CRTO

Council Meeting Materials

March 4, 2022

Zoom Video Conference
https://us02web.zoom.us/j/84364787799

Meeting ID: 843 6478 7799
Passcode: 255031

Find your local number: https://us02web.zoom.us/u/knYTg7qAk

College of Respiratory Therapists of Ontario

Ordre des thérapeutes respiratoires de l'Ontario

CRTO Council Meeting Agenda
March 4, 2022

AGENDA ITEM # 3.0

9 am to 1 pm
Zoom Video Conference

Time	Item	Agenda	Page No.	Speaker / Presenter	Action	Strategic Focus
	1.0	**Introduction & Land Acknowledgement**		Lindsay Martinek		
	2.0	**Conflict of Interest Declaration**		Carole Hamp		
	3.0	**Approval of Council Agenda**	**2-4**	Lindsay Martinek	Decision	Governance & Accountability
	4.0	**Strategic Issues**				
	4.1	College Performance Measurement Framework – Draft Submission to the MOH	**5-8**	Carole Hamp	Discussion	Governance & Accountability
	4.2	Draft Budget 2022/2013	**9-18**	Carole Hamp	Decision	Core Business Practices
	4.3	Draft Succession Plan for Senior Leadership	**19-27**	Lindsay Martinek	Decision	Core Business Practices
	5.0	**Operational & Administrative Issues**				
	5.1	Registrar's Report	**28-31**	Carole Hamp	Information	Core Business Practices
	5.2	Financial Statements	**32-45**	Carole Hamp	Decision	Core Business Practices
	5.3	Investment Portfolio	**46-49**	Carole Hamp	Decision	Core Business Practices
	5.4	Membership Statistics	**50**	Lisa Ng	Information	Core Business Practices
	6.0	**Consent Agenda Items**	*Consent Agenda: One Decision for Entire Consent Package*			
	6.1	Minutes from December 3, 2021	**52-68**	Lindsay Martinek		Governance & Accountability
	6.2	Executive Committee Report	**69**	Lindsay Martinek		Governance & Accountability
	6.3	Registration Committee Report	**70-75**	Christa Krause		Governance & Accountability
	6.4	Quality Assurance Committee Report	**76-77**	Andriy Kolos		Governance & Accountability
	6.5	Patient Relations Committee Report	**78-79**	Kim Morris		Governance & Accountability
	6.6	Inquiries, Complaints and Reports Committee Report	**80-81**	Kim Morris		Governance & Accountability

6.7	Discipline Committee Report	**82**	Lindsay Martinek		Governance & Accountability
6.8	Fitness to Practise Committee Report	**83**	Lindsay Martinek		Governance & Accountability
6.9	Finance & Audit Committee	**84-85**	Jeff Dionne		Governance & Accountability
7.0	**Committee Items Arising**				
7.1	**Executive Committee Items:**				
7.1.1	Terms of Reference & Action Plan	**86-93**	Lindsay Martinek	Decision	Governance & Accountability
7.2	**Registration Committee Items:**				
7.2.1	Terms of Reference & Action Plan	**94-106**	Christa Krause	Decision	Governance & Accountability
7.2.2	Approval of Canadian RT Programs	**107-119**	Christa Krause	Decision	Governance & Accountability
7.3	**Quality Assurance Committee Items:**				
	No items for this meeting		Andriy Kolos		Governance & Accountability
7.4	**Patient Relations Committee Items:**				
7.4.1	Terms of Reference & Action Plan	**120-131**	Kim Morris	Decision	Governance & Accountability
7.4.2	Diversity, Equity and Inclusion (DEI) Strategic Plan	**132-138**	Kim Morris	Decision	Governance & Accountability
7.4.3	Equity Impact Assessment Tool	**139-189**	Kim Morris	Decision	Governance & Accountability
7.5	**Inquiries, Complaints & Reports Committee Items:**				
	No items for this meeting		Kim Morris		Governance & Accountability
7.6	**Discipline & Fitness to Practise Committees Items:**				
	No items for this meeting		Lindsay Martinek		Governance & Accountability
7.7	**Finance & Audit Committee**				
7.7.1	Goals & Terms of Reference	**190-198**	Jeff Dionne	Decision	Governance & Accountability
8.0	**Legislative and General Policy Issues**				

8.1	Revised By-Laws – For Final Approval	**199-273**	Carole Hamp	Decision	Governance & Accountability
9.0	**Other Business**				
9.1	Educational Needs Assessment Results		Carole Hamp		Governance & Accountability
9.2	Meeting Effectiveness Evaluation Survey		Carole Hamp		Governance & Accountability
10.0	**Next Meeting - Council: April 08, 2022**				
11.0	**Adjournment**				
	Open Forum				

AGENDA ITEM #4.1

From:	*Carole Hamp, RRT – Registrar*
Topic:	*CPMF Draft Submission to MOH*
Purpose:	*For Discussion*

CRTO's Performance Measurement Framework (CPMF): Draft 2021 Submission

2021 Reporting Cycle

Background

The CPMF was developed by the Ontario Ministry of Health (MOH) to answer the question, "how well are Colleges executing their mandate, which is to act in the public interest?" This information is intended to:

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

Each College is required to report on a number of different standards within seven (7) domains.

CPMF Measurement Domains

1. Governance
2. Resources
3. System Partners
4. Information Management
5. Regulatory Policies
6. Suitability to Practice
7. Measurement, Reporting, and Improvement.

Overall Identified Areas of Improvement for 2022

Each domain contains standards ask the College:

- Are they meet meeting the standards as set out by the MOH ("yes", "partially," or "no")
- If "yes" or "partially", provide evidence (e.g., links to documents on the website)
- If "partially" or "no", provide an outline of the College's plans to meet the expectations in the coming year.

The CRTO draft CPMF submission for the year 2021 (due March 31, 2022) has identified the following opportunities for improvement in 2022.

Domain 1: Governance

Council & Committees

- pre-screening competency and suitability criteria
- online Council/Committee general orientation module to be completed as part of the nomination process
- framework to regularly evaluate the effectiveness of Council meetings (with a plan to have that framework assessed by an external party every three (3) years)
- educational needs assessments
- annual & meeting-specific conflict of interest declarations

Domain 2: Resources

- "financial reserve policy" and financial reporting format that demonstrates alignment with strategic direction
- risk management plan (which includes succession plan for senior leadership)

Domain 3: System Partners

- Diversity, Equity & Inclusion (DEI) Plan and Equity Impact Assessment

Domain 4: Information Management

- IT infrastructure assessment & cyber security risk management plan
- a policy outlining the College's response plan for unauthorized disclosure of confidential or private information
- collection of statistics regarding any authorized disclosure

Domain 5: Regulatory Policies

- a process to identify when standards of practice, professional practice/clinical best practice guidelines are updated or when new guidelines are required
- application of Equity Impact Assessment to all CRTO policies, guidelines & practices

Domain 6: Suitability to Practice

- review of complaints processes to ensure efficiency, effectiveness & transparency
- a risk-based approach to all QA, RC & ICRC decisions (e.g., decision-making frameworks)

Domain 7: Measurement, Reporting, and Improvement

- development and tracking of Key Performance Indicators (KPIs) to monitor such things as:
    - Key priorities identified in the CRTO's strategic direction
    - Regulatory outcomes (e.g., complaints & discipline matters)
    - Financial & risk management

Council Briefing Note

AGENDA ITEM # 4.2 **March 4, 2022**

From:	*Carole Hamp, RRT – Registrar*
Topic:	*Draft 2022 – 2023 Budget*
Purpose:	*For Decision*
Strategic Focus:	*Core Business Practice*
Attachment(s):	*Appendix A: Budget Highlights* *Appendix B: Draft 2022-2023 Budget*

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

ISSUE:
At the first Council meeting of the calendar year, the Executive Committee and Council review and approve the draft budget for the upcoming fiscal year.

BACKGROUND:
In early 2022, the CRTO launched its new Finance and Audit Committee (FAC). This Committee reviewed and approved the draft 2022-23 budget at its February 1 meeting. The draft budget was also reviewed and approved at the February 11 Executive Committee meeting.

ANALYSIS:
The following budget lines have been added/revised:
5141 Consulting – Core Functions: added to cover such expenses as complaints process & IT infrastructure review
5141 Consulting – Governance: added to cover such expenses as Policy & By-Law review & CPMF projects)
5555 Government Relations: was formerly named “Scope of Practice Monitoring”

5600 Chair's Event: existed in previous budgets to cover the expenses for an annual Chair's educational dinner
5622 Cybersecurity: added to cover our new annual expense for incidence response services
5625 Data Management: added to cover scanning of member files in 2022
6800 Finance & Audit Committee: added for new committee

The following budget lines have been removed:
5381 Alliance Expense: no longer needed as NARTRB AGM is currently being conducted virtually
5518 QA PORTfolio Development: no longer needed as the platform is complete
5524 QA PORTfolio App. Subscription Fee: no longer to have an app with the new platform
5932 Student Council Rep: no longer needed, as this initiative has been suspended for the foreseeable future

RECOMMENDATION:
It is recommended that Council approve the draft CRTO 2022 – 2023 budget.

NEXT STEPS:
If approved, the 2022 – 2023 budget will come into effect on March 1, 2022.

Council Motion

AGENDA ITEM #4.2

Motion Title:	*Draft 2022 – 2023 Budget*
Date of Meeting:	*March 4, 2022*

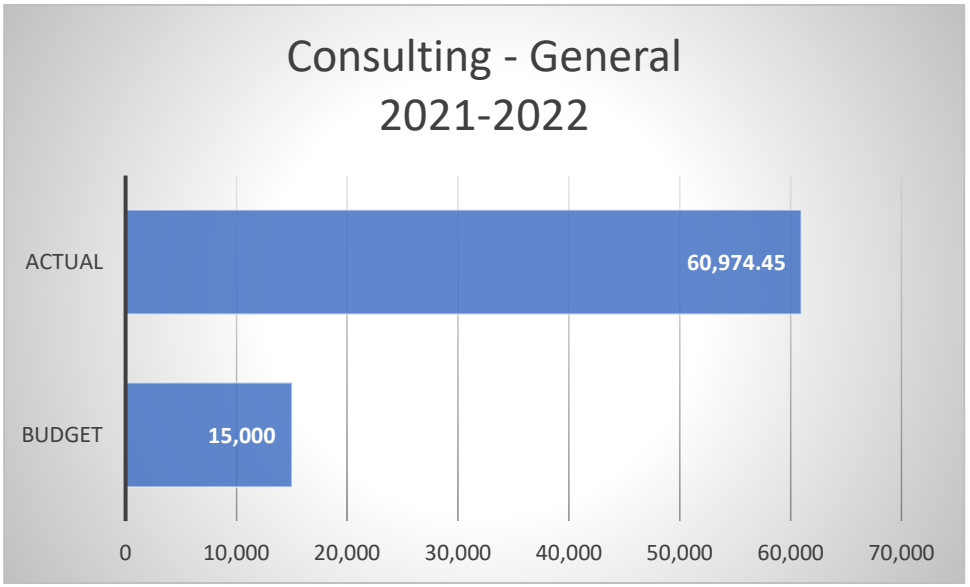
It is moved by _____ and seconded by _____ that:

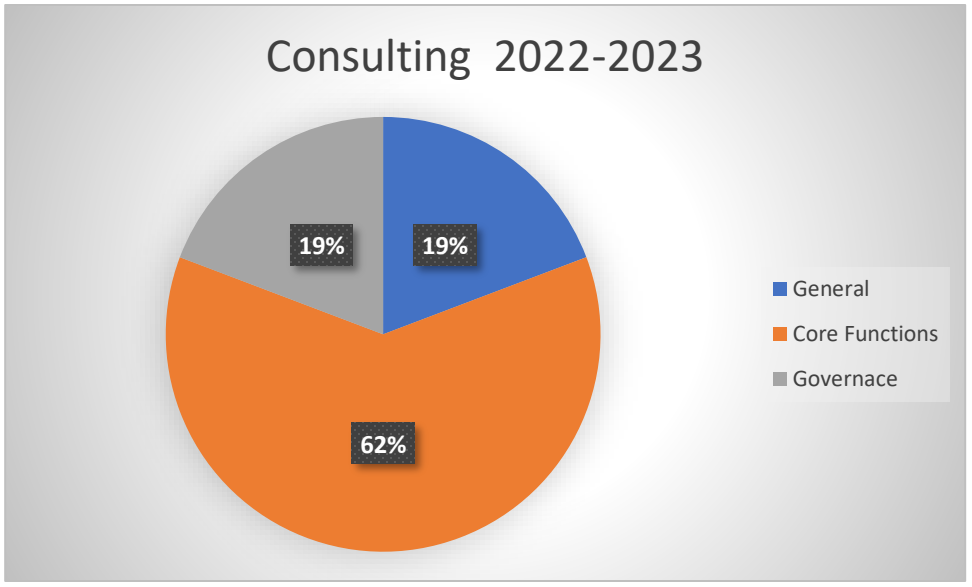
Council approves the CRTO's draft 2022 – 2023 budget. (A copy of the draft version is attached as Appendix A and B to this motion within the materials of this meeting).

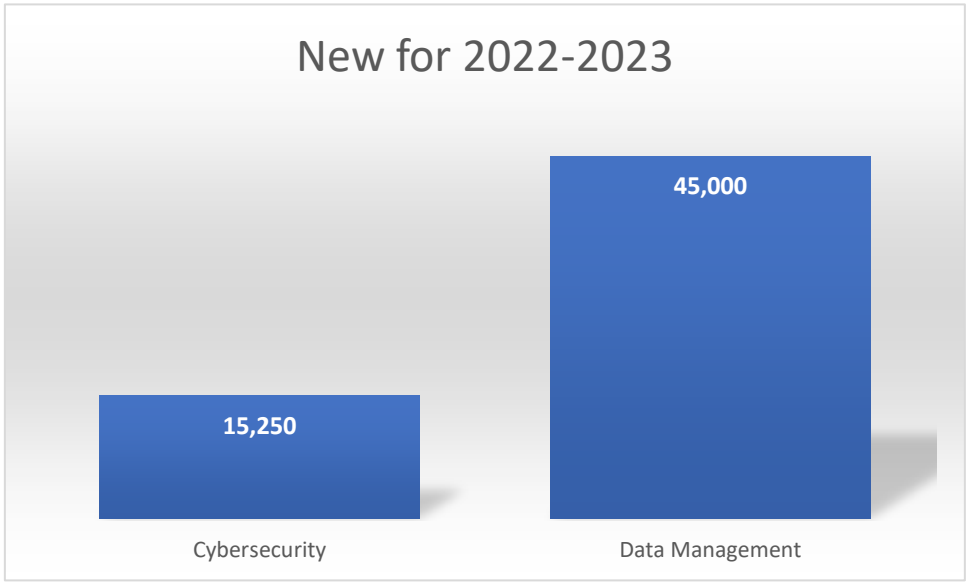
Appendix A: 2022-2023 Budget Highlights

2022 – 2023 Budget Highlights

CRTO Highlights of the 2022-2023 Budget







Appendix B: 2022-2023 Draft Budget

Draft proposed budget for 2022 – 2023 fiscal year.

