recommended investment portfolio based on CRTO's requirements of retaining optimal operating funds and obtaining returns on investments that, at a minimum, match current and future rates of inflation.
- b.) The fees associated with such a portfolio.
- c.) Experience of the financial advisors who would be working with the CRTO.

In January of 2023, the subcommittee conducted interviews with both RBC and CIBC. Their presentation slides are attached as (RBC – Appendix C & CIBC – Appendix D).

After the interviews were conducted, the subcommittee met and deliberated on the most appropriate financial advisor to retain. The subcommittee concluded that RBC Wealth Management, specifically the team of John Grant, CFA, Mitch Aidelman, CFA and Robin Gullason, CFA would be the ideal candidates to become the CRTO's financial advisors. The considerations and conclusions made during the deliberations are found in Appendix A - Financial Advisor Considerations – Summary.

On February 8, 2023, the FAC meet to discuss the subcommittee's recommendations and were agreeable to the recommendation. As such, they forwarded their final recommendations to the Registrar for final consideration.

NEXT STEPS:

After notifying Council of the FAC's recommendations to the Registrar, the Registrar with the assistance of staff will begin the process of hiring and moving over current investments to RBC Wealth Management.



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The College of Respiratory Therapists of Ontario Financial Advisor - Request for Proposal -

Preamble:

The College of Respiratory Therapists of Ontario (CRTO) is a non-profit health regulatory college. Its mandate is to regulate the profession of respiratory therapy in the public interest.

As a non-profit organization, the CRTO is seeking a financial advisor to assist in developing an investment strategy which will allow the CRTO to retain optimal operating funds and obtain returns on investments that, at a minimum, match current and future rates of inflation. In addition, the CRTO seeks assistance in crafting an investment portfolio which will be in line with the values of the organization.

Parameters of Proposal Submission:

If interested, please submit a proposal, no more than 5 pages in length answering the following questions. Please mark the question number you are responding to in your response.

Questions:

1. History / Organization:

- 1.1. Describe your organization, its locations, and any affiliates or subsidiaries.
- 1.2. Please provide a brief history of your firm and your parent organization.
- 1.3. Describe the ownership structure of your firm, including specific details about your parent and any affiliates.
- 1.4. Within the last five years has your organization or an officer or principal been involved in any business litigation or other legal proceedings related to your investment activities? If so, provide an explanation and indicate the status or disposition.
- 1.5. If your firm, its parent, or affiliate is a broker/dealer, do you trade for client accounts through this broker/dealer?
- 1.6. What is your firm's investment philosophy?
- 1.7. Please indicate the scope of services that will be provided for our account.
- 1.8. Describe your firm's client base and your experience in providing investment management services to non-profit organizations. How do you feel that you are specifically qualified to manage assets for non-profit organizations?

Appendix B



College of Respiratory
Therapists of Ontario

Ordre des thérapeutes
respiratoires de l'Ontario

2. Employee Engagement:

- 2.1. Identify the key staff who would be involved in servicing our account, their relationship to the firm and their experience in working with other non-profit organizations. Please provide biographical data and credentials on these individuals.
- 2.2. How often are these individuals willing to meet with the investment committee?
- 2.3. Describe your firm's compensation arrangement for professional staff.
- 2.4. Describe your business continuity plan. What would occur if key staff could not fulfill your role for us? Describe how you would maintain continuity of service.

3. Investment Approach:

- 3.1. Describe your firm's investment process including asset allocation, portfolio construction and rebalancing.
- 3.2. Does your firm develop its own capital market assumptions? If so, explain.
- 3.3. Does your firm provide custody services? If not, who currently provides the custodian services and describe how custodians are selected.
- 3.4. Do you receive any direct or indirect compensation for recommending investment managers or any investment product? If so, what is the compensation arrangement?

4. Performance Reporting:

- 4.1. What is the method and frequency of your performance reporting to clients? Include a sample of your performance report.
- 4.2. Describe how benchmarks are chosen or developed.

5. Additional Services / Fees:

- 5.1. Describe the online access you make available to clients.
- 5.2. What services do you provide to help our investment committee meet its fiduciary obligations?
- 5.3. Describe your fee structure, including investment advisory or consulting fees, portfolio management fees, fees charged by third party managers or custodians and any underlying expenses associated with sub-advisors, mutual funds, exchange-traded funds, or other pooled investment vehicles.

6. References:

- 6.1. Please provide three references who can attest to your firm's ability to provide investment management services to non-profit organizations. Please include contact, phone number, e-mail address and relationship to contact.

RBC Dominion Securities Inc.

College of Respiratory Therapists of Ontario

Investment Manager Proposal

January 10, 2023



John Grant, CFA
Senior Portfolio Manager

Mitch Aidelman, CFA
Senior Portfolio Manager

Robin Gullason, CFA
Lead Strategist



Wealth Management
Dominion Securities

Our Differentiation

Experience

- Extensive Experience with Not-for-Profits

Approach

- Direct Investing for Maximum Impact and Cost Efficiency

Collaboration

- Ease of Working Together



Extensive Experience with Not-for-Profits

- Chartered Professional Accountants of Ontario, the Ontario Medical Association, the Ontario Real Estate Association, the Registered Nurses of Ontario, the Human Resources Professionals Association
- Working with committees
- Clarifying goals and objectives
- Preparing Investment Policy Statements



Direct Investing for Maximum Impact and Cost Efficiency

- Draw on RBC and multiple independent research sources
- Very limited pooled funds, if necessary
- Invest directly in high quality, public securities
- Ongoing feedback from market and client



Performance vs. Benchmarks

Case Study Portfolio – Performance as of December 31, 2022

Gross Returns by Asset Class

% Rate of Return	1 Year		3 Year		5 Year	
	Portfolio	Benchmark	Portfolio	Benchmark	Portfolio	Benchmark
Portfolio	-6.44%	-9.15%	2.86%	3.28%	4.65%	4.43%
Fixed Income	-4.42%	-10.29%	0.08%	-3.91%	1.35%	3.55%
Equity	-9.85%	-9.52%	6.21%	7.17%	8.44%	7.70%

Benchmark Composition

Asset Class	Benchmark	Weight (%)
Cash and Cash Equivalents	3 MONTH CANADA T-BILL	5.00
Fixed Income - Canada	FTSE TMX MID TERM BD TR (C\$)	45.00
Equity - Canada	S&P/TSX COMPOSITE IDX TR (C\$)	20.00
Equity - United States and International Equities	MSCI WORLD INDEX TR (C\$)	30.00



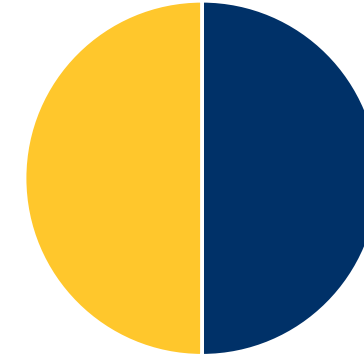
College of Respiratory Therapists of Ontario

Asset Allocation – Recommended Mix

- Long-term investment objective
- Targeted minimum annual return of 4-5%
- We recommend a balanced asset allocation of 50% equity and 50% fixed income

Portfolio A		
Asset Class	Allocation	Expected Return
Fixed Income (50%)	50%	4.00%
Equity (50%)	50%	8.00%
Expected Portfolio Return		6.00%

Recommended Asset Allocation



■ Fixed Income (50%) ■ Equity (50%)

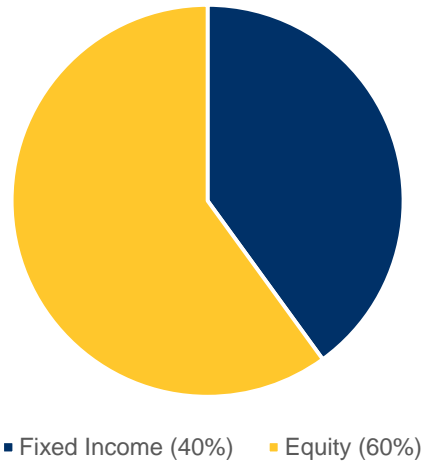
College of Respiratory Therapists of Ontario

Asset Allocation – Alternative Mixes

Portfolio B		
Asset Class	Allocation	Expected Return
Fixed Income (40%)	40%	4.00%
Equity (60%)	60%	8.00%

Expected Portfolio Return 6.40%

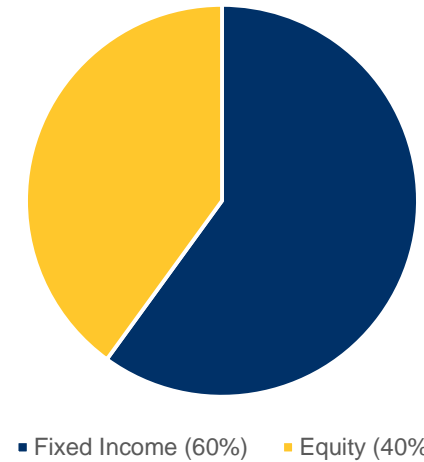
Portfolio B



Portfolio C		
Asset Class	Allocation	Expected Return
Fixed Income (60%)	60%	4.00%
Equity (40%)	40%	8.00%

Expected Portfolio Return 5.60%

Portfolio C



Management Fees

- Investment management fees are based on the value of the total portfolio and asset mix
- Management fees are exclusive of HST

Total Portfolio Value	Management Fee (Balanced Portfolio)
\$2.00M - \$3.99M	0.85% *
\$4.00MM - \$5.99MM	0.80%
\$6.00MM - \$7.99M	0.75%
\$8MM	0.70%

* Management Fee for a Fixed Income Portfolio would be 0.45%



Ease of Working Together

- Portfolio Managers responsible for all aspects of the relationship
- Numerous points of contact
- Seamless coordination with RBC Royal Bank
- Monthly and quarterly reporting



Appendix

RBC Global Asset Management – Strategic Asset Allocation – Moderating Long-Term Total Return Expectations

	Trailing performance					
	1 Year	5 Year*	10 Year*	20 Year*	30 Year*	40 Year*
Bonds	-12.5%	0.1%	0.6%	2.8%	4.3%	6.0%
Stocks	-9.2%	11.0%	13.3%	9.8%	9.9%	11.4%
Balanced portfolio (60/40)	-10.1%	6.9%	8.4%	7.3%	8.0%	9.6%

Data as of November 30, 2022

* periods greater than 1 year are annualized

Bonds = Bloomberg Barclays US Treasury Total Return Unhedged USD

Stocks = S&P 500 Total Return Index

Balanced portfolio (60/40) = 60% Stocks + 40% Bonds, rebalanced monthly

Long-term capital market assumptions

RBC GAM Long-Term Expected Returns Committee

Cash	Reference index	Expected return (%)
U.S. cash	Citi 1-month T-Bill	3.10
Canadian cash	FTSE Canada 30 day T-Bill	2.75
Fixed Income	Reference index	Expected return (%)
Canadian universe bonds	FTSE Canada Universe Bond	4.45
U.S. government bonds	BofAML U.S. Government 1-10 year	4.35
U.S. corporate bonds	BofAML U.S. Corporate 1-10 year	5.80
U.S. high-yield bonds	BofAML HY Master II	7.35
Equities	Reference index	Expected return (%)
Canadian equities	TSX Composite	9.40
U.S. equities	S&P 500	7.85
U.K. equities	FTSE All-Share	11.25
Europe Ex-UK equities	MSCI Europe ex UK	9.85
Global equities	MSCI World	8.30
Emerging market equities	MSCI Emerging Markets (LCL)	11.50

Note: table shows a subset of the long-term expected returns committee's full set of capital market assumptions. Returns are based on total returns over the next 10 year period. As of September 2022.