College of Respiratory Therapists of Ontario
Proposed Budget 2022-2023

	Mar. 21 - Jan. 22	Current Budget	Proposed Budget 2022-23	Comments
Income				
4100 Registration Application Fees	6,150.00	15,000.00	15,000.00	$75 x 200 applicants = $15,000
4200 Registration & Renewal Fees	2,386,912.50	2,340,000.00	2,492,325.00	New (20O x $650) = $130,000 + General (3583 x $650) = 2,328,950 + Inactive 267 x $125 = $33,375.
4210 Competency Assessment-Stage1&2	500.00	4,000.00	4,000.00	8 x $500 = $4,000
4211 Competency Assessment (CSA)	4,250.00	8,500.00	8,500.00	2 x $4,250 = $8,500 ($8,250 - 2019 - 2020 fiscal year)
4300 Penalty Fees	4,812.50	5,000.00	6,000.00	Late fee ($162.50 General; $50 Inactive) - $5,812.50 - 2019 - 2020 fiscal year
4400 Misc. Revenue	340.00	45.00	250.00	e.g.; IEHP appeal fee $250
4600 Investment Income	13,647.33	11,351.00	13,927.54	
Total Income	**$ 2,416,612.33**	**$ 2,383,896.00**	**2,540,002.54**	
Expenses				
5000 Admin./Operational Expenses				
5010 Staff Salaries	1,069,031.24	1,088,650.60	1,119,325.48	based on 11 staff + 1 IC
5020 Staff Benefits	67,750.74	68,033.30	91,338.40	90% of $7947.96 annually + $500 Health Spending x 11 staff
5030 CPP&EI-Employer Contribution	41,424.52	40,555.40	48,969.14	CPP max ($3499), EI max ($952.74) - 11 staff
5031 Staff RSP	25,069.78	32,455.14	31,920.88	3% CRTO portion
5035 Employer Health Tax (EHT)	2,442.43	1,728.69	2,326.85	gov't formula: Salary value - $1M* 1.95%
5040 Staff Training & Development	6,825.11	5,000.00	8,000.00	increased to accommodate increase in staff & training requirements
5041 Staff Personal Education	499.00	8,000.00	8,800.00	$800/staff
5045 Staff-Travel & Expense-Misc.	2,043.96	5,000.00	5,000.00	$3,207.22 - 2021 - 2022 fiscal year
5050 Equipment (Non-Capitalized)	0.00	2,500.00	1,500.00	office furniture
5060 Rent & Occupancy	191,115.75	215,585.50	222,490.00	$18,449 x10 +$19,000 x 2
5070 Equipment Leases & Maintenance	10,785.53	13,876.00	13,876.00	Zerox ($3011 x 4) + Pitney Bowes ($186.52 x 4) + WaterLogic ($271 x 4)
5090 Insurance	5,555.52	6,111.60	5,788.33	increase of 4.2% (2021 premium $5555.52)
5110 Accounting & Audit	3,220.50	10,000.00	12,035.00	$12,035 last fiscal year
5120 Legal - General	32,734.29	25,000.00	45,000.00	on track to spend over $44,000 this year
5121 Legal - Investigation&Hearing	12,775.37	20,000.00	20,000.00	costs related to Professional Conduct legal advise (SML)
5130 Expenses-Investigations&Hearing	10,014.02	25,000.00	25,000.00	costs related to Professional Conduct (e.g., consultation with experts)
5131 Investigation Services	120,745.45	75,000.00	120,000.00	investigation services
5140 Consulting - General	60,974.45	15,000.00	15,000.00	(e.g., staff recruitment)
5141 Consulting - Core functions			48,000.00	Complaints process review ($12,500) + IT Infrastructure review ($35,000)
5142 Consulting - Goverance			15,000.00	remainder of policy & by-law review + CPMF projects (e.g., DEI), financial advisor
5210 Telephone/Fax/Internet	11,734.22	13,432.82	13,432.82	Selectcom, staff cellphone allowance, ZoiPer
5220 Computer Software	16,867.91	20,000.00	25,000.00	Adobe, MS, GoAnimate, QuickBooks
5221 Computer Hardware	10,670.61	4,000.00	5,000.00	(e.g., laptops - $1250 reimbursement) increased due to increase in staff
5223 Website Hosting	2,124.03	4,154.00	4,154.00	Enticity
5224 Website Development	19,175.80	12,000.00	20,000.00	Enticity, SSL
5230 Postage/Courier - General	6,211.46	7,000.00	8,000.00	Purolator, Stamps
5240 Printing - General	2,930.81	10,000.00	10,000.00	Xerox, Print Zone

5250 Translation - General	16,904.43	20,000.00	30,000.00	Substantial increase due to policy & by-laws review (possible translation of Public Register)
5310 Office Supplies	2,449.74	7,500.00	5,000.00	(e.g., Printer cartridges)
5320 Office Maintenance/Upkeep	6,121.48	4,000.00	8,000.00	Iron Mountain, proofreading services. plaques (already over $6,000)
5321 Office Meeting Expenses	3,617.27	1,000.00	5,000.00	Staff retreats, donations, eChristmas card donation
5330 Bank Account Charges	1,387.90	1,281.97	1,514.07	
5331 Paypal Charges	1,084.48	1,347.02	1,183.07	
5340 Credit Card Merchant Fees	10,533.86	74,371.05	62,533.86	
5350 Conference Registration Fees	1,284.90	6,500.00	5,000.00	CLEAR, CNAR, CSRT ($4,802 - 2019-2020 fiscal year)
5380 Membership/Subscriptions	14,992.61	21,000.00	23,766.67	CSRT, NARTRB, HPRO, AARC
5381 Alliance Expenses		1,000.00		Inactive
5385 Accreditation Services	3,089.22	18,000.00	12,000.00	Accreditation Canada ($11,570 - 2019-2020 fiscal year)
5500 QA Portfolio Reviewers	16,964.48	20,000.00	20,000.00	$19,131.17 last fiscal year
5516 QA PORTfolio Annual Fee		39,550.00	39,550.00	PDKeepr (PORTfolio, RelevanT, Launch & SCERP elearning modules)
5518 QA PORTfolio Dev't		10,000.00		inactive
5521 Competency Assessment-Phase1&2	1,099.30	4,000.00	4,000.00	
5522 Competency Assessment-CSA	15,527.92	17,000.00	17,000.00	
5523 Comp. Assessment-Train/Dev't		3,000.00	3,000.00	
5524 QA PORT App. Subscription fee		0.00		inactive
5545 Outreach Activities-Travel/Exp.	1,124.35	2,000.00	2,000.00	Learning Agents (digital badges)
5546 Communications - General		3,000.00	3,000.00	Informz
5547 Communications - Social Media		1,500.00	1,500.00	Hootsuite
5555 Government Relations	56,409.60	85,000.00	$ 85,000.00	formerly Scope of Practice Monitoring
5600 Chairs Event (Dinner)			800.00	1 Chairs' Dinner
5610 Education Day Expenses		10,000.00	5,600.00	4 mini Sessions (Council & Non-Council)
5620 Data Base Development	605.96	50,000.00	50,000.00	VA ($7,387.00 2019-2020 fiscal year) + Plan for new database
5622 Cybersecurity			15,250.00	Incident Response Service
5623 Database Annual Software Fee		0.00	23,000.00	ASI ($21,609.84 2019 - 2020 fiscal year)
5624 Database Hosting	8,138.79	9,500.00	9,500.00	MS
5625 Data Management			$ 45,000.00	Scanning Member files ($43,920)
5700 Unrealized Gain/Loss (investments)	-3,084.00	0.00		
5932 Student Council Rep.		0.00		inactive
Total 5000 Admin./Operational Expenses	**$ 1,890,974.79**	**$ 2,138,633.09**	**$ 2,423,154.57**	
6000 Council				
6010 Council - Meeting Per Diems	6,600.00	0.00		
6020 Council - Prep Time Per Diems	5,600.00	0.00		
6030 Council - Travel Time Per Diems		0.00		
6040 Council - Meals		0.00		
6050 Council - Accommodation		0.00		
6060 Council - Travel Expense		0.00		
6090 Council - Meeting Room Expense		0.00		
6097 Council-Education/Training Cost	4,725.00	0.00		
Total 6000 Council	**$ 16,925.00**	**$ 12,000.00**	**$ 15,200.00**	based on 4 full, 2 half Council

6100 Executive				
6110 Executive - Meeting Per Diems	4,500.00	0.00		
6120 Executive - Prep Time Per Diems	3,900.00	0.00		
6130 Executive-Travel Time Per Diems	210.00	0.00		
6140 Executive - Meals	208.24	0.00		
6150 Executive Accomodation	469.22	0.00		
6160 Executive - Travel Expense	569.94	0.00		
6170 Executive Telephone		0.00		
Total 6100 Executive	**$ 9,857.40**	**$ 4,200.00**	**$ 4,200.00**	based on 4 full mtg.
6200 Registration				
6210 Registration-Meeting Per Diems	1,837.00	0.00		
6220 Registration-PrepTimePerDiems	2,550.00	0.00		
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	3,654.42	0.00		
Total 6200 Registration	**$ 8,041.42**	**$ 11,875.00**	**$ 26,700.00**	based on 10-12 mtg.
6300 Pat.Rel.				
6310 Pat.Rel.-Meeting Per Diems	1,050.00	0.00		
6320 Pat.Rel.-Prep Time Per Diems	950.00	0.00		
6330 Pat.Rel.-Travel Time Per Diems		0.00		
6340 Pat.Rel.-Meals		0.00		
6350 Pat.Rel.-Accomodation		0.00		
6360 Pat.Rel.-Travel Expenses		0.00		
6370 Pat.Rel.-Telephone		0.00		
Total 6300 Pat.Rel.	**$ 2,000.00**	**$ 9,000.00**	**$ 7,100.00**	based on 2 mtg. & 2 teleconf.
6400 QA				
6410 QA - Meeting Per Diems	1,500.00	0.00		
6420 QA - Prep Time Per Diems	1,350.00	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	**$ 2,850.00**	**$ 12,000.00**	**$ 8,400.00**	based on 4 mtg.
6500 ICRC				
6510 ICRC-Mtg Per Diems	4,450.00	0.00		
6520 ICRC-Prep Time	4,550.00	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	616.97	0.00		
Total 6500 ICRC	**$ 9,616.97**	**$ 16,000.00**	**$ 45,000.00**	based on 5 members for panel, 10 members for reg. mtg. (total 25 mtg.)
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	2,515.00	0.00		
Total 6600 Discipline	**$ 2,515.00**	**$ 3,400.00**	**$ 2,850.00**	based on 2 Orientations and 1 hearing
6700 Fitness				
6710 Fitness-Mtg Per Diems		0.00		
6720 Fitness-Prep Time		0.00		
6730 Fitness-TravelTime		0.00		
6740 Fitness-Meals		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**	**$ 1,700.00**	
6800 Finance and Audit				
6810 Finance and Audit-Mtg Per Diems				
6820 Finance and Audit-Prep Time				
6830 Finance and Audit-Travel time				
6840 Finance and Audit-Meals				
6850 Finance and Audit-Accomoodation				
6860 Finance and Audit-Travel Expense				
6870 Finance and Audit-Telephone				
6897 Finance and Audit-Education/Training	0.00			
Total 6800 Finance and Audit	**$ 0.00**	**$ 0.00**	**$ 5,700.00**	based on 4 full & 2 half mtg.
Total Expense	**$ 1,942,780.58**	**$ 2,208,808.09**	**$ 2,540,004.57**	
Net Operating Income	**$ 473,831.75**	**$ 175,087.91**	**-$ 2.03**	

Council Briefing Note

AGENDA ITEM # 4.3 **March 4, 2022**

From:	*Carole Hamp, RRT – Acting Registrar*
Topic:	*Succession Plan for Senior Leadership*
Purpose:	*For Decision*
Strategic Focus:	*Core Business Practice*
Attachment(s):	*Appendix A: Succession Plan for Senior Leadership*

PUBLIC INTEREST RATIONALE:
To ensure the CRTO has the necessary human resources to meet its statutory objectives and regulatory mandate, now and in the future.

ISSUE:
Retaining leadership capacity within an organization is both a strategic and economic necessity. When a key position is suddenly left unfilled for any length of time, important decisions cannot be reached, and critical activities can be delayed. Succession planning focuses on building the potential of current employees to assume essential leadership roles seamlessly.

BACKGROUND:
Research has demonstrated numerous benefits from promoting internally, such as:

- A reduction in time spent recruiting, onboarding and training.
- The ability to assess leadership skills in action (e.g., aptitude, attitude, commitment).
- Offers recognition and rewards for high performers and gives employees a clear goal to work towards, resulting in enhanced employee engagement.

ANALYSIS:
The CRTO has recently experienced the sudden loss of their Registrar. Fortunately, there was a Deputy Registrar in place at that time, so the impact – although extremely emotionally challenging for staff, Council and Committees – had a minimal impact on the organization's day-to-day functioning. However, we are currently without someone in the Deputy Registrar role, and this poses a risk should the current Registrar become unavailable for any reason.

Although staffing decisions are primarily the prevue of the Registrar, it is essential to engage the Executive Committee and Council in selecting employees who could potentially be required to fill the Registrar position, namely the Deputy Registrar.

RECOMMENDATION:
It is recommended that Council approve the attached Succession Plan for Senior Leadership.

NEXT STEPS:
If approved, the plan will be adopted by the CRTO and the process to install a new Deputy Registrar will begin.

Council Motion

AGENDA ITEM # 4.3

Motion Title:	*Succession Plan for Senior Leadership*
Date of Meeting:	*March 4, 2022*

It is moved by _____ and seconded by _____ that:

Council approves the *Succession Plan for Senior Leadership*. (A copy is attached as Appendix A to this motion within the materials of this meeting).

Appendix A: Succession Plan for Senior Leadership

Draft Succession Plan for Senior Leadership.

Succession Plan for Senior Leadership

Background

The loss of senior leadership, and specifically the position of Registrar & CEO, is a significant risk to the operations of any health regulatory College. A succession plan for senior leadership is meant to ensure that the organization's obligations can continue in the face of such a loss. The CRTO's succession plan defines the process in the following two (2) scenarios:

Scenario 1: **The appointment of an Acting Registrar**

In the event of a short-term, long-term, or permanent unplanned absence of the Registrar, the Deputy Registrar is the most likely person to be appointed as Acting Registrar. In accordance with the CRTO By-Laws (s.501), this appointment must ultimately be granted by Council but can be approved by the Executive Committee in the interim. The Deputy Registrar as Acting Registrar shall have the same responsibilities and authority for decision-making and action as the Registrar & CEO.

STEPS

i. The Deputy Registrar shall immediately inform the President of the Registrar's unplanned absence.

ii. As soon as reasonably practical, the President shall convene a meeting of the Executive Committee (or Council) to vote on the appointment.

iii. If the Executive Committee appoints the Deputy Registrar to be Acting Registrar, the appointment must be ratified by Council at their next meeting.

iv. The President will communicate to the CRTO's stakeholders of the appointment in accordance with a communication plan prepared by the President or designate.

v. The Executive Committee (or Council) shall be responsible for monitoring the work of the Acting Registrar during the relevant period and for assisting as required.

vi. The Deputy Registrar acting as Acting Registrar may be offered a bonus or salary increase as determined by the Executive Committee (or Council).

In circumstances where there is no Deputy Registrar, or if they become unable at any point to act in the capacity of Acting Registrar, the Executive Committee (or Council) may appoint another CRTO employee to that role.

Scenario 2: The selection of a Deputy Registrar

Deputy Registrar Position

The continuous performance of executive duties handled by the Registrar & CEO is critical to the CRTO's ability to fulfil its mandate of acting in the public interest. Therefore, it is important to create and maintain the position of Deputy Registrar so the College's statutory obligations may continue to be fulfilled should the Registrar become unable to fulfill their duties.

The Deputy Registrar works closely with and supports the Registrar in providing effective leadership, management, and administration of the CRTO, including supporting Council and various committees. They serve as an integral member of the CRTO leadership team, externally representing the CRTO and attending Executive Committee meetings (for a complete outline of the Deputy Registrar's position, please see appendix B - Deputy Registrar - Roles and Responsibilities).

Council is responsible for selecting the Registrar, but all other staffing decisions are the prevue of the Registrar. However, seeing that the defining characteristic of a Deputy Registrar is their ability to step into the Registrar role at a moment's notice, it is essential that Council have input into the selection of the Deputy Registrar. It is agreed that, at a minimum, either the Registrar or the Deputy Registrar must be a member of the profession.

Internal Promotions

There are several advantages to promoting staff from within an organization, such as a significant reduction in orientation and training time. It has also been demonstrated to increase morale and potentially enhance employee retention. Perhaps most significantly, the Registrar and Council have had the opportunity to observe existing staff in various situations and have a clear picture of each individual's leadership abilities.

Plan for 2022

The CRTO does not currently have a Deputy Registrar. Given the above considerations, the following steps are being proposed to ensure the CRTO's business continuity:

i. Open the application to all current CRTO employees and post position for 5 business days.

ii. Convene a selection panel consisting of the CRTO's President, Vice-President, and Registrar.

iii. Conduct interviews of selected qualified applicants.

iv. Present recommendation to Council for their final approval.

Appendix B: Deputy Registrar

Deputy Registrar - Roles and Responsibilities Overview

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

DEPUTY REGISTRAR

ACCOUNTABLE TO: Registrar & CEO

JOB SUMMARY

The Deputy Registrar assists with discharging the responsibilities of the Registrar under the *Regulated Health Professions Act* (1991), the *Respiratory Therapy Act* (1991), and other applicable regulations and by-laws. The Deputy Registrar works closely with and supports the Registrar in providing effective leadership, management, and administration of the CRTO.

KEY FUNCTIONS AND RESPONSIBILITIES:
The Deputy Registrar serves as an integral member of the leadership team by:

STRATEGY & GOVERNANCE

- Assisting the Registrar with implementing the key priorities identified in the CRTO's Strategic Direction and the College Performance Measurement Framework.
- Working in collaboration with the Manager of Regulatory Affairs in developing, monitoring, benchmarking, and reporting Key Performance Indicator (KPI) data.
- Being a spokesperson for and representing the CRTO externally on various committees and boards.
- Assisting in drafting responses for inquiries from key stakeholders (e.g., MOHLTC, OFC, etc.).
- Assuming the duties Registrar, should they become temporarily unavailable or unable to fulfil their regulatory obligations.

COUNCIL & COMMITTEE SUPPORT

- Attending meetings for and providing support to Council and the Executive Committee and other statutory and non-statutory committees, as required.
- Overseeing the development of a framework to regularly evaluate the effectiveness of Council meetings.

- Ensuring the application of appropriate decision-making frameworks to enable a risk-based approach to all Council and Committee decisions

OTHER DUTIES

- Contribute to budget planning by monitoring relevant program costs and providing information and recommendations.

Registrar's Report – Council Meeting
March 4, 2022

AGENDA ITEM #5.1

From:	*Carole Hamp, Acting Registrar*
Topic:	*Registrar's Report*
Purpose:	*For Information*

INTERNAL

CURRENT INITIATIVES

Policy Framework, Revised By-Law & Professional Practice Guidelines (PPGs) & Clinical Best Practice Guidelines (CPBGs)

CRTO staff are continuing to review and revise all our policies and procedures. Our recently revised CRTO By-Laws are coming back to our upcoming Council meeting for final approval.

To lessen the impact on our regular quarterly Council meetings, we have scheduled a special Council policy and professional practice guideline meeting for **April 8, 2022**. An additional session may be necessary to wrap up the project by the end of this year. We also have the following two PPGs and one CBPG coming to our April Council meeting for final approval:

- Conflict of Interest PPG
- Responsibilities under Consent Legislation PPG
- Oxygen Therapy CBPG

Professional Conduct & IT Infrastructure Reviews

The CRTO has embarked on a review of its professional conduct and IT management processes to ensure we implement our mandate as effectively and efficiently as possible (e.g., timely responses to complaints, optimal cybersecurity). External consultants have been contracted to conduct both reviews, and more information will be provided once these assessments have been completed.

Database Management

Although the CRTO moved to electronic storage of Member records, we still have a significant number of paper documents. It has been our desire for some time to convert these to an electronic format, and arrangements have been made to begin this project in spring 2022.

Finance & Audit Committee (FAC)

We have a newly formed non-statutory committee that was created to provide additional oversight relating to the CRTO's financial planning and reporting, external audit, internal control systems, investments, and relevant policies. The members of the FAC are:

- Michelle Causton (Chair) – Former Public Member of Council
- Jeff Dionne, RRT - Professional Member of Council & Executive Committee
- Andriy Kolos - Public Member of Council
- Derek Clark – Public Member of Council
- Angela Miller, RRT – Professional Member of Council
- Kelly Munoz RRT – Professional Member of Council

ADMINISTRATION

Staffing Changes

We are delighted to welcome **Abeeha Syed** to our team and her role as Professional Conduct Associate. Her primary responsiblility is to assist Shaf and Sophia with administering their caseload. Happy to have you with us, Abeeha!

EXTERNAL

College Performance Management Framework (CPMF)

The CPMF was developed by the Ontario Ministry of Health in close collaboration with Ontario's health regulatory Colleges, subject matter experts, and the public to answer the question "how well are Colleges executing their mandate, which is to act in the public interest?" This information is intended to:

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

The deadline for our upcoming CPMF report is **March 31, 2022**. A rough draft of our proposed submission will be presented at the March Council meeting. In the meantime, the CRTO has been participating in weekly HRPO sub-working group meetings to prepare our submission.

We have embarked on several initiatives related to the CPMF, such as:

- CRTO Organizational Risk Management Plan

- Diversity, Equity & Inclusion Plan (including an Equity Impact Assessment Plan)
- Succession Plan for Senior Leadership

For example, the CRTO will be hosting Anti-Bias training for members of Council and the Patient Relations Committee on March 22, 2022.

Governance Reform

The MOH is once again seeking input from health regulatory colleges on proposed reforms they are planning to submit to the government for approval, which include:

Core Governance

- Smaller Councils of between 10 – 12 members
- Separate Council and Committees
- Professional members selected by Council
- Consistency in expectations regarding term-limits and eligibility to sit on Council for professional members of Council
- Elimination of the Executive Committee

Housekeeping

- Terminology updates
  - Council to "Board of Directors"
  - Council members to "Directors"
  - President/Vice-President to "Chair/Vice-Chair"
  - Registrar to "CEO"
  - Members to "Registrants"

French-Language Services

- that Colleges be considered to be "public service agencies" as defined in the *French Language Services Act*. If that occurs, Colleges will be expected to provide virtually all forms of communication in both official languages (e.g., all website documents, electronic communications, the Public Register, etc.)

Office of the Auditor General of Ontario (OAGO)

- that the OAGO conduct financial audits on Colleges

Reducing Barriers to Registration

- removal of Canadian experience requirements for internationally trained applicants
- time limits for registration decisions
- standardized requirements for demonstrating language proficiency
- expediting registration in emergencies

The CRTO will be submitting a response to the Ministry by **February 23, 2022**.

Council Briefing Note

AGENDA ITEM # 5.2 **March 4, 2022**

From:	*Carole Hamp, RRT – Registrar*
Topic:	*Financial Statements – March 1, 2021, to January 31, 2022*
Purpose:	*For Decision*
Strategic Focus:	*Core Business Practice*
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* *Appendix E: Financial Report Summary*

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 first necessary to streamline the financial reports reviewed by the Finance and Audit Committee, the Executive Committee, and Council.

ANALYSIS:
The "Highlights of the Financial Statements" (Appendix A) document is provided to emphasize any significant fluctuations in either our revenue or expenses. A summary of both the Balance

Sheet (Appendix B) and the Income Statement (Appendix C) have been created to make it easier to compare revenue and expenses from one year to the next. For the Income Statement, categories have been established for similar types of income and costs (Appendix D). Financial Key Performance Indicators (Appendix E) underscore some critical data that Council may wish to consider tracking on an ongoing basis.

RECOMMENDATION:
It is recommended that Council approves the CRTO interim Financial Statements for March 1, 2021, to January 31, 2022.

Council Motion

AGENDA ITEM #5.2

Motion Title:	*Financial Statements*
Date of Meeting:	*March 4, 2022*

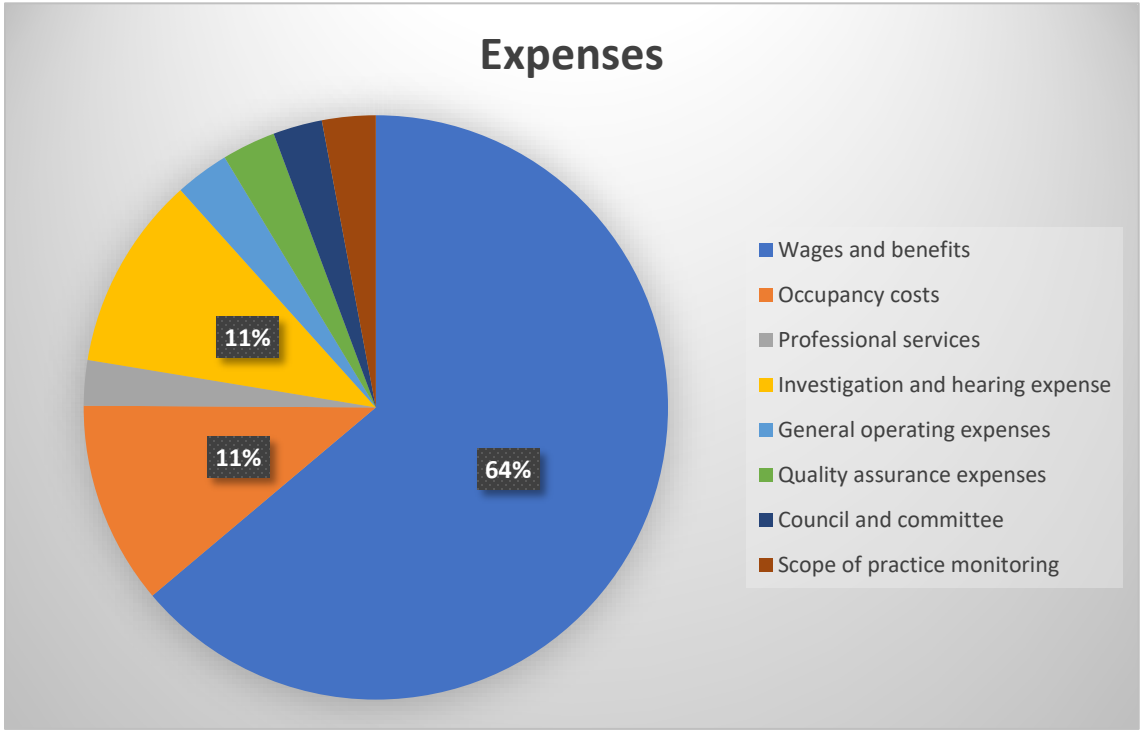
It is moved by _____ and seconded by _____ that:

Council approves the CRTO's interim Financial Statements for the period ending January 31, 2022. (A copy is attached as Appendix A through E which are included within the materials of this meeting).

Appendix A: Highlights of the Financial Statements

Highlights of the CRTO's Financial Statements for the period ending January 31, 2022.

Wages and benefits	$ 1,215,086.78
Occupancy costs	$ 213,809.40
Professional services	$ 47,689.01
Investigation and hearing expense	$ 204,509.29
General operating expenses	$ 56,963.16
Quality assurance expenses	$ 56,514.48
Council and committee	$ 51,805.79
Scope of practice monitoring	$ 56,409.60
Total Major Expenses*	$ 1,902,787.51
*(>$30,000)	



Appendix B: Balance Sheet Summary

A condensed version of the Balance Sheet for the period ending January 31, 2022.

Total Equity	$	2,265,692.05	$	2,185,460.41
CRTO **Balance Sheet Summary**				
		As of January 31, 2022		**As of January 31. 2021**
Assets				
Current Assets				
Cash and Cash Equivalent	$	625,309.11	$	775,741.98
Accounts Receivable	$	15,480.02	$	30,585.02
Investments	$	1,529,223.64	$	1,254,766.90
Prepaids	$	95,988.23	$	54,270.76
Total current assets	**$**	**2,266,001.00**	**$**	**2,115,364.66**
Property, plant and equipment	$	100,937.03	$	140,031.94
Total assets	**$**	**2,366,938.03**	**$**	**2,255,396.60**
Liabilities				
Accrued liability	$	101,245.98	$	69,936.19
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	$	-
Reserve for investigations and hearings	$	150,000.00	$	150,000.00
Special projects reserve fund	$	300,000.00	$	3,000,000.00
Total Restricted funds	$	1,280,000.00	$	3,730,000.00
Unrestricted Reserves	$	500,017.05	$	645,435.41
Total Liabilities and net assets	**$**	**2,366,938.03**	**$**	**2,255,396.60**

Appendix C: Income Statement Summary

A condensed version of the Income Statement for the period ending January 31, 2022.