Source: RBC GAM

Sample balanced fund long-term expected return

	Portfolio weight	Expected return	Weighted return
Cash (2%)			
Canadian cash	2%	2.75%	0.06%
Fixed Income (38%)			
Canadian universe bonds	38%	4.45%	1.69%
Equities (60%)			
Canadian equities	21%	9.40%	1.95%
Intl Equities	13%	9.00%	1.18%
US Equities	22%	7.85%	1.71%
Emerging Markets	4%	11.50%	0.50%
Balanced fund			7.09%

Note: for illustrative purposes

Source: RBC GAM

Returns on a 60/40 balanced portfolio have averaged 6% - 10% in the past. At the beginning of 2022, forecasts for individual markets supplied by the GAM Long-term Expected Returns Committee looked for traditional balanced solutions to generate returns below 5%. The bear market in both stocks and bonds has boosted return potential and this forecast is now back within the historical range.



Wealth Management
Dominion Securities

Questions

This commentary is based on information that is believed to be accurate at the time of writing, and is subject to change. All opinions and estimates contained in this report constitute RBC Dominion Securities Inc.'s judgment as of the date of this report, are subject to change without notice and are provided in good faith but without legal responsibility. Interest rates, market conditions and other investment factors are subject to change. Past performance may not be repeated. The information provided is intended only to illustrate certain historical returns and is not intended to reflect future values or returns.

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COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Moore Miller Investment Group
CIBC Wood Gundy



**College of Respiratory
Therapists of Ontario**

**Ordre des thérapeutes
respiratoires de l'Ontario**

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3. CIBC Relationship Structure
4. Proposed Portfolio to Meet IPS Objectives
5. Fees
6. Value-Add Differentiators
7. Questions and Discussion

CIBC Wood Gundy – Moore Miller Investment Group



Mike Miller, MBA, CFA

Senior Wealth Advisor

After more than 20 years in leadership and executive management roles within the wealth management business in Canada and internationally, Mike has returned to focus on managing client portfolios for successful individuals, families and business owners. Mike holds an MBA from McMaster University and the coveted Chartered Financial Analyst charter from the CFA Institute. Mike, his wife Pam and their three kids enjoy an active, outdoor lifestyle, spending much of their free time by the lake in Northern Ontario.



Stephen Tonelli

Associate Wealth Advisor

Stephen joined CIBC in 2014 after completing his undergraduate degree at the University of Guelph. He is an industry-licensed professional and has passed the three levels of the CFA Program and may be awarded the charter upon completion of the required work experience. Stephen began his career supporting and advising clients in retail banking. Following that, he spent six years in different roles within head office supporting wealth management executives. Away from the office, Stephen enjoys an active lifestyle spending much of his time outdoors with friends and family. He's an avid golfer, skier and cyclist. When he's not on the move, he follows Toronto's professional sports teams and golf.



Marc Gagnon

Wealth Advisor

Marc has been in financial services for 25 years. He brings extensive experience in both financial planning and investment planning with CIBC Private Banking clients. Marc received both a Bachelor in Business Administration degree and an MBA from York University, and received the Financial Executive Institute's medal for academic standing. He also holds the Chartered Investment Manager (CIM) designation and the Certified Financial Planner (CFP) designation, for which he made the President's List. He is Registered Retirement Consultant (RRC) and a Fellow of the Canadian Securities Institute (FCSI). Marc lives in midtown Toronto and can be found enjoying most weekends in Haliburton with his partner, Laurie. Between them, they have four kids and one needy Golden Doodle

Bruce J. Moore

Senior Wealth Advisor

Wesley Martin

Client Associate

Nicole Ferreira

Administrative Assistant

Our CIBC Partners

Luke Fior

Relationship Manager, Commercial Banking

Luke Fior has been on the Commercial Banking Team for 1.5 years helping businesses finance growth, manage cash flow, increase efficiency and mitigate risk. Luke's objective is to build long term strategic relationships with focus on adding value to his clients, partners, team and community. Luke graduated from University of Western Ontario with a BSC in Chemical Engineering before transitioning to the financial sector and CIBC.

Tyler Donaldson, CFP, CIM

Executive Director & Head, Private Wealth Client Solutions

Tyler Donaldson is the Executive Director and Head, Private Wealth Client Solutions at CIBC Asset Management and is a member of the CIBC Asset Management Global Distribution team. In his role Tyler is responsible for leading the CIBC Private Investment Counsel (CPIC) relationship for CIBC Asset Management. Tyler also leads the Private Wealth Client Solutions Team, which supports CIBC Wood Gundy Investment Advisors and CPIC Investment Counsellors with investment proposals of \$10 MM or more for Ultra High Net Worth and Institutional Investors. Tyler has been with CIBC Asset Management since 2009 and prior to his current role, was a member of the Investment Management Research team. Tyler holds an Honours BA from the University of Western Ontario and holds the Chartered Investment Manager and Certified Financial Planner designations.

Why Moore Miller Investment Group?

1. **Global access and institutional scale**

Backed by CIBC and CIBC Wood Gundy resources, our **objective and unbiased** investment process is tailored to our clients' objectives, using **specialized, institutional-quality global investment managers** and expertise

2. **Local community involvement & experience**

All members of our team serve or have served on the Boards and Investment Committees of many foundation clients and intimately understand the needs and the objectives of the capital

3. **Seamless client experience across CIBC**

- Prompt and professional client service across the bank
- A proactive approach to providing investment knowledge, education, and advice
- Accessibility, accountability, and reliability

CRTO's Objectives & Asset Mix

Objectives

1. To retain optimal operating funds and obtain returns on investments that, at a minimum, match current and future rates of inflation.
2. Craft an investment portfolio which will be in line with the values of the organization

Proposed IPS Asset Allocation

Asset class	Range	Target
Cash & Equivalents	0-10%	0%
Fixed Income	40-70%	55%
Canadian Equities	10-30%	20%
Global Equities	15-35%	25%

*Cash and cash equivalents are defined as cash, money market instruments and any GIC, bond or other fixed income investment that matures in the next twelve months.