Code	CRTO Income Statement Summary	Mar 1- Jan 31 2022	Budget for year	Over (Under) Budget	% (Under) Over Budget	Mar 1 - Jan 31 2021
0	Revenue	$ 2,411,937.33	$ 2,371,396.00	$ 40,541.33	1.7%	$ 2,366,790.48
0.5	Competency Assessment Income	$ 3,947.00	$ 12,500.00	-$ 8,553.00	-68.4%	$ 8,750.00
	Total Income	**$ 2,415,884.33**	**$ 2,383,896.00**	**$ 31,988.33**	**1.3%**	**$ 2,375,540.48**
0.6	Competency Assessment Expense	$ 16,627.22	$ 24,000.00	-$ 7,372.78	-30.7%	$ 14,200.06
1	Wages and benefits	$ 1,215,086.78	$ 1,249,423.13	-$ 34,336.35	-2.7%	$ 1,074,558.26
2	Occupancy costs	$ 213,809.40	$ 239,573.10	-$ 25,763.70	-10.8%	$ 216,411.01
3	Professional services	$ 47,689.01	$ 48,432.82	-$ 743.81	-1.5%	$ 25,488.02
4	Investigation and hearing expense	$ 204,509.29	$ 135,000.00	$ 69,509.29	51.5%	$ 97,385.76
5	Technology / Website	$ 30,044.58	$ 75,654.00	-$ 45,609.42	-60.3%	$ 69,333.28
6	General operating expenses	$ 56,963.16	$ 89,781.97	-$ 32,818.81	-36.6%	$ 72,386.62
7	Credit card and Paypal fees	$ 24,036.59	$ 75,718.07	-$ 51,681.48	-68.3%	$ 23,605.82
8	Memerbership and dues	$ 18,081.83	$ 40,000.00	-$ 21,918.17	-30.7%	$ 26,903.47
9	Quality assurance expenses	$ 56,514.48	$ 69,550.00	-$ 13,035.52	-18.7%	$ 70,056.10
11	Unrealized (gains) losses	-$ 3,712.00	$ -	-$ 3,712.00		-$ 1,121.36
12	Council and committee	$ 51,805.79	$ 70,175.00	-$ 18,369.21	-26.2%	$ 30,968.54
13	Scope of practice monitoring	$ 56,409.60	$ 85,000.00	-$ 28,590.40	-33.6%	$ 77,563.20
99	Equipment purchased	$ 10,670.61	$ 6,500.00	$ 4,170.61	64.2%	$ 7,764.22
	Total Expenses	$ 1,998,536.34	$ 2,208,808.09	-$ 210,271.75	-9.5%	$ 1,805,503.00
	Net Income	$ 417,347.99	$ 175,087.91	$ 242,260.08	138.4%	$ 570,037.48

Appendix D: Income Statement Reporting Codes

A detailed list of the codes used to group various cost centres within the Income Statement.

Income Statement Reporting Codes

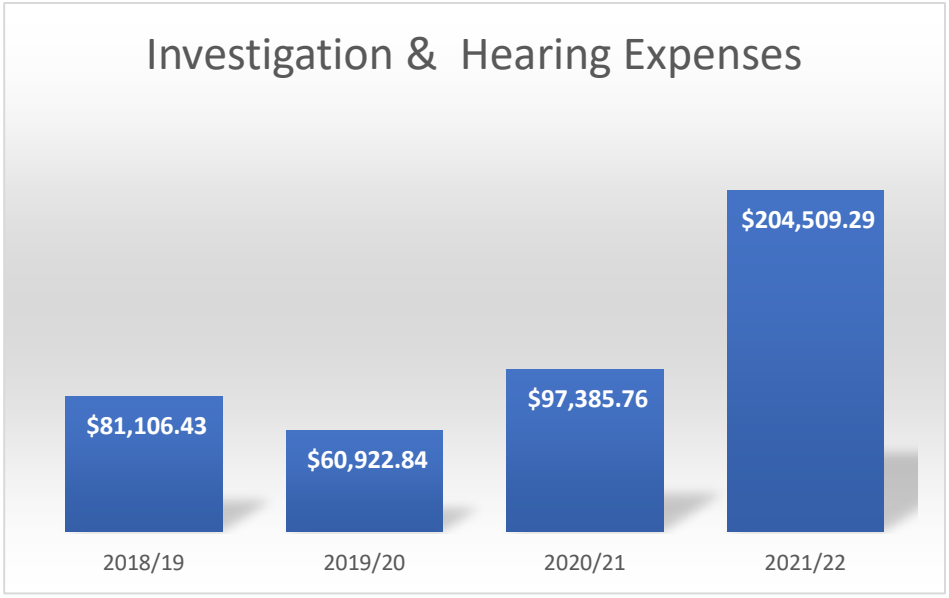
Code	Reporting Line	Line Item #	Desription
0	**Revenue**	4100	Registration fees
		4200	Reg and renewal fees
		4300	Penalty fees
		4400	Misc Rev
		4600	Invest Income
0.5	**Competency assessment revenue**	4210	Comp Assess 1&2
		4211	Comp Assess CSA
0.6	**Competency assessment expenses**	5521	Comp Assess 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	RST
		5035	EHT
		5040	Training and Dev
		5041	Personal education
		5045	Staff Travel & Exp
2	**Occupancy costs**	5060	Rent
		5070	Equ lease and Mtce
		5090	Insurance
		5320	Office mtce / upkeep
3	**Professional services**	5110	Audit
		5120	Legal - general
		5210	Telephone, etc
4	**Investigation and hearing expense**	5121	Legal - investigations
		5130	Expenses - Investigation
		5131	Investigation services
		5140	Consulting - general
5	**Technology / Website**	5223	Website hosting
		5224	Website development
		5620	Data base development
		5623	Data base Annual software fee
		5624	Data base hosting
6	**General operating expenses**	5220	Computer software
		5230	Postage, etc
		5240	Printing - general

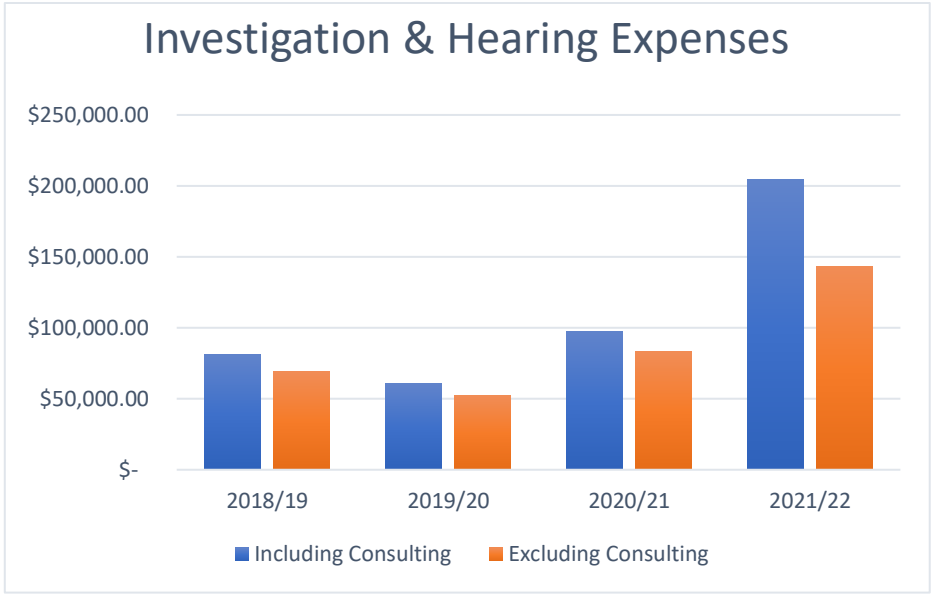
		5250	Translation - general
		5310	Offfice supplies
		5321	Office meeting exp
		5330	Bank account charges
		5350	Conf reg fees
		5545	Outreach / Travel
		5546	Communications - general
		5547	Communications - Social Media
		5610	Education day expenses
7	**Credit card and Paypal fees**	5331	Paypal charges
		5340	Credit card merch fees
8	**Memebership and dues**	5380	Membership / subs
		5381	Alliance expense
		5385	Accreditaion services
9	**Quality assurance expenses**	5500	QA Portfolio Reviewers
		5516	QA Port Annual Fee
		5518	QA Port Dev't
11	**Unrealized (gains) losses**	5700	Unrealized (gain) / loss
		5932	Student council rep
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
13	**Scope of practice monitoring**	8000	Scope of practice monitoring
99	**Equipment purchased**	5050	Equip purchases
		5221	Computer hardware

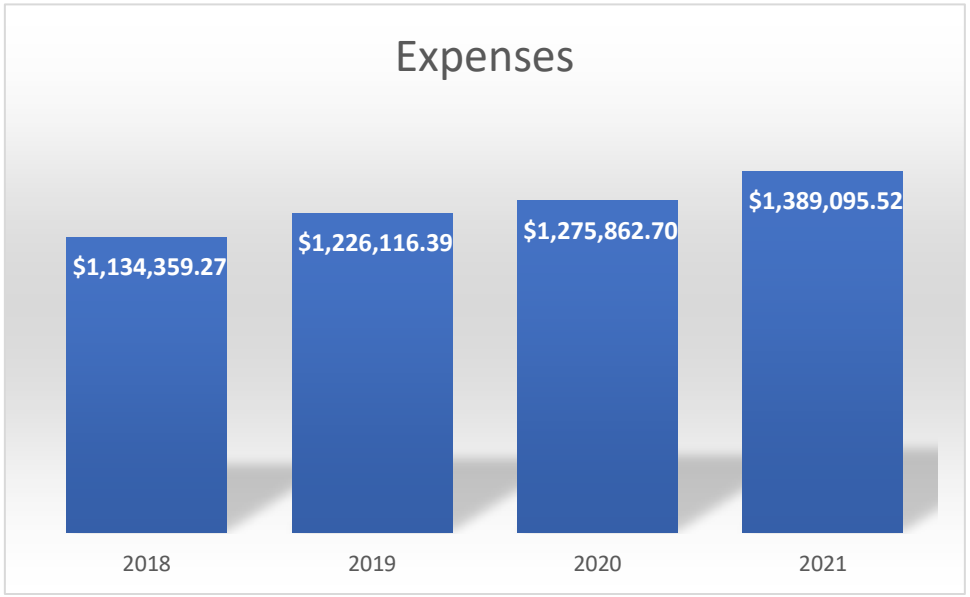
Appendix E: Financial Summary Report

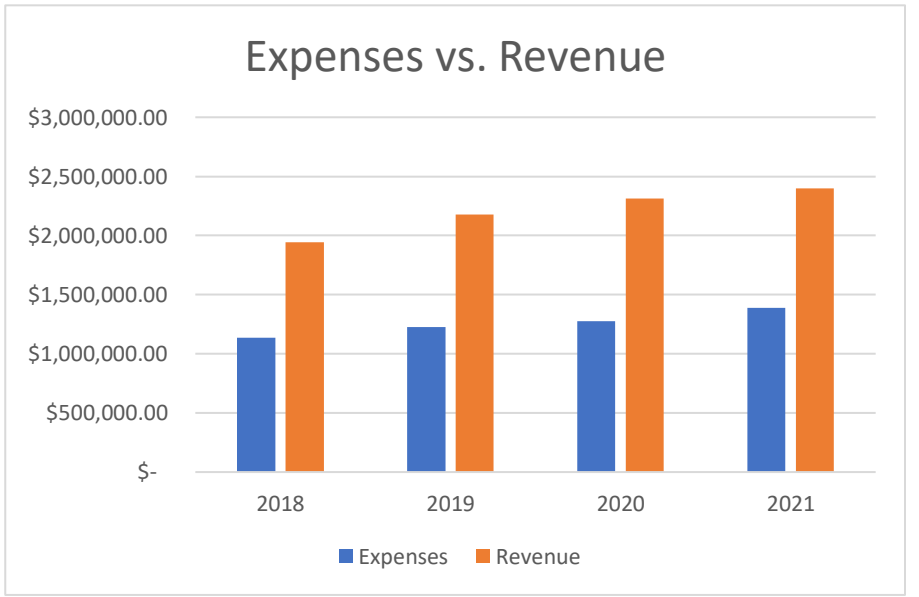
A sample graph summary report.

CRTO Financial Reporting Summary









Council Motion

AGENDA ITEM #5.3

Motion Title:	*Investment Portfolio*
Date of Meeting:	*March 4, 2022*

It is moved by _____ and seconded by _____ that:

Council approves the Investment Portfolio. (A copy is attached as Appendix A to this motion within the materials of this meeting).

Appendix A: Investment Portfolio

Complete Investment Portfolio for the period ending January 31, 2022.

CRTO Investment Portfolio - Distribution January 31, 2022

Investment Category	Term Limitation	Fund Limitation	Minimum Rating	Additional Fund Limitations	Current Investments	Book Value ($)	Portfolio %
Cash		Unlimited				**1,100,564**	**60%**
					Regular Chequing Account	625,009	34%
					REN HIGH INT SAVINGS	373,046	#
					(including $250,000 COVID surplus amount)		#
					CIBC HIGH INT SAVINGS	102,509	6%
Federal Government:						**0**	**0%**
Bonds	365 days to 3 years	50%				0	0%
Bonds	3 to 5 years	20%		Total investments 3 to 5 years not to exceed 20% of Fund		0	0%
Provincial Government:				a. Total provincials not to exceed 50% of Fund b. Investment in any one province not to exceed 25%		**0**	**0%**
Securities/Notes	365 days	40%	AA			0	0%
Bonds	365 days to 3 years	40%	AA			0	0%
Bonds	3 to 5 years	20%	AA	Total investments 3 to 5 years not to exceed 20% of Fund		0	0%
Schedule "A" Banks:						**742,638**	**40%**
GICs	365 days to 3 years	75%		Total investments in any one bank not to exceed 35% of total portfolio	GIC Holdings		
					Effort Trust Company GIC 0.8%3May22 (1 Yr)	100,000	5%
					HOME TRUST COMPANY 1.18% 28Jn22 (2 Yr)	63,400	3%
					VANCITY CREDIT UNION .80% 6Jn22 (1 Yr)	51,000	3%
					CIBC GIC .45% 26Ap22 (1 Yr)	498,343	27%
					HAVENTREE BANK GIC .97% 27Oct22 (2 Yr)	47,314	
					HOME TRUST COMPANY .9% 27Oct22 (2 Yr)	36,600	2%
					INDUSTRIAL & COMMERCIAL BANK OF CHINA .85% 27Oct22 (2 Yr)	45,981	2%
					CDN WESTERN BANK 1.25% 9Dec23 (3 Yr)	100,000	5%
					EQUITABLE BANK 1.25% 9Dec.23 (3 Yr)	100,000	5%
Banker's Acceptance	365 days to 3 years	50%				**0**	**0%**
Canadian Corporations:							
Commercial Paper	365 days	10%	R-I Mid	Limit any single holding to 10% of Fund		0	0%
					Total	**1,843,202**	**100%**

CIBC PRIVATE WEALTH
WOOD GUNDY

SECURITY INCOME ANALYSIS (CAD)

As of January 31, 2022

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO ATTN KEVIN M TAYLOR (420075002C)

Margin
Your Investment Advisor: Moore Miller Investment Group

Quantity	Description	Opening Date	Book Value	Market Value	Unrealized G/L **	Interest Portion	Accum. Int./Div.	Accrued Int./Div.	Weighted Exch. Rate
CASH & CASH EQUIVALENTS									
Cash									
748	ACCOUNT BALANCE CAD		748.12	748.12			172.57		1.00
High Interest Savings Account									
102,573.920	CIBC HIGH INT SAVINGS ACC (CTC) CL A (5002)	04/19/2016	102,573.92	102,573.92	0.00		6,574.47		1.00
373,280.940	RENAISSANCE HIGH INT SAVINGS ACCOUNT (5000)	11/24/2009	373,280.94	373,280.94	0.00		5,741.26		1.00
Total High Interest Savings Account			**$ 475,854.86**	**$ 475,854.86**	**$ 0.00**		**$ 12,315.73**		
Others									
100,000	EFFORT TRST CO GIC A 0.8% 3MY22	04/30/2021	100,000.00	100,000.00	0.00			598.36	1.00
51,000	VANCITY SAVINGS CREDIT UNION GIC A 0.8% 8JN22	06/07/2021	51,000.00	51,000.00	0.00			264.92	1.00
63,400	HOME TRST CO GIC A 1.18% 30JN22	06/29/2020	63,400.00	63,400.00	0.00		748.12	440.67	1.00
47,314	HAVENTREE BNK GIC CA 31OC22	10/28/2020	47,314.00	47,891.85	577.85				1.00
36,600	HOME TRST CO GIC CA 31OC22	10/28/2020	36,600.00	37,014.71	414.71				1.00
45,981	IND & COMM BK CHINA (CDA) GIC CA 31OC22	10/28/2020	45,981.00	46,473.04	492.04				1.00
Total Others			**$ 344,295.00**	**$ 345,779.60**	**$ 1,484.60**		**$ 748.12**	**$ 1,303.95**	
Total Cash & Cash Equivalents			**$ 820,897.98**	**$ 822,382.58**	**$ 1,484.60**		**$ 13,236.42**	**$ 1,303.95**	
SHORT-TERM FIXED INCOME									
Guaranteed Investment Certificate									
100,000	CDN WESTERN BNK GIC CA 9DC23	12/08/2020	100,000.00	101,432.80	1,432.80				1.00
100,000	EQTBL BNK GIC CA 11DC23	12/08/2020	100,000.00	101,432.80	1,432.80				1.00
Total Short-Term Fixed Income			**$ 200,000.00**	**$ 202,865.60**	**$ 2,865.60**				
Total			**$ 1,020,897.98**	**$ 1,025,248.18**	**$ 4,350.20**		**$ 13,236.42**	**$ 1,303.95**	

Accrued Interest:	$ 1,304
Declared and Unpaid Dividends:	
Total Portfolio Value:	$ 1,026,552

** Where applicable, Unrealized G/L includes accumulated interest. Accumulated interest is included in the "Unit Cost" / "Invested Cost" and in the "Book Value" / "Invested Capital" columns.

CRTO MEMBERSHIP STATISTICS

for Council March 4, 2022

Report generated February 11, 2022

Membership	Feb 2022	At last Council Dec 2021	1 year ago Feb 2021	5 years ago Feb 2017
Total members	**3889**	**3879**	**3747**	**3456**
General Class	3578	3571	3501	3226
Graduate Class	52	26	20	7
Limited Class	4	4	5	6
Inactive Class	255	278	221	217
Status Changes	**Mar 2021 - Feb 2022**	**Mar 2020 - Dec 2021**	**Mar 2020 - Feb 2021**	**Mar 2016 - Dec 2017**
Resigned	**74**	**49**	**114**	**58**
Retired	45	28	51	26
Moved out of Ontario	17	14	30	16
Working in other profession	9	6	17	10
Personal/Other Reasons	3	1	16	6
Undertaking	0	0	0	0
Suspended	**3**	**3**	**17**	**20**
due to non-payment of fees	3	3	16	19
due to disciplinary decisions	0	0	1	0
other reasons	0	0	0	1
Revoked	**0**	**0**	**5**	**21**
due to non-payment of fees	0	0	2	18
due to disciplinary decisions	0	0	0	0
due to expiration of Grad Certs	0	0	3	3
Reinstated	**18**	**24**	**24**	**15**
from resigned	9	9	16	7
from suspended	0	0	2	3
from revoked	9	15	6	5
New Applications	**Mar 2021 - Feb 2022**	**Mar 2020 - Dec 2021**	**Mar 2020 - Feb 2021**	**Mar 2016- Dec 2017**
Applications Received	**239**	**214**	**226**	**206**
Ontario Graduates	204	189	188	183
Other Canadian Grads	23	17	21	11
USA Graduates	3	2	5	4
International Graduates	9	6	12	8

Council Motion

AGENDA ITEM # 6.0

Motion Title:	*Consent Agenda Items*
Date of Meeting:	*March 4, 2022*

It is moved by _____ and seconded by _____ that:

Council approves the items outlined in the consent agenda, which include in their entirety:

- The minutes from the Council meetings held December 3, 2021 (Item 6.1)
- Executive Committee Report (Item 6.2)
- Registration Committee Report (Item 6.3)
- Quality Assurance Committee Report (Item 6.4)
- Patient Relations Committee (Item 6.5)
- Inquiries, Complaints and Reports Committee Report (Item 6.6)
- Discipline Committee Report (Item 6.7)
- Fitness to Practise Committee Report (Item 6.8)
- Finance & Audit Committee (Item 6.9)

Consent Agenda Items

Agenda Item #:	*6.1*
Item:	*Draft Minutes from December 3, 2021*

Meeting Minutes December 3, 2021

CRTO Council Meeting Minutes

Scheduled on December 3, 2021, from 9:00 am to 1:00 pm

Location: Virtual meeting via Zoom Videoconference

PRESENT:
Lindsay Martinek, RRT, President, Chair
Kim Morris, Vice-President
Derek Clark, Public Member
Jody Saarvala, RRT
Angela Miller, RRT
Katherine Lalonde, RRT
Christa Krause, RRT
Jillian Wilson, RRT
Shawn Jacobson, RRT
Andriy Kolos, Public Member
Jeffrey Schiller, Public Member
Jeff Dionne, RRT
Kelly Munoz, RRT
Yvette Wong, Public Member
Tracy Bradley, RRT

STAFF:
Carole Hamp RRT, Acting Registrar
Janice Carson, Manager of Communications
Kelly Arndt RRT, Coordinator of Quality Practice
Shaf Rahman, Manager of Professional Conduct
Sophia Rose, Coordinator of Professional Conduct
Lisa Ng, Manager of Registration
Denise Steele, Coordinator of Professional Programs
Temeka Tadesse, IT & Database Specialist
Stephanie Tjandra, Office Coordinator

GUESTS:
Ally Chadwick, RRT
Rhonda Contant, RRT
Vivian Pang, Ministry of Health

REGRETS:
Allison Peddle, Public Member

1.0: INTRODUCTIONS & LAND ACKNOWLEDGEMENT

The meeting was called to order at 9:00 am. Carole Hamp, Acting Registrar welcomed Council, Staff and Guest to the meeting.

2.0: ANNOUNCEMENT OF NEW REGISTRAR & CEO

Allision Chadwick, the former CRTO President, announced to Council and Staff that Carole Hamp was selected as the new Registrar & CEO for the CRTO beginning January 1, 2022.

3.0: EXECUTIVE ELECTIONS & ACKNOWLEGEMENT OF OUTGOING EXECUTIVE

Carole Hamp, Acting Registrar provided an overview of the Executive Committee election process, referring to the Election Policy that had been provided for Council's information.

Following a confirmation that all nominees were appropriately nominated and eligible to stand for election, the Acting Registrar declared the following Council members as acclaimed to the Executive Committee for a one-year term:

President	Lindsay Martinek, RRT
Vice-President	Kim Morris, Public Member
Members	Jeff Dionne, RRT
	Jody Saarvala, RRT
	Yvette Wong, Public Member

The Acting Registrar congratulated the new Executive Committee and asked that the President, Lindsay Martinek, RRT, take the Chair and conduct the proceedings of Council.

3.0: APPROVAL OF COUNCIL AGENDA

Council reviewed the agenda for December 3, 2021.

MOTION # 1 MOVED BY Andriy Kolos, and SECONDED BY, Jeffrey Schiller, to recommend that Council approve the Meeting Agenda for December 3, 2021.

MOTION 1# CARRIED.

4.0: STRATEGIC ISSUES

4.1 COLLEGE PERFORMANCE MEASURMENT FRAMEWORK

Carole Hamp, Acting Registrar presented to Council a brief overview of the College Performance Measurement Framework (CPMF). The Ministry of Health and Long-Term Care (MOHLTC) CPMF initiative aims to strengthen accountability and oversight of Ontario's health regulatory Colleges by

providing publicly reported information that is transparent, consistent, and aligned across all 26 regulators. During this initial reporting cycle, College's regulatory performance within the various domains was not assessed or ranked. However, their initial report highlights some commendable College practices, areas where Colleges are collectively performing well, potential areas for system improvements, and the various commitments Colleges have made to improve their performance. In future reporting cycles, Colleges will be evaluated and scored based on established performance benchmarks.

The areas identified for improvement were:

- Enhancing how College's measure and use information to improve performance
- Consistency in competency-based selection of Council members
- Transparency in addressing conflicts of interest
- Clarity on how Council's decisions serve the public interest

4.2 DRAFT 2021 - 2025 STRATEGIC DIRECTION & KEY PRIORITIES

Lindsay Martinek presented to Council the CRTO Strategic Direction and Key Priorities.

The CRTO has traditionally created a strategic plan that is reviewed and revised every four (4) to five (5) years. In 2016, the focus of this document shifted from a strategic "plan" to the CRTO's strategic "direction" in recognition of the numerous evolving factors that influence the decision and actions of our organization. At that same time, the following five (5) strategic domains were established:

1. Member Engagement
2. Governance & Accountability
3. Enhancing Professionalism
4. Healthcare Community
5. Core Business Practices

MOTION # 2 MOVED BY Kim Morris, and SECONDED BY, Jeffrey Schiller, to recommend that Council approve the 2021 – 2025 Strategic Direction & Key Priorities.

MOTION 2# CARRIED.

5.0: OPERATIONAL & ADMINISTRATIVE ISSUES

5.1 REGISTRAR REPORT

Carole Hamp, Acting Registrar, reported on general CRTO activities and initiatives.

Key Initiatives:

- CRTO staff continues to review and revise all public-facing documents further to the newly established Policy Framework.
- CRTO staff reviewed the CRTO By-Laws, and it was determined that several policies could be rescinded as the majority of their content was already included in the CRTO by-Laws.
- CRTO staff continues to work alongside system partners regarding the College Performance Management Framework (CPMF) administered by the Ministry and their request to provide feedback on the draft reporting template. The "soft launch" of the 2021 reporting template took place in October. The final version of the 2021 reporting template was released in November and the deadline for submission is March 31, 2022.
- The CRTO is participating in the Health Profession Regulators of Ontario (HPRO) working group where they consider the development of common documents, tools, and processes.
- The Office of the Fairness Commissioner (OFC) launched its Risk-Informed Compliance Framework the second phase requires that all Colleges complete a Regulatory Risk Profile questionnaire which CRTO staff is currently working on.

5.2 FINANCIAL STATEMENTS

Council reviewed the financial statements as of October 31, 2021.

5.3 INVESTMENT PORTFOLIO

Council reviewed the Investment Portfolio as of October 31, 2021.

5.4 MEMBERSHIP STATISTICS

Lisa Ng, Manager of Registration presented to Council the membership statistics. The total membership reported was **3,879**. The CRTO received **214** applications for registration from March 1, 2021, to November 16, 2021. Out of the total number of applications received, **189** are graduates of an Ontario RT program, **17** are graduates from other provinces, and **8** are graduates from outside of Canada.

5.5 DRAFT REVISED CONFLICT OF INTEREST PPG – APPROVAL FOR CIRCULATION

Kelly Arndt, Coordinator of Quality Practice presented to Council the draft Revised Conflict of Interest (PPG). The PPG was last revised in June 2014 and has been reviewed and updated. The PPG sets out further direction for RTs, including definitions, identifying, and preventing a conflict of interest. The PPG enables Respiratory Therapists (RT) in Ontario to understand the expectations and professional responsibilities set out by the CRTO regarding RTs as Educators. If the motion is approved the PPG will be posted for public consultation and feedback and the final draft will be presented at the April 2022 Council meeting.

Motion # 3 MOVED BY, Jody Saarvala, RRT, and SECONDED BY, Christa Krause, RRT, that Council approves the Draft Revised Conflict of Interest Professional Practice Guideline for circulation and feedback.

MOTION # 3 CARRIED.

5.6 DRAFT REVISED RESPONSIBILITIES UNDER CONSENT LEGISLATION PPG – APPROVAL FOR CIRCULATION

Kelly Arndt, Coordinator of Quality Practice presented to Council the draft Revised Responsibilities Under Consent Legislation (PPG). The PPG was last revised in February 2014 and has been reviewed and updated. The PPG enables Respiratory Therapists in Ontario to understand their professional responsibilities and requirements set out by the CRTO and legislation, specifically the *Health Care Consent Act (HCCA)* and the *Substitute Decision Act (SDA)*. If the motion is approved the PPG will be posted for public consultation and feedback and the final draft will be presented at the April 2022 Council meeting.

Motion # 4 MOVED BY, Katherine Lalonde, RRT, and SECONDED BY, Kelly Munoz, RRT, that Council approves the Draft Revised Responsibilities Under Consent Legislation Professional Practice Guideline for circulation and feedback.

MOTION #4 CARRIED.

5.7 DRAFT REVISED OXYGEN THERAPY CBPG – APPROVAL FOR CIRCULATION

Kelly Arndt, Coordinator of Quality Practice presented to Council the draft Revised Oxygen Therapy Clinical Best Practice Guideline (CBPG). The CBPG was last revised in September 2013 and has been reviewed and updated. The CBPG ensures that Respiratory Therapists understand their professional responsibilities and requirements set out by the CRTO and legislation, in administering oxygen therapy that is safe, ethical and evidence-based. If the motion is approved the CBPG will be posted for public consultation and feedback and the final draft will be presented at the April 2022 Council meeting.

Motion # 5 MOVED BY, Kim Morris, and SECONDED BY, Jeff Dionne, RRT, that Council approves the Draft Oxygen Therapy Clinical Best Practice Guideline (CBPG) for circulation and feedback.

MOTION #5 CARRIED.

5.8 REVISED INTERPRETATION OF AUTHORIZED ACTS PPG – FOR FINAL APPROVAL

Kelly Arndt, Coordinator of Quality Practice presented to Council the revised Interpretation of Authorized Acts (IAA) Professional Practice Guideline (PPG). The PPG was last revised in March 2020, the IAA PPG has been revised to incorporate the previous position statement regarding the Use of AED's by Respiratory Therapists and create a more concise source of information. Under the new CRTO Policy Framework, the combination of these documents will provide clear direction and expectations. The PPG ensures that Respiratory Therapist understands their professional responsibilities and requirements set out by the CRTO and legislation when applying a form of energy, either ultrasound or AED. This document was circulated for consultation since the December 2021 Council meeting and the feedback was provided to Council. If the motion is approved the PPG will be formatted, published to the CRTO website, and circulated to CRTO Members.