CRTO Proposed Solution

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

CRTO's Existing Total Assets	\$2,277,164
-------------------------------------	--------------------

CIBC Commercial Banking

Manager : Luke Fior

Mandate : Professional Management of Unrestricted Net Assets

Recommended Solution

Operating Account & Cashable GICs	\$ 827,164.00
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Unrestricted Net Assets

Operating Fund	\$ 827,164.00
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Budgeted Net Surplus	\$ -
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CIBC Wood Gundy

Wealth Advisors : Mike Miller & Stephen Tonelli

Mandate : Professional Management of Restricted Net Assets

Recommended Solution

Diversified Investment Portfolio	\$ 1,450,000.00
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Restricted Net Assets (Set Policy Minimums)

General Contingency Fund	\$ 500,000.00
Funding for Therapy	\$ 80,000.00
Investigations and Hearing Fund	\$ 150,000.00
Special Projects Fund	\$ 300,000.00
Fee Stabilization Fund	\$ 250,000.00
	\$ 1,280,000.00

Budgeted Net Surplus	\$ 170,000.00
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Relationship Structure - What Makes Us Unique



Investment Services Framework



1. Establish the purpose for the capital

Identify the need of the capital, such as creating a pool of perpetual capital for multiple generations or creating an income stream to invest in community projects.



2. Curate an Investment Policy Statement (IPS)

Establishing the risk tolerance, expected return, income requirements, liquidity needs, etc., to meet the identified purpose for the capital.



3. Create strategic asset allocation

Allocating the capital to the right asset classes (equity, fixed income, alternatives), while considering the key parameters of your IPS.



4. Investment fulfillment

Selecting internal and external portfolio managers based on your purpose and objectives.



5. Ongoing monitoring and risk management

Formal performance reviews versus expectations and the appropriateness of the portfolio holdings, characteristics and changes versus expectation and objectives.

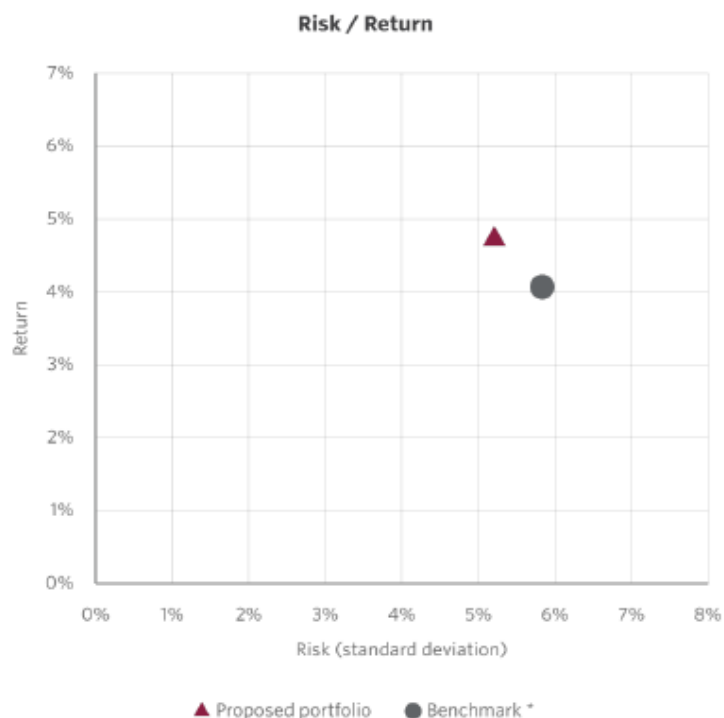
Proposed Portfolio to Meet CRTO's Objectives

The following proposed portfolio is based on your investment policy and stated investment objectives, as well as our highest conviction ICS strategies and solutions within the respective asset classes:

Proposed portfolio	Asset class	Style	Allocation (\$)	Allocation (%)
Total portfolio			1,500,000.00	100.0
Short-Term Income Fund (Manager Composite)	Fixed Income	Gov./Corp.	300,000.00	20.0
CAM Canadian Laddered Bond	Fixed Income	Gov./Corp.	300,000.00	20.0
Canadian Bond Fund (Manager Composite)	Fixed Income	Gov./Corp.	150,000.00	10.0
Floating Rate Income Fund - Currency Hedged	Fixed Income	Corp./High Yield	75,000.00	5.0
Beutel Goodman Canadian Equity Income (Manager Composite)	Canadian Equity	Traditional Value	150,000.00	10.0
Connor, Clark & Lunn Canadian Equity Income (Manager Composite)	Canadian Equity	GARP	150,000.00	10.0
U.S. Large-Cap Equity Income Fund (Manager Composite)	U.S. Equity	Relative Value	187,500.00	12.5
Walter Scott International Equity Growth	International Equity	GARP	112,500.00	7.5
Global Infrastructure Fund (Manager Composite)	Global Equity	Traditional Value	75,000.00	5.0

Proposed Portfolio Historical Risk/Return

The following depicts historical risk and performance based on the above strategy allocations and respective benchmarks from July 2014 through September 2022:



	Proposed portfolio	Benchmark*
Return (%)	4.7	4.1
Risk (standard deviation) (%)	5.2	5.8
Alpha (%)	1.1	-
Beta	0.87	1.00
Sharpe ratio	0.74	0.55
Number of positive months	60	65
Number of negative months	38	33
Lowest 12 months rolling return (%)	-4.9	-6.1
Months to recover (lowest 12 months)	-	-
Maximum drawdown (%)	-8.1	-9.8
Maximum drawdown begin date	Jan-20	Jan-20
Maximum drawdown end date	Mar-20	Mar-20
Maximum drawdown length (months)	2	2
Months to recover (max drawdown)	8	8

	1 mo (%)	3 mo (%)	6 mo (%)	YTD (%)	1 yr (%)	2 yr (%)	3 yr (%)	5 yr (%)	7 yr (%)	10 yr (%)	Since Inception Jul-14
Proposed portfolio	-1.9	-0.4	-5.4	-7.6	-4.9	1.7	1.9	3.7	4.6	-	4.7
Benchmark*	-2.1	-0.2	-6.7	-8.6	-6.1	1.9	2.1	3.4	4.1	-	4.1

Fees

As part of our preliminary portfolio recommendation, and an initial portfolio value of **\$1.5 million**, we have estimated an all-inclusive cost of **62 basis points (\$9,300)**.

The fee quoted is based on the current estimated portfolio value and asset mix. And is broken down as follows:

Asset Class	Allocation (%)	Allocation (\$)
Fixed Income	50%	\$750,000
Specialty Fixed Income	5%	\$75,000
Equity – Canadian	20%	\$300,000
Equity – US / International	20%	\$300,000
Specialty Equity	5%	\$75,000
Total	100%	\$1,500,000
Weighted Total Fee	0.62%	\$9,300

Value-Add Differentiators

Our **Investment Consulting Service (ICS)** platform is a gateway to institutional-quality products and services with a customized approach. By combining the personalized service of Wood Gundy, the objective guidance and monitoring of the CIBC Asset Management **Total Investment Solutions (TIS)** team and the investment expertise of leading global investment managers, we provide a comprehensive investment solution.

Our fee of 62 bps is inclusive of the following services:

- ✓ **All custodial and safekeeping charges** are included in the annual fees
- ✓ Thoughtfully curated and **bespoke portfolios** based on your needs
- ✓ TIS team's proprietary and rigorous **manager research & oversight**
- ✓ **High-touch client servicing** provided continuously
- ✓ **Due diligence** through regular manager meetings to review performance, investment processes and organizational developments and reassess conviction in these firms
- ✓ **Ongoing monitoring** of all investment strategies, portfolios, performance measurement, risk management and operational practices
- ✓ **Regular and customized reporting** information required by the Board
- ✓ **IPS reviews**, customization, updates, monitoring and rebalancing
- ✓ Team of investment professionals, backed by the **collective resources of CIBC**
- ✓ Strategic and Tactical **Asset Allocation**
- ✓ **Active management** investment approach
- ✓ **CIBC Commercial Bank** cash management capabilities
- ✓ **Foreign exchange** services, markets and strategies
- ✓ **Independent advice** – separation of banking and investment management

Summary – Why Moore Miller Investment Group?

Our investment management approach includes:

1. Access to **specialized investment experts from around the world**
2. **Independent, open-architecture** platform with **bespoke portfolios** based on your needs
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Council Briefing Note

AGENDA ITEM # 9.1

March 3, 2023

From:	Shaf Rahman, Deputy Registrar
Topic:	Signing Officers and Authorized Personnel-Banking & Investments Policy
Purpose:	For Decision
Strategic Focus:	Core Business Practice
Attachment(s):	Appendix A: Current Signing Officers and Authorized Personnel-Banking & Investments Policy Appendix B: Updated Signing Officers and Authorized Personnel-Banking & Investments Policy
Motion:	It is moved by _____ and seconded by _____ that: Council approve the REVISED Signing Officers and Authorized Personnel-Banking & Investments Policy.

PUBLIC INTEREST RATIONALE:

To ensure the CRTO has appropriate oversight of its financial resources to meet its statutory objectives and regulatory mandate, now and in the future.

BACKGROUND:

Signing Officers and Authorized Personnel-Banking & Investments Policy was initially developed in 2010 to establish the individuals who would be assigned to review and authorize all banking and investment activities of the CRTO in accordance with the CRTO's By-Laws and applicable policies. As per the CRTO policy framework initiative, the policy requires an update to reflect the new policy format of the CRTO.

ISSUE:

As part of the update to the Signing Officers and Authorized Personnel-Banking & Investments Policy, the Finance and Audit Committee (FAC) was tasked with reviewing the contents of the policy and considering changes to the content to better ensure that appropriate individuals are assigned to review and authorize all banking and investment activities of the CRTO.

All changes recommended and changes made to the policy are discussed in the "Analysis" section.

ANALYSIS:

The following changes were made to the Signing Officers and Authorized Personnel-Banking & Investments Policy:

- 1.) The format of the policy was updated to reflect the new CRTO policy framework format. The changes include additions of headings including Policy Statement, Purpose and Applicability.
- 2.) An additional note was added to prevent situations that maybe perceived as conflict of interest by banning the ability of a signing officer (internal or external) from signing a cheque or approving a payment made to themselves. This pre-cautionary step was always taken by the CRTO but is now captured in the policy.
- 3.) Deputy Registrar was added as an individual authorized to be an Internal signing officer.
- 4.) The signature requirement section of the policy is now in accordance with By-Law 1-11.02, and the amount requiring an internal and external signing officer has increased from \$10, 000 to \$15,000.

RECOMMENDATION:

Council approve the REVISED Signing Officers and Authorized Personnel-Banking & Investments Policy.

Appendix A:

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Title: **Signing Officers and Authorized Personnel-Banking and Investments**

Date originally approved:
June 18, 2010

Number: **CP-Signing Officers and Authorized Personnel-Banking and Investments-206**

Date(s) revision approved:
March 01, 2019

POLICY

This policy sets out who may be the signing officers and authorized personnel as referred to in the CROTO By-law for the purpose of banking and investment activities.

1. For the purpose of the CROTO by-laws and policies related to banking, borrowing and expenditures, **signing officers** are as follows:

“Internal signing officers” refers to:

- i. Registrar; and,
- ii. Any additional staff designated by the Registrar (with the exclusion of the designate for banking, as referred to in the by-laws).

“External signing officers” refers to:

- i. President;
- ii. Vice President; and,
- iii. Any other Council member (preferably, one who lives in the GTA, to facilitate expediency).

2. For the purpose of investments, **authorized personnel** (as referred to in the by-laws) are any two of the following:

- i. President
- ii. Vice President
- iii. Registrar
- iv. Finance and Office Manager

3. For the purpose of banking, **designate** (as referred to in the by-laws) means the Finance and Office Manager.

4. Cheques valued at less than \$10,000 require the signature of two (2) internal signing officers. Cheques valued at more than \$10,000 require signatures from one (1) internal signing officer and one (1) external signing officer.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Signing Officers and Authorized Personnel-Banking & Investments

Type: Policy

Origin Date: June 18, 2010

Section: CP

Approved By Council on: March 1, 2019

Document Number: CP - 206

Next Revision Date: 5 Years After Approval

1.0 POLICY STATEMENT

It is the policy of the College of Respiratory Therapists of Ontario (CRTO) to assign personnel to review and authorize all banking and investment activities of the CRTO in accordance with the CRTO's By-Laws and applicable policies.