Motion # 6 MOVED BY, Christa Krause, RRT, and SECONDED BY, Katherine Lalonde, RRT, that Council approves the Revised Interpretation of Authorized Acts Professional Practice Guideline.

MOTION #6 CARRIED.

5.9 REVISED DOCUMENTATION PPG – FOR FINAL APPROVAL

Kelly Arndt, Coordinator of Quality Practice presented to Council the revised Documentation Professional Practice Guideline (PPG). The PPG was last revised in June 2015 and was reviewed and updated. The PPG ensures that Respiratory Therapists in Ontario understand their professional responsibilities and requirements set out by the CRTO and legislation, regarding documentation standards and expectations. This document was circulated for consultation since the December 2021 Council meeting and the feedback was provided to Council. If the motion is approved the PPG will be formatted, published to the CRTO website, and circulated to CRTO Members.

Motion # 7 MOVED BY, Kelly Munoz, RRT, and SECONDED BY, Jody Saarvala, RRT, that Council approves the Revised Documentation Professional Practice Guideline.

MOTION #7 CARRIED.

5.10 REVISED RESPIRATORY THERAPISTS PROVIDING EDUCATION PPG – FOR FINAL APPROVAL

Kelly Arndt, Coordinator of Quality Practice presented to Council the revised Respiratory Therapists Providing Education Professional Practice Guideline (PPG). The PPG was last revised in March 2015

and was reviewed and updated. The PPG enables Respiratory Therapists in Ontario to understand the expectations and professional responsibilities set out by the CRTO regarding RTs as Educators. The PPG sets out further direction for RTs in all aspects of educating, including the role of delegation, supervision, and documentation. This document was circulated for consultation since the December 2021 Council meeting and the feedback was provided to Council. If the motion is approved the PPG will be formatted, published to the CRTO website, and circulated to CRTO Members.

Motion # 8 MOVED BY, Jody Saarvala, RRT, and SECONDED BY, Kim Morris, that Council approves the Revised RTs Providing Education Professional Practice Guideline.

MOTION #8 CARRIED.

5.11 REVISED DELEGATION OF CONTROLLED ACTS PPG – FOR FINAL APPROVAL

Kelly Arndt, Coordinator of Quality Practice presented to Council the revised Delegation of Controlled Acts Professional Practice Guideline (PPG). The PPG was last revised in February 2013 and was reviewed and updated. The PPG ensures that Respiratory Therapists understand their professional responsibilities and requirements set out by the CRTO and legislation, regarding delegation. This document was circulated for consultation since the December 2021 Council meeting and the feedback was provided to Council. If the motion is approved the PPG will be formatted, published to the CRTO website, and circulated to CRTO Members.

Motion # 9 MOVED BY, Christa Krause, RRT, and SECONDED BY, Kelly Munoz, RRT, that Council approves the Revised Delegation of Controlled Acts Professional Practice Guideline.

MOTION # 9 CARRIED.

6.0: CONSENT AGENDA ITEMS

6.1 MINUTES FROM SEPT 24, 2021

Council reviewed the Minutes from September 24, 2021. Item #7.5 wording change was made.

6.2 EXECUTIVE COMMITTEE REPORT

(Submitted by Allison Chadwick, RRT, Chair)

The Executive Committee has met once since the September 24, 2021 Council meeting. On November 29, 2021, the Executive Committee reviewed the following items:

- CRTO Financial Statements & Investment Portfolio.
- Draft Council agenda for December 3, 2021, meeting.
- Draft Executive Goals & Terms of Reference.
- Committee Appointments of vacant Non-Council Committee positions.
- Draft Investments & Management of Net Assets Policy & Procedure.
- Overview of the College Performance Measurement Framework.
- Draft 2021 – 2015 Strategic Direction.
- Draft Revised CRTO By-Laws.

6.3 REGISTRATION COMMITTEE REPORT

(Submitted by Christa Krause, RRT, Chair)

Since the last Council meeting on September 24, 2021, the Registration Committee met via video conference on the following dates for three separate panel meetings:

- October 20, 2021
- November 3, 2021
- November 25, 2021

Referral Summary

Reason for Referral	Decision
Two applications were referred to the Panel of the Registration Committee to consider conduct issues related to the applicant's previous employment.	The Panel of the Registration Committee approved both applications and directed the Registrar to issue the General Certificates of Registration.
One application was referred to the Panel of the Registration Committee due to currency requirements.	The Panel of the Registration Committee decided to issue a General Certificate of Registration with terms, conditions, and limitations (including direct supervision requirements).
Three applications were referred to the Panel of the Registration Committee requesting to change the terms, conditions and limitations imposed on the members' certificate of registration.	The requests were approved. The Panel agreed to change the terms, conditions, and limitations to allow the members to perform specific procedures without supervision.

Policy Framework:
Further to the CRTO's new policy framework, and in keeping with the policy approvals process, the following policies were circulated to the Registration Committee on October 22, 2021, for review and to identify any red flags or concerns before posting for public consultation:

- **Entry-to-Practice Competency Assessment Policy**: This policy was last reviewed by Council on December 6, 2019. Due to the new policy framework, this policy was updated in the new template and its associated factsheet. Although the policy was revised, its intent and direction have not changed.

- **Entry-to-Practice Competency Assessment Appeal Policy**: This policy was last reviewed by Council on June 3, 2016. Although it has been updated to reflect the CRTO's new policy template, the content and intent of the original policy have not changed.

- **Registration Currency Requirements Policy:** This policy was last reviewed by Council on September 21, 2018. It has been updated to reflect the CRTO's new policy template and has been revised to ensure its relevance to existing registration practices, legislation, and readability, and to incorporate gender-neutral language. Specific changes have been made to the descriptions of the terms, conditions and limitations that can be imposed on a certificate of registration. It is important to note that no changes were made to the intent or the direction of the original policy.

- **Labour Mobility Policy:** This policy was last reviewed by Council on May 25, 2012. It has been updated to reflect the CRTO's new policy template. Although the policy was revised to ensure its relevance to existing registration practices and legislation, the intent of the original policy has not changed.

- **Language Proficiency Policy**: This policy was last reviewed by Council on May 25, 2012. Minor changes were made by staff on the policy to reflect changes to the administration of CanTEST and TESTcan. As of August 15, 2021, the University of Ottawa will no longer administer language proficiency tests. As such, test scores by CanTEST and TESTcan will not be valid after August 15, 2022. Although the policy was updated to reflect the CRTO's new policy template, the intent of the original policy and the required English and French language proficiency test scores and providers have not changed.

No red flags or issues of concerns were raised, and the five policies have been posted for public consultation.

6.4 QUALITY ASSURANCE COMMITTEE REPORT

(Submitted by Andriy Kolos, Chair)

Since the last Council meeting, there has been one panel meeting of the Quality Assurance Committee (QAC), on October 8, 2021. The following is a summary of that meeting and the activities related to the QAC that have been ongoing since our last Council meeting:

Professional Development Policy and Procedure (PDP) Revision
Following the new CRTO framework, the Professional Development Program policy and procedure was revised, incorporating the previously separate Launch Jurisprudence Assessment policy. The PDP policy has now been circulated to the QAC for review. It has been sent for public consultation November 8, 2021, and will be presented, with the survey results, at the March 4, 2022, Council for final approval.

Referral to the QAC for Failure to Complete QA Requirements
The CRTO recently registered a Member in May 2021 with a General Certificate (had previously been registered with the CRTO off/on from 1996), who was notified then of their requirement to complete the Launch Jurisprudence Exam, between the period of July 1 – July 31, 2021. This Member failed to complete the exam within the required time frame and was therefore sent three past due notices, August 1, August 15, and August 30, 2021, via email and post. There was no response from the Member.

Subsequently, a panel of the QAC convened and reviewed the Member's file. As a result of the information brought forward, the panel believed the Member may have committed an act of professional misconduct [*Health Professions Procedural Code s. 80.2 (4)*] and directed the disclosure of the name of the Member and allegations against the Member to the Inquiries, Complaints and Reports Committee (ICRC).

Policy Framework:
Further to the CRTO's new policy framework, and in keeping with the policy approvals process, the following policy was circulated to the Quality Assurance Committee on October 22, 2021, for review and to identify any red flags or concerns prior to posting for public consultation:

- **Professional Development Policy**: this policy was just reviewed in May 2020. It has been updated to reflect the CRTO's new policy template. This policy has gone through a rigorous policy development process to ensure the document is relevant and up-to-date. The most significant change since then is that the policy has been revised to be concise, yet its intent and direction remains the same. The contents from the previous policy have been transferred to the Professional Development site on the CRTO website so that no information has been lost.

No red flags or issues of concerns were raised, and the policy has been posted for public consultation.

6.5 PATIENT RELATIONS COMMITTEE REPORT

(Submitted by Michelle Causton, Chair)

The Patient Relations Committee has had no meetings since the last Council meeting on September 24, 2021. The next PRC meeting is currently unscheduled.

6.6 INQUIRES, COMPLAINTS AND REPORTS COMMITTEE (ICRC)

(Submitted by Jeff Earnshaw, RRT, Chair)

Since the last Council meeting, the ICRC held five (5) meetings via Zoom. Four (4) of the meetings were to render decisions on investigations, all of which stemmed from Employer Reports. The remaining meeting was to consider a Complaint matter, in which a party requested that the ICRC Panel consider the complaint to be frivolous and vexatious.

Employer Reports:

1.) The Employer Report alleged that the Member was terminated from their position at the Facility after two incidents in which the Member failed to assure that the ventilators the patients were on were appropriately connected to the patients and power sources.
As a result of the Member's actions, one of the patients passed away. Subsequent to the Member's termination, the Member resigned from the CRTO.

The Panel of the ICRC conducted a very detailed and lengthy consideration of this matter, including seeking a legal opinion on the viability of referring the matter to the Discipline Committee of the CRTO. Based on the legal opinion obtained, as the Member had already resigned from the CRTO, the Panel decided to offer the Member an Acknowledgement and Undertaking in which the Member agrees to never reapply for registration with the CRTO.

2.) The Employer Report alleged that the Member failed to wear a mask while taking a break at a common area of a unit at the Facility. Further, it was alleged that the Member made unprofessional comments to another staff member when the staff member reminded the Member of the mask requirement.

After reviewing the findings of the investigation, the Panel of the ICRC was of the opinion that the Member was not intentionally attempting to circumnavigate the Facility policies around COVID masking, and that once reminded, the Member appropriately placed their mask back on. However, the Panel was of the opinion that the Member's response to the other staff member was unprofessional, and if heard by patients, had the potential to undermine the patient's confidence in the healthcare team. As such, the Panel issued the member advice and recommendations regarding the expectations of the CRTO Standards of Practice.

3.) The Employer Report alleged that the Member failed to perform wheelchair ventilator safety checks as required, and falsely document that they had done so. As a result of the Member's actions, the Member's employment was terminated from the Facility.

After a careful review of the findings of the investigation into the Member's conduct, the Panel of the ICRC was opinion that the information before them suggested that the Member did act as

alleged in the Employer Report. The Panel noted that the Member showed remorse for their actions and took accountability. However, the Member's actions were in contravention of the CRTO Standards of Practice. Accordingly, the Member was ordered to attend before a Panel for an Oral Caution, complete a Specified Continuing Education or Remediation Program, and enter into an Agreement to have the Member's practice monitored for a period of time to ensure compliance with the CRTO Standards of Practice.

4.) The Employer Report alleged that the Member lacked the core competencies of the profession of Respiratory Therapy. Accordingly, after the initial probationary period of employment, the Member's employment was terminated by the Facility.

After reviewing the findings of the investigation report into the Member's conduct and actions, the Panel of the ICRC was of the opinion that the Member did lack understanding of certain core competencies of the profession. As such, the Panel ordered the Member to have Terms, Conditions and Limitations on their certificate of registration as well as engage in two (2) Specified Continuing Education or Remediation Programs related to the core competencies of the profession.

Public Complaints:

5.) In the summer of 2021, a complaint was received by the CRTO regarding the Member's conduct and actions in relation to treatment provided to the Member's father.

Subsequent to the initiation of an investigation into the Member's conduct, the Member provided a response in which they asked the Panel of the ICRC to consider the complaint to be frivolous and vexatious, as the Member was not in the patient's circle of care and was at the Facility as a family member of the patient.

The Panel of the ICRC met to consider the Member's submission. The Panel was of the opinion that, as alleged, the concerns brought forward were of a serious nature that warranted a formal investigation prior to a decision on the merits and jurisdiction of the CRTO. As such, the Panel did not view the complaint to be frivolous and vexatious, and directed the CRTO to continue the investigation.

New Matters:

Since the last Council meeting, the CRTO received four (4) new matters. Of the (4) new matters, one (1) was a Complaint from the public, one (1) was a referral from the Quality Assurance Committee, one (1) was an Employer Report and one (1) was a self-report by a member.

In regard to the complaint, after speaking to the Complainant about the CRTO's complaint process, the Complainant confirmed that they wish to reconsider their submission, had no intent to proceed at this time and may engage the CRTO Complaint process at a later point.

The Quality Assurance Committee matter is currently under investigation.

The Employer Report is currently at the intake stage.

The self-report by a member was addressed through Registrar action in which the Member subject to the self-report entered an Acknowledgements and Undertaking agreeing to remedial learning and practice reflection.

Policy Framework:
Further to the CRTO's new policy framework, and in keeping with the policy approvals process, the following policies were circulated to the Inquiries, Complaints and Reports Committee on October 22, 2021, for review and to identify any red flags or concerns prior to posting for public consultation:

- **Health Professions Appeal and Review Board Appeals for ICRC Policy**: this policy was last reviewed by Council on March 4, 2016. It has been updated to reflect the CRTO's new policy template. Although there have been no changes in the policy's intent, the most significant change to this policy includes clarification that it does not apply to Acknowledgement and Undertakings between a member and the CRTO. This section has been included to provide clarity and confirm that the obligation to fulfill an undertaking runs regardless of any appeal made to HPARB.

- **Disclosure of Witness Statements Policy**: this policy was last reviewed by Council on December 5, 2018. It has been updated to reflect the CRTO's new policy template. This policy has had significant changes which include: the policy's terminology, which has been revised to capture specific types of conduct related to a member's conduct or actions. In addition, the policy now specifically differentiates between CRTO staff and/or the ICRC, regarding who is assessing the information and disclosing information to parties involved in the matter. Lastly, the policy now includes an option of cautioning the member regarding the implications of retaliating against witnesses. This option has been added to account for instances where redaction of materials is not feasible, as it would limit the Registrar or ICRC's ability to investigate the concern.

No red flags or issues of concerns were raised, and the two policies have been posted for public consultation.