2.0 PURPOSE

The purpose of this policy is to set out who may be the signing officers and authorized personnel as referred to in the CRTO By-law for the purpose of banking and investment activities.

3.0 APPLICABILITY

Council of the College of Respiratory Therapists of Ontario

Certain individuals on the CRTO Council, as directed by this policy, will be given the authority and appropriate training to be signing officers on behalf of the CRTO for all banking and investment activities.

College of Respiratory Therapists of Ontario Staff

Specific staff of the CRTO, as directed by this policy, will be given the authority and appropriate training to be signing officers on behalf of the CRTO for all banking and investment activities.

Appendix B:

4.0 RESPONSIBILITIES

1.) *Signing Officers:*

For the purpose of the CRTO By-laws and policies related to banking, borrowing and expenditures, **signing officers** are as follows:

“Internal signing officers” refers to:

- i. Registrar;
- ii. Deputy Registrar; and
- iii. Any additional staff authorized by the Registrar (with the exclusion of the designate for banking, as referred to in the By-laws).

“External signing officers” refers to:

- i. President;
- ii. Vice President; and,
- iii. Any other Council member (preferably, one who lives in the GTA, to facilitate expediency).

Note: An Internal signing officer or an External signing officer cannot sign a cheque or approve a payment made to themselves.

2.) *Investments Authorized Personnel*

For the purpose of investments, authorized personnel (as referred to in the By-laws) are any two of the following:

- i. President
- ii. Vice President
- iii. Registrar
- iv. Finance and Office Manager

3.) *Banking Designate*

For the purpose of banking, designate (as referred to in the by-laws) means the Finance and Office Manager.

4.) *Signature Requirements*

Signature requirements shall be in accordance with CRTO By-Law 1 – 11.02

5.0 RELATED DOCUMENTS

CRTO By-Laws
Investment Policy
Reserve Policy

6.0 ABBREVIATIONS

CRTO – College of Respiratory Therapists of Ontario
GTA – Greater Toronto Area

Appendix B:

7.0 CONTACT INFORMATION

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Council Briefing Note

AGENDA ITEM # 9.2

March 3, 2023

From:	Kelly Arndt, Manager, Quality Practice
Topic:	REVISED Professional Development Program (PDP) Policy
Purpose:	Decision
Strategic Focus:	Core Business Practices
Attachment(s):	Appendix A – Revised PDP policy
Motion:	It is moved by _____ and seconded by _____ that: Council approves the revised Professional Development Program (PDP) Policy.

PUBLIC INTEREST RATIONALE:

It is the policy to uphold the College of Respiratory Therapists of Ontario's (CRTO's) mandate to act in the public interest by supporting the ongoing professional development of Ontario Respiratory Therapists (RTs).

ISSUE:

Last revised in 2022, the policy has been updated to reflect the new \$25 penalty fee for late PDP requirements.

BACKGROUND:

The purpose of this policy is to facilitate CRTO member's successful completion of the components of the Professional Development Program which is designed to:

- promote continuing competence and continuing quality improvement;
- promote interprofessional collaboration; and
- address changes in practice environments, standards of practice, and entry-to-practice competencies, as well as advances in technology.

ANALYSIS:

It is common practice by other Regulators to impose a penalty fee if requirements are not completed or fulfilled by the deadline. The CRTO reviewed the PDP policy and determined that

a \$25 penalty fee would be imposed for overdue professional development requirements (Relevant, Portfolio, Launch). The Quality Assurance Committee reviewed the revised policy and passed a motion to approve the amendment on February 10, 2023.

RECOMMENDATION:

It is recommended that Council approve this amended PDP policy for publication.

NEXT STEPS:

If approved, the policy will be published on the CRTO website.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Professional Development Program

Type: Policy

Origin Date: May 27, 2011

Section: QA

Approved by Council: April 8, 2022

Document Number: QA-101

Next Revision Date: April 2027

1.0 POLICY STATEMENT

The CRTO Professional Development Program (PDP) consists of the following components:

- Launch RT Jurisprudence Assessment;
- RelevanT eLearning Module;
- Portfolio Online for Respiratory Therapists (PORTfolio^{OM});
- Specific Continuing Education or Remediation Program (SCERP); and
- Practice Assessment.

A description of each component is listed below.

2.0 PURPOSE

It is our policy to uphold the College of Respiratory Therapists of Ontario's (CRTO's) mandate to act in the public interest by supporting the ongoing professional development of Ontario Respiratory Therapists (RTs). The purpose of this policy is to facilitate CRTO member's successful completion of the components of the Professional Development Program which is designed to:

- promote continuing competence and continuing quality improvement;
- promote interprofessional collaboration; and
- address changes in practice environments, standards of practice, and entry-to-practice competencies, as well as advances in technology.

3.0 APPLICABILITY

This policy applies to all members of the CRTO, which includes members registered with General, Limited, Graduate or Inactive Certificates of Registration.



4.0 RESPONSIBILITIES

CRTO Members

Launch RT Jurisprudence Assessment

All new and reinstated CRTO members, regardless of route of entry to practice, must complete the Launch RT Jurisprudence Assessment within three (3) months of registration. Launch RT Jurisprudence Assessment is designed to assess members' knowledge, skill, and judgment and requires a passing mark of 70%. Deferrals for the Launch RT Jurisprudence Assessment will only be granted by the QAC in extenuating circumstances.

More information on the deferral process is available in the Deferral of Professional Development Program Requirements Policy.

Relevant eLearning Module

All CRTO members must complete the Relevant Learning Module on an annual basis, which provides information about practice standard changes. It is not a pass/fail module, rather completion only. In order to successfully complete the Relevant module, each member is required to correctly answer all of the questions in the module. Members are permitted to attempt the questions as many times as necessary in order to correctly answer all of them. Deferrals are not granted for the Relevant eLearning Module.