6.7 DISCIPLINE COMMITTEE

(Submitted by Lindsay Martinek, RRT, Chair)

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

6.8 FITNESS TO PRACTICE COMMITTEE

(Submitted by Lindsay Martinek, RRT, Chair)

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

Motion #10 MOVED BY, Andriy Kolos, and SECONDED BY, Jeffrey Schiller, that Council approve all consent agenda items.

MOTION #10 CARRIED.

7.0: COMMITTEE ITEMS ARISING

7.1 EXECUTIVE COMMITTEE RE: GOALS AND TERMS OF REFERENCE

Lindsay Martinek presented to Council the Goals & Terms of Reference for the Executive Committee. The Goals & Terms of Reference was lasted reviewed in 2017 and has been revised and updated to a new template entitled Terms of Reference and Action Plan – Executive Committee. This will make it easier for the Committee to identify priority objectives and establish clear direction of what will need to be accomplished. If the motion is approved, it will be used as a guidance document for the Executive Committee.

Motion #11 MOVED BY, Kim Morris, and SECONDED BY, Christa Krause, RRT, to recommend that Council approve the revised Executive Goals & Terms of Reference, which is now entitled *Terms of Reference and Action Plan: Executive Committee*.

MOTION #11 CARRIED.

7.2 REGISTRATION COMMITTEE ITEMS

- No items for this meeting.

7.3 QUALITY ASSURANCE COMMITTEE ITEMS

- No items for this meeting.

7.4 PATIENT RELATIONS COMMITTEE ITEMS

- No items for this meeting.

7.5 INQUIRES COMPLAINTS AND REPORTS COMMITTEE ITEMS

- No items for this meeting.

7.6 DISCIPLINE & FITNESS TO PRACTISE COMMITTEES ITEMS

- No items for this meeting.

8.0: LEGISLATIVE AND POLICY ISSUES:

8.1 DRAFT INVESTMENTS & MANAGEMENT OF NET ASSETS POLICY – APPROVAL FOR CIRCULATION

Lindsay Martinek presented to Council the draft Investment & Management of Net Assets Policy & Procedure. This policy was last reviewed in 2017 and the intent is to update the policy and the procedure and add guidance regarding management of assets. The College Performance Measure Framework (CPMF) requires Colleges to demonstrate that they are achieving their statutory obligations and regulatory mandate. The CPMF sets out the expectations that Colleges have a "financial reserve policy". This policy will establish the level of reserves necessary to meet legislative requirements if there are unexpected expenses or reduction in revenue. Once approved by Council it will be posted for consultation and brought back to Council in April 2022 for final approval.

Motion # 12 MOVED BY, Christa Krause, RRT, and SECONDED BY, Katherine Lalonde, RRT, to recommend that the Executive Committee approve the Draft Investment & Management of Net Assets Policy.

MOTION #12 CARRIED.

8.2 DRAFT VACCINATION POLICY – FOR FINAL APPROVAL

Carole Hamp, Acting Registrar presented to Council the draft Vaccination Policy. The policy was developed in the interest of being accessible to the public and maintain business continuity, while taking precaution to protect CRTO personnel. This policy will take effect as of January 1, 2022. If this policy is approved it will be posted on the CRTO website and communicated to the membership.

Motion #13 MOVED BY, Jody Saarvala, RRT, and SECONDED BY, Jeff Dionne, RRT, that Council approve the Vaccination Policy.

MOTION #13 CARRIED.

8.3 REVISED BY-LAWS – FOR APPROVAL FOR CIRCULATION

Carole Hamp, Acting Registrar presented to Council the proposed amendments to the CRTO By-laws. The CRTO By-law was last reviewed in December 2019. Since the CRTO has established a Policy Framework and the Ministry of Health has established a College Performance Measurement Framework (CPMF) several changes are required of the By-laws. If the motion is approved, it will be posted for public consultation and the finalized By-laws will be presented at the March 2022 Council meeting.

Motion #14 MOVED BY, Kelly Munoz, RRT, and SECONDED BY, Christa Krause, RRT, that Council approves the By-Law Amendments outlined to go to Council for approval to circulate for feedback for a period of 60 days, which include in their entirety: By-Law 1: General CRTO Administration, By-Law 2: Council and Committees, By-Law 3: Membership.

MOTION #14 CARRIED.

8.4 CRTO EMPLOYEE HANDBOOK

Carole Hamp, Acting Registrar presented to Council the CRTO Employee Handbook. The CRTO Employment Policies and Procedures was last revised in 2014. In 2018, the CRTO Employee Handbook was created and had been revised twice since that time. The document was created to provide an overview of employment matters that apply to CRTO staff. Additions were added to the document which included claiming expenses, remote work locations and safety, hours of work, performance appraisals, internal complaint procedure, cellular usage, and notifications on the shared office calendar. The CRTO Employment Handbook will be available internally for all CRTO staff and new hires.

8.5 POLICES BEING RESCINDED & ARCHIVED

Carole Hamp, Acting Registrar presented to Council the rationale of rescinding and archiving the following policies:

- PDP Peer Assessors, Mentors, Practice Assessors & Working Group Members Policy;
- Members Duty to Self-Report Policy;

- Inactive Certificate of Registration Policy;
- Access to Records – Application Files Policy;
- Proceedings Outside the CRTO Policy;
- Public Register Notice re Discipline Referral Policy;
- Public Reprimands by Discipline Panels Policy;
- Removal of Information from the Register Policy;
- Employment Policies and Procedures.

Motion #15 MOVED BY, Kim Morris, and SECONDED BY, Kelly Munoz, RRT, that Council approve the items outlined in the policies being rescinded & archived consent agenda (item 8.5), which include in their entirety.

MOTION #15 CARRIED.

9.0: OTHER BUSINESS

- No items for this meeting.

10.0: NEXT MEETING

Next Council Meeting:
Friday, March 4, 2022, from 09:00 to 13:00 hrs.

Location:
Virtual meeting held via ZOOM Videoconference.

10: ADJOURNMENT

Adjournment
MOTION #16 MOVED BY, Kelly Munoz, RRT, and SECONDED BY Christa Krause, RRT to adjourn the Council Meeting.

MOTION #16 CARRIED.

The December 3, 2021, Council Meeting adjourned at 12:25 pm.

Agenda Item #:	*6.2*
Item:	*Executive Committee Report*

EXECUTIVE COMMITTEE REPORT – CHAIR'S REPORT TO COUNCIL
December 3, 2021, to March 3, 2022

The Executive Committee has met once since the December 3, 2021, Council meeting. On February 11, 2022, the Executive Committee reviewed the following items:

- Registrar's Report – MOHLTC Governance Reform Proposal
- CRTO Financial Statements & Investment Portfolio
- Draft CRTO 2022-23 Budget
- Draft Council agenda for March 4, 2022
- Executive Goals & Terms of Reference
- Succession Plan for Senior Leadership
- Revised CRTO By-Laws

Respectfully submitted,

Lindsay Martinek, RRT
Executive Committee Chair

Agenda Item #:	*6.3*
Item:	*Registration Committee Report*

REGISTRATION COMMITTEE REPORT – CHAIR'S REPORT TO COUNCIL

December 3, 2021 – March 3, 2022

Since the last Council meeting on December 3, 2021, the Registration Committee (RC) met via video conference on the following dates:

- January 13, 2022 (RC orientation)
- January 26, 2022 (Panel)
- February 25, 2022 (RC meeting and panel)

Referral Summary

Reason for Referral	Decision
Two applications were referred to the panel of the RC due to currency requirements.	For the first application, the panel of the RC decided to issue a General Certificate of Registration with terms, conditions, and limitations (including direct supervision requirements). For the second application, the panel of the RC decided to issue a General Certificate of Registration with terms, conditions and limitations (including general supervision requirements).
Three applications were referred to the Panel of the Registration Committee requesting to change the terms, conditions and limitations imposed on the members' certificate of registration.	The requests were approved. The Panel agreed to change the terms, conditions, and limitations to allow the members to perform specific procedures without supervision.

Registration Orientation:
On January 13, 2022, Richard Steinecke from Steinecke Maciura LeBlanc provided members of the RC with an annual orientation and training session. In his presentation Richard focused on decision making, dealing with special considerations, and issues related to human rights and anti-discrimination.

February 25, 2022, Meeting Report:

- **Terms of Reference and Action Plan 2022:** The terms of reference and action plan were revised to the new template to reflect the updated revision and approval of various Registration Committee (RC) Policies. It was circulated and approved by the RC on its February 25, 2022, meeting.

- **Registrar's Report:** Carole Hamp, Registrar & CEO, provided RC with an update on the initiatives undergoing by CRTO staff. Initiatives include:
    - Policy Framework, Revised By-Law & Professional Practice Guidelines.
    - Professional Conduct & IT Infrastructure Reviews;
    - Database Management;
    - College Performance Management Framework (CPMF);
    - Governance Reform.

- **CPMF – Registration:** The CPMF was developed by the Ontario Ministry of Health in collaboration with Ontario's health regulatory colleges, subject matter experts and the public to answer the question: "how well are health colleges in executing their mandate, which is to act in the public interest?" The information collected is intended to strengthen accountability and oversight of Ontario's health regulatory colleges, and to help them to improve their performance. The deadline for our report is March 31, 2022. CRTO staff have been working on the CPMF report, and some of the items reported relate to the CRTO's existing registration practices.

- **Office of the Fairness Commissioner (OFC):** The RC received an update from staff on recent OFC initiatives, including:

    - On April 1, 2021, the OFC launched its new Risk-informed Compliance Framework (RICF) and based on their review, they have assigned the CRTO as "full compliance" to their requirements. This means that the CRTO has successfully implemented each of the compliance recommendations that the OFC has issued, additional recommendations were not identified, and other criteria have been met.

    - The OFC has a new Legislated Obligations and Fair Registration Best Practices Guide for Regulated Professions and Compulsory Trades. This guide has come into effect on March 1, 2022, and it applies to non-health professions and Skilled Trades Ontario. The OFC is currently working with the Ontario Ministry of Health to develop a companion document for health colleges.

    - On December 2, 2021, the Working for Workers Act received Royal Assent. This legislation contained several provisions designed to modernize the *Fair Access to Regulated Professions and Compulsory Trades Act* (FARPACTA) and to reduce barriers encountered by internationally trained applicants (e.g., Canadian work experience), CRTO staff have reviewed the FARPACTA to ensure that our registration processes do not contravene the Act.

    - The 2021 Fair Registration Practices report will be due in the Fall of 2022.

- **International Educated Health Professions:** The RC conducted a detailed step-by-step review of the assessment process. The RC continues to monitor the entry-to-practice assessment process.

- **Registration Renewal:** Staff provided an update on the 2022/2023 registration renewal. The annual period for Renewal of Registration with the CRTO is from January 2022 to the end of February 2022.

- **Health Professions Appeal and Review Board (HPARB):** On August 8, 2021, the CRTO received one application referred to the HPARB for review. The individual seeking the appeal is an internationally educated health professional. The applicant completed the CRTO's entry-to-practice assessment process and was refused registration by a panel of the RC on February 8, 2016. At that time, the panel recommended the applicant to complete a full-time approved Respiratory Therapy program. The applicant re-applied on April 12, 2021, and was refused registration by RC on June 24, 2021, as the applicant did not graduate from an approved Respiratory Therapy program. This appeal is still ongoing.

- **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 2022 approved program list based on the program's accreditation status (see item 7.2.3).

- **Policy Framework:**

    - **Registration Policies Update:** As part of the CRTO's new Policy Framework, the following policies were circulated to the RC on February 25, 2022, for update:

        - **RG-412 Emergency Registration Policy**: This policy is intended to expedite the registration process by eliminating barriers to registration during emergencies or health crises. This policy was approved by Council on April 17, 2021. As part of the Framework, this policy has been updated to the new template, no other changes were made. This policy will not need to go to Council for approval until its next scheduled review cycle in five years or as needed.

        - **RG-431 Change of Name Request Policy**: This policy is intended to guide members to change the name registered with the CRTO to ensure the name that a member uses in their practice is reflective of the name registered with the CRTO. This policy was last approved by Council on March 3, 2017. It is proposed that this policy be rescinded and archived at the April 2022 Council meeting, as the authority of this policy is stated in multiple places (in the *Regulated Health Professions Act, 1991* under sections 23(2)(1), and 20, and the CRTO's By-Law).

- A new Fact Sheet has been created to provide clarity and outline how the CRTO fulfils its role of ensuring it keeps updated membership information on its public register.

- **RG-404 Professional Liability Insurance Policy**: This policy is intended to protect both registered respiratory therapists and the public they serve. Liability insurance enables a patient/client to have adequate financial compensation should harm occur because of an error, omission, or negligent act. Liability insurance protects the Respiratory Therapist by providing legal and financial support should a patient/client claim them. This policy was last approved by Council on May 25, 2012. With the planned revision to the CRTO's By-Laws, the content and authority of this policy have been moved to By-Law 3, section 8 (Professional Liability Insurance) and into the existing Professional Liability Insurance Fact Sheet. It is proposed that this policy be rescinded and archived at the April 2022 Council meeting.

- **RG-430 Unauthorized Use of Title and Holding Out Prior to Registration Policy:** This policy was last approved by Council on March 3, 2017. This policy has gone through a rigorous policy review process and was revised to include applicants for registration, inactive and suspended members who are using the title and/or holding out to practice before their registration. Given the need for the Inquiries, Complaints and Reports Committee's (ICRC) involvement in enforcing this policy, it has been recategorized as a Complaints and Discipline policy and transferred to the ICRC for final review before being presented to Council for approval. It is important to note that this policy will continue to be relied on and referenced by the RC.

- **RG-405 Supervision Policy:** This policy has been reviewed as part of the Policy Framework and it was recommended that this policy be recategorized into a Practice Policy. This policy will be moved from the RC to CRTO staff, specifically the Quality Practice department, who will lead the review and revisions of this policy, and present to Council for approval. This policy can still be relied upon by the RC for feedback.

- **Policies for Public Consultation:** The following policies were circulated to the RC for review and to identify any red flags or concerns before posting for public consultation:

  - **RG-403 Graduate Certificate of Registration Policy:** This policy was last approved by Council on September 26, 2014. The revised policy (will be circulated to Council in April 2022) has been updated to reflect the CRTO's

new policy template, but the content and intent of the original policy have not changed.

- **RG-408 Approval of Canadian Educations Programs Policy:** This policy was last approved by Council on December 6, 2019. Although the revised policy and procedure has been updated to reflect the CRTO's new policy and procedure template, the intent of these documents has not changed.

- **RG-420 Application for Registration Documents Requirements Policy:** This policy was last approved by Council on June 6, 2014. The revised policy has been updated to reflect the CRTO's new policy template. The only substantive change to this policy is section 4.0 (Documentation). CRTO staff have consulted other health regulatory bodies to see if they accept service providers other than World Education Services (WES). Most confirmed that they accept credential evaluations verified by a member of the Alliance of Credential Evaluation Services of Canada. As such, this policy has been amended to also include members of the Alliance of Credential Evaluation Services of Canada.