PORTfolio^{OM}

All CRTO members must maintain their PORTfolio on an ongoing basis. CRTO members with General, Limited and Graduate Certificates of Registration are required to submit their PORTfolio online, using the PDKeepr module, during their predefined Review Year. Review Years are available on a member's CRTO webpage and are on a five-year cycle. Members registered with Inactive Certificates of Registration are not required to submit their PORTfolio. Deferrals for PORTfolio submissions will only be granted by the QAC in extenuating circumstances.

More information on the deferral process is available in the Deferral of Professional Development Program Requirements Policy.

Specific Continuing Education or Remediation Program (SCERP)

CRTO members whose knowledge, skill, and judgment have been assessed and found to be unsatisfactory may be directed by the Quality Assurance Committee (QAC) to participate in a Specified Continued Education or Remediation Program (SCERP). This remediation process is intended to be an educational opportunity for the member to improve their knowledge, skill, and judgment.

The form and nature of the SCERP will depend on the member's identified learning needs and challenges and may take the form of:

- A customized educational tool that is implemented utilizing a mentor;
- An existing course or educational program; or
- Another educational tool that is appropriate for the Member's learning needs.



There are three (3) circumstances where a member may be required to undergo a SCERP:

1. If a member receives a score below 70% on two consecutive attempts at the Launch RT Jurisprudence Assessment; and/or
2. If a member submits two consecutive PORTfolios that are determined to not meet the requisite criteria for successful completion; and/or
3. If a member has completed a practice assessment and found to have unsatisfactory knowledge, skill, and judgment. In these instances, the member will be referred to a panel of the QAC.

Practice Assessment

The Regulated Health Professions Act requires that all health regulatory Colleges have a Quality Assurance Program that consists of self, peer, and practice assessments. A CRTO member may be selected by the QAC to undergo peer and practice assessments to determine whether the members' knowledge, skill and judgment are satisfactory. A Practice Assessment may also be required for reasons including but not limited to criteria specified by the Committee. One such criteria specified by the QAC is that new CRTO Members who have not graduated from an [approved Canadian program](#) shall be required to complete a Practice Assessment as outline in the CRTO's [Entry-to-Practice Competency Assessment Policy](#).

More information on the deferral process is available in the Deferral of Professional Development Program Requirements Policy.

5.0 AUTHORITY & MONITORING

This policy is in alignment with section 80 of the *Health Professions Procedural Code* (the *Code*) being Schedule 2 to the *Regulated Health Professions Act, 1991, (RHPA)* and *Ontario Regulation O. Reg. 379/12: General (Part VI - Quality Assurance)*.

6.0 CONSEQUENCES FOR NON-COMPLIANCE

The CRTO establishes timelines for completion of all PDP components, criteria for successful completion and monitors participation of CRTO Members in the PDP on an ongoing basis. If a CRTO Member does not complete their PDP requirements by the established deadline, they will be sent a reminder notice. If they do not complete their obligation within 15 days of the sent date of the reminder notice, they will be charged a penalty fee of \$25 as outlineoutlined in the CRTO Schedule of Fees. within the established timelines, If the Member does not submit the required PDP evaluation despite repeated notification (See Summary of Non-Compliance and Late Submission of PDP Requirements in Appendix A), a panel of the QA Committee may do any one or more of the following:

- require the Member to undergo a peer and practice assessment; and/or
- disclose the name of the Member and allegations against the Member to the Inquiries, Complaints and Reports Committee (ICRC) if the QAC is of the opinion that the Member may have committed an act of professional misconduct or may be incompetent or incapacitated.



7.0 RELATED DOCUMENTS

- CRTO Professional Development Program (PDP)
- Deferral of Professional Development Program Requirements Policy
- PDP Peer Assessors, Mentors, Practice Assessors Fact Sheet
- [Section 80 of the Health Professions Procedural Code \(the Code\) being Schedule 2 to the Regulated Health Professions Act, 1991, \(RHPA\)](#)
- [Ontario Regulation O. Reg. 379/12: General \(Part VI - Quality Assurance\)](#)
- [CRTO By-Laws \(By-Laws 3 – Membership\) s. 4.12](#)

8.0 APPENDICES

- Appendix A - Summary of Non-Compliance & Late Submission of PDP Requirements

9.0 CONTACT INFORMATION

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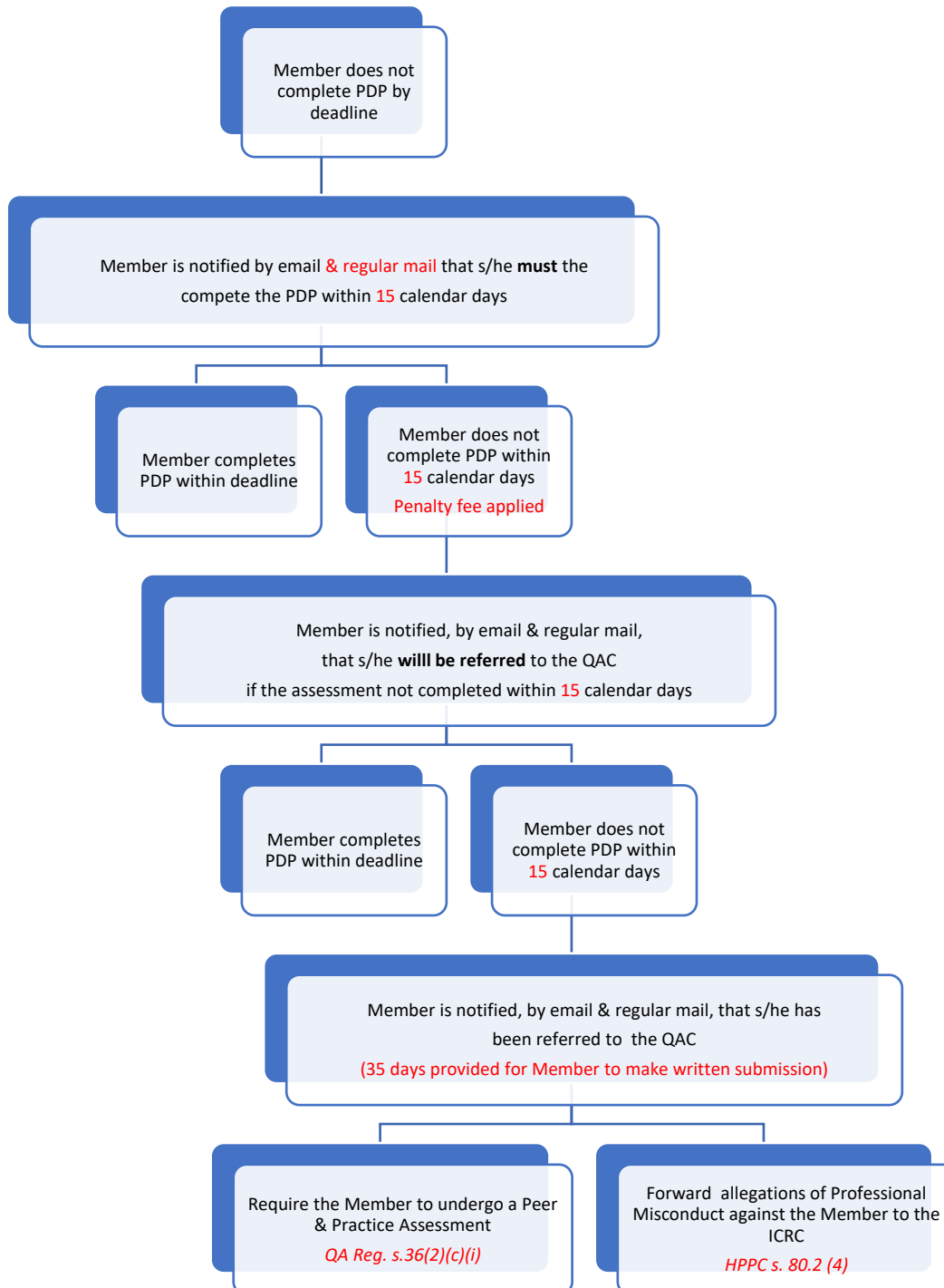
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APPENDIX A - Summary of Non-Compliance & Late Submission of PDP Requirements



Council Briefing Note

AGENDA ITEM # 9.3

March 3, 2023

From:	Carole Hamp, RRT - Registrar & CEO
Topic:	Policies Being Rescinded & Archived
Purpose:	For Decision
Strategic Focus:	Core Business Practices
Attachment(s):	Appendix A: Election Process - Council Members and Non-Council Committee Members Policy
Motion:	It is moved by _____ and seconded by _____ that: The CRTO Council approves that the Election Process - Council Members and Non-Council Committee Members Policy be rescinded & archived.

PUBLIC INTEREST RATIONALE:

The CRTO is committed to adopting a proportionate and responsive regulatory approach with the continued policy review based on the guidance of the CRTO Policy Framework.

ISSUE:

During the policy review process, guided by the Policy Framework, it has been determined that some CRTO policies are repetitive or include information that does not need to be in a policy format. This includes the Election Process - Council Members and Non-Council Committee Members Policy; the provisions of the policy are covered under the revised CRTO By-law #2 Council and Committees.

BACKGROUND:

The CRTO By-law #2 Council and Committees has been updated and revised to ensure that all relevant information pertaining to the CRTO's Election Process is contained within the By-law. Accordingly, it is recommended that the Election Process - Council Members and Non-Council Committee Members Policy be rescinded and archived and that the (internal) Elections Process Procedure be updated according to the process outlined in the revised By-Law.

RECOMMENDATION:

It is recommended that the Election Process - Council Members and Non-Council Committee Members Policy be rescinded & archived.

NEXT STEPS:

If the motion is approved, the Election Process - Council Members and Non-Council Committee Members Policy will be archived internally. The Elections Process Procedure will be updated to reflect the election process outlined under By-law #2 Council and Committees.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Title: **Election Process - Council Members and Non-Council Committee Members**

Number: **AD-143**

Date originally approved:
April 21, 1994

Date(s) revision approved:
June 2, 2017

POLICY

According to the CRTO By-laws article 16, the Registrar is responsible for supervising the nomination and election of Council and Non-Council Committee Members. This policy and procedure articulate the election process required by the Respiratory Therapy Act and the By-laws of the CRTO.

Date of the Election

1. The date of the election is set by the Registrar.

Eligibility and Nominations

1. To be eligible to run for election, the nominee must meet all eligibility requirements as outlined in articles 16.10 and 16.11 of the CRTO By-laws.
2. All nominees must be nominated by at least three (3) Members who are eligible to vote in the district of the nominee.
3. All nominees must submit a completed nomination form by the posted deadline. The form must include the following to be considered complete:
 - Completed nomination form, including the name of the Member nominated and the position sought (Council or Non-Council Committee Member);
 - The names and CRTO registration numbers of at least three (3) nominators who are eligible to vote in the district of the nominee and who support the nomination;
 - A candidate statement from the nominee of no more than 500 words;
 - A headshot photo of the candidate suitable for online posting;
 - A completed record of affiliations
4. The nomination form must be submitted electronically to the CRTO by the end of the business day, seven (7) days prior to the date set for the start of the voting period.
5. The CRTO will confirm the eligibility of all nominees and nominators.
6. The CRTO may refuse a nomination if the submission is not in keeping with the principles of self-regulation or the public interest.

Voting

1. General, Graduate, Limited, Inactive or Life Members who reside or work in the eligible electoral district(s) may vote by electronic ballot during the voting period. Please see article 16.05 of the CRTO By-laws for full details.
2. The candidate who receives the most votes for the position they are running for is elected.
3. A valid vote consists of two (2) items – (i) the initial submission indicating the preferred candidate (the “vote”) and (ii) the submission of a confirmation of the selection (the “confirmation”). The confirmation is included as a security element in electronic voting. Both items must be received by the close of the voting period in order for the vote to count.

Reporting of the Results

1. The Registrar shall report the results of the election as soon as the votes have been tallied, the results confirmed and all candidates have been notified of the results.

Election Oversight

1. The election process and the counting of votes will be overseen by an external third party (the “scrutineer”) selected by the Executive Committee. The selectee will be announced to the membership at the beginning of the nomination period.

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