- **RG-426 File Closure Policy:** This policy was last approved by Council on December 6, 2019. The proposed revised policy has been updated to reflect the CRTO's new policy template, but the content and intent of the original policy have not changed.

  No red flags or issues of concerns were raised, the above five policies will be posted for public consultation.

- **Approval of Registration Policies for Council in April 2022:** The following policies were approved by the RC to go to the April 2022 Council meeting for final approval:

  - **RG-407 Language Proficiency Requirements Policy:** This policy was last approved by Council on May 25, 2012. This policy has been revised for its readability and to incorporate gender-neutral language. The format of the policy has been revised, however, the intent of the policy and the required English and French language proficiency test scores and providers have not changed.

  - **RG-410 Registration Currency Policy:** This policy was last approved by Council on September 21, 2018. Due to the new Policy Framework, this document was updated to the new template. This document has gone through a rigorous policy review process to ensure that all legislative and regulatory requirements have been met. Although the policy has been revised, it is important to note that no changes were made to the intent or

the direction of the original policy. The policy has been updated to ensure its relevance to existing registration practices, legislation, and readability, and to incorporate gender-neutral language.

  - Specific changes have been made to the descriptions of the terms, conditions, and limitations that can be imposed on a certificate of registration. The changes were made to provide clarity on the interpretation of the *Certification Programs for Advanced Prescribed Procedures Below the Dermis Professional Practice Guidelin*e and are noted in the policy.

- **RG-416 Labour Mobility: Applicants from Regulated Canadian Jurisdictions Policy:** This policy was last approved by Council on May 25, 2012. This policy has been updated with the new policy template. Although the format of the policy has been revised, its intent and direction have not changed.

- **RG-425 Entry-to-Practice Competency Assessment Policy:** This policy was last approved by Council on December 6, 2019. This policy has been updated with the new policy template. Although the format of the policy has been revised, its intent and direction have not changed. The policy has been revised to ensure its relevance to existing registration practices, legislation, and readability, and to incorporate gender-neutral language.

- **RG-429 Entry-to-Practice Competency Assessment Appeal Policy:** This policy was last approved by Council on June 3, 2016. This policy has been updated with the new policy template. Although the format of the policy has been revised, its intent and direction have not changed. The policy has been revised to ensure its relevance to existing registration practices, legislation, and readability, and to incorporate gender-neutral language.

Respectfully submitted,
Christa Krause, RRT
Registration Committee Chair

Agenda Item #:	*6.4*
Item:	*Quality Assurance Committee Report*

QUALITY ASSURANCE COMMITTEE REPORT – CHAIR'S REPORT TO COUNCIL

December 3, 2021 – March 3, 2022

Since the last Council meeting, there has been one meeting and orientation of the Quality Assurance Committee (QAC) held virtually on January 10, 2022. Additionally, three panels of the QAC were held via email decision on January 14 and 26th, and February 23, 2022. The following is a summary of that meeting and the activities related to the QAC that have been ongoing since our last Council meeting:

QAC Panels
Three panels reviewed Member requests for a second Portfolio deferral because of extenuating circumstances.

Terms of Reference and Action Plan 2022
The terms of reference and action plan were reviewed, however further revisions and planning are required, and a final version will be brought to Council in May 2022.

PORTfolio 2022
The QAC was notified that the CRTO will be extending the deadline for the submission of the 2021/2022 PORTfolio from April 1, 2022 to June 1, 2022.

Professional Development Policy and Procedure (PDP) Revision
Following the new CRTO policy framework, the Professional Development Program policy and procedure was revised, incorporating the previously separate Launch Jurisprudence Assessment policy. It was sent for public consultation November 8, 2021. The PDP policy, along with the survey results were reviewed and approved by the QAC on January 10, 2022. It will be presented, with the survey results, at the April 2022 Council for final approval.

Policy Framework:
Further to the CRTO's new policy framework, and in keeping with the policy approvals process, the following policy has been circulated to the QAC to identify any red flags or concerns prior to posting for public consultation:

- **Professional Development Deferral Policy**: this policy was reviewed in June 2018. It is currently being revised to reflect the CRTO's new policy template. This policy has undergone a rigorous policy development process to ensure the document is relevant and up-to-date.

Respectfully submitted,
Ginette Greffe-Laliberte RRT
Quality Assurance Committee Chair

Agenda Item #:	*6.5*
Item:	*Patient Relations Committee Report*

PATIENT RELATIONS COMMITTEE REPORT – CHAIR'S REPORT TO COUNCIL
December 3, 2021 to March 3, 2022

Since the last Council meeting, the Patient Relations Committee (PRC) has met twice via Zoom on January 14 and February 9, 2022. The following is an overview of the key issues that were discussed at that time:

Sexual Abuse Training
The committee reviewed the Health Profession Regulators of Ontario (HPRO) video *Understanding and Managing Our Own Values, Beliefs, Feelings, and Response to Sexual Abuse* to meet the committee's sexual abuse training requirement.

Abuse Therapy Funding
The committee reviewed the October 2021 OHIP Schedule of Benefits and Fees against the Funding for Supportive Measures policies and the current Abuse funding reserves. It was determined that the current funding reserves of $80,000 are adequate at this time.

PRC Goals and Terms of Reference
The committee reviewed and revised the PRC Goals & Terms of Reference to ensure that sufficient guidance is provided within the document for the committee. A motion from the committee is being brought forward in Item 7.4.1 of the agenda.

Diversity, Equity, and Inclusion Training
The committee discussed the need for training relating to diversity, equity and inclusion and will continue to monitor the needs. Several PRC Committee members will be attending the Anti-Bias Training being held by the CRTO on March 22, 2022.

Diversity, Equity, and Inclusion Audit
The committee prepared a Request for Quote, to seek proposals from consultants with expertise in diversity, equity, and inclusion services to assist in conducting an equity audit as a foundation toward building a more diverse and inclusive organization for members and stakeholders. The CRTO needs assistance to identify blind spots and processes that perpetuate systemic injustice, identify current successes and areas for improvement within our policies, practices, communications, and culture. The RFQ is currently open and will close on March 11, 2022.

Diversity, Equity, and Inclusion (DEI) Strategic Plan
The committee developed a Diversity, Equity, and Inclusion Strategic Plan. The strategic plan will evolve as we go through the Equity Audit and implementation. The effectiveness and achievements of the goals for diversity and inclusion will be reviewed and reported to Council quarterly. A motion from the committee is being brought forward in Item 7.4.2 of the agenda.

Equity Impact Assessment
The committee reviewed and discussed the use and need for an Equity Impact Assessment Tool and recommends that we use the Ministry of Health and Long-Term Care's Health Equity Impact Assessment tool and workbook. A motion from the committee is being brought forward in Item 7.4.3 of the agenda.

Respectfully submitted,
Kim Morris
Patient Relations Committee Chair

Agenda Item #:	*6.6*
Item:	*Inquiries, Complaints and Reports Committee Report*

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

December 3, 2021, to March 3, 2022

ICRC Meetings

Since the last Council meeting, the Inquiries, Complaints and Reports Committee (ICRC) held four (4) meetings via Zoom on December 16 & 17, 2021, and January 25, 2022, and February 4, 2022. All four (4) of the meetings were for the purposes of ICRC orientation. Below is a summary of each meeting.

Orientation Meeting #1 & 2:

The first two (2) ICRC orientation meetings were intended to orient all new members of ICRC to two aspects of their role:

a) Conflict declaration prior to be being placed on a Panel of the ICRC.

b) Reviewing and approving a request for an appointment of investigator.

The reason the topics were discussed over the span of two meetings was to ensure that the schedules of all the new members of ICRC were accommodated. The presentation was conducted by Shaf Rahman, Manager of Professional Conduct. This meeting was not offered to returning members of the ICRC.

Orientation Meeting # 3:

The third meeting continued and built upon the orientation provided in the first two meetings. The meeting consisted of two presentations focusing on the following topics:

a) 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 CRTO Professional Conduct Department from initial receipt of a

complaint/report until the matter is ready for an ICRC Panel's review and deliberation.

b) Overview of role and responsibilities of the ICRC and Administrative Law principals.

The first presentation (item a) was conducted by Shaf Rahman, Manager of Professional Conduct. The second presentation (item b) was conducted by Julie Maciura of Steinecke Macuira Leblanc, legal counsel for the CRTO. This meeting was offered to all members of the ICRC, both returning and new.

Orientation Meeting # 4:

The fourth meeting continued on the theme of building on the previous three meetings. The focus of this meeting was to orient ICRC members to how to review the findings captured in an investigation report into a Members conduct, and the role of a ICRC Panel member during an ICRC meeting to review and deliberate on an investigation.

The meeting consisted of a presentation by Shaf Rahman, Manager of Professional Conduct, which provided an overview of the different sections of an investigation report, the roles of both an ICRC Panel member and the ICRC Panel Chair during a deliberation meeting, and how to use the disposition worksheet to ensure reasonable, consistent and fair decisions are rendered.

After the presentation, two example case studies were conducted in which the ICRC members acted as a Panel and reviewed mock investigation reports and rendered a decision.

New Matters

Since the last Council meeting, the CRTO received ten (10) new matters. Of the ten (10) new matters, two (2) were complaints from the public, four (4) were employer reports, two (2) were anonymous reports from members of the public, and two (2) were self-reports.

Both complaint matters and two of the employer reports are currently under investigation. The remaining two employer reports are at the intake stage. One self-report has initiated a health inquiry into the Member's capacity, the results of which will be reported to a Panel of the ICRC. The other self-report is at the intake stage. Of the two anonymous reports, one was addressed through Registrar action in which the Member subject to the anonymous report was reminded of the CRTO Standards of Practice regarding social media posting, while the other anonymous report is at the intake stage.

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

Agenda Item #:	*6.7*
Item:	*Discipline Committee Report*

DISCIPLINE COMMITTEE - CHAIR'S REPORT TO COUNCIL

December 3, 2021, to March 3, 2022

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

Respectfully submitted,

Lindsay Martinek, RRT
Discipline Committee Chair

Agenda Item #:	*6.8*
Item:	*Fitness to Practise Committee Report*

FITNESS TO PRACTISE COMMITTEE - CHAIR'S REPORT TO COUNCIL

December 3, 2021, to March 3, 2022

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

Agenda Item #:	*6.9*
Item:	*Finance & Audit Committee (FAC) Report*

FINANCE & AUDIT COMMITTEE - CHAIR'S REPORT TO COUNCIL

The Finance & Audit Committee (FAC) had its inaugural meeting on February 1, 2022. The Committee consists of the following individuals:

1.) Michelle Causton (Chair) – Former Public Member of Council
2.) Jeff Dionne, RRT – Professional Member of Council & Executive Committee
3.) Andriy Kolos – Public Member of Council
4.) Derek Clark – Public Member of Council
5.) Angela Miller, RRT – Professional Member of Council
6.) Kelly Munoz, RRT – Professional Member of Council

Topics Reviewed During Meeting:

a.) FAC Orientation Videos:

Three videos prepared by Michelle Causton was presented to the FAC:

i.) Language of Finance
ii.) Finance Monitoring
iii.) The Audit

These videos will be made available to all of Council members.

b.) FAC Orientation - Policy Review

The FAC reviewed and discussed an article titled "Investment policies for Nonprofits" as an introduction to considerations that should be made by relating to investments for a non-profit organization such as the CRTO. This document was sourced externally and is not a CRTO policy document.

c.) FAC Terms of Reference and Action Plan Review

The draft Terms of Reference and Action Plan for the FAC was reviewed. It was decided that the document accurately captured the roles and responsibilities of the FAC. The document will be presented to Council for review and final approval.

d.) Review and Approval of "Investments & Management of Net Assets Policy"

The FAC reviewed a draft of the Investments & Management of Net Assets Policy. After discussions on scope of the policy, the need for clarification of the items contained within the policy, and the need to add items to the policy, it was motioned that the policy will be reworked and reviewed prior to presentation to council during the May CRTO Council meeting.

e.) Review and Discussion of "Investments & Management of Net Assets Procedure"

During the review of this document, it was decided that additional considerations must be included in the procedural document including investment goals, risk management criteria, ethical investments, etc. The document will be reworked, and the goal is to present a final procedure document for May CRTO Council.

f.) Review of 2022-2023 CRTO Budget

The FAC engaged in a line-by-line detailed review of the proposed CRTO budget for 2022-2023. All questions regarding line items were addressed by Carole Hamp, Registrar. The FAC noted no concerns with proposed budget.

Respectfully submitted,
Jeffrey Dionne, RRT
Finance & Audit Committee

Council Briefing Note

AGENDA ITEM # 7.1.1 **March 4, 2022**

From:	*Carole Hamp, RRT – Acting Registrar*
Topic:	*Executive Committee Terms of Reference & Action Plan*
Purpose:	*For Decision*
Strategic Focus:	*Governance & Accountability*
Attachment(s):	*Executive Committee Terms of Reference & Action Plan*

PUBLIC INTEREST RATIONALE:
To ensure the actions of the Executive Committee are aligned with its key roles & responsibilities.

BACKGROUND:
The presentation of this document was revised last year from a "Goals & Terms of Reference" structure to a "Terms of Reference & Action Plan" format to provide a clearer responsibility and accountability framework.

ANALYSIS:
The following changes were made at the Executive meeting on February 11, 2022:

Previous Action Item #1 – "*Revise the Investment Policy & Procedure to include a protocol for dealing with financial reserves"* was removed because this task has now been passed to the newly formed Finance & Audit Committee.

New Action Item #1 - *Conduct Registrar's Performance Review.*

Action Item # 2 – The following changes were made under "*Prioritize and monitor progress on initiatives identified in the CPMF*":

- "*Review CRTO's Strategic Direction & Key Priorities and submit to Council for final approval*" was removed because the task has been completed.

- The deadline for "*ensure alignment of workplan with upcoming budget*" was changed to May 2022 so that it follows the submission of the CPMF report at the end of March 2022.

RECOMMENDATION:
That Council approves the Executive Committee's revised Terms of Reference & Action Plan.

NEXT STEPS:
The Executive Committee will review its Terms of Reference & Action Plan at its next committee meeting.

Council Motion

AGENDA ITEM # 7.1

Motion Title:	*Executive Committee Terms of Reference & Action Plan*
Date of Meeting:	*March 4, 2022*

It is moved by _____ and seconded by _____ that:

The Council approve the revised Executive Committee Terms of Reference & Action Plan. (A copy is attached as Appendix A to this motion within the materials of this meeting).

Appendix A: Executive Committee Terms of Reference & Action Plan

Revised Executive Committee Terms of Reference & Action Plan.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Title: **Terms of Reference and Action Plan: Executive Committee**

NUMBER: **CP- TERMS OF REFERENCE-161**

Date originally approved: February 27, 2004

Date last revision approved: December 3, 2021

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 be accountable to Council and function on behalf of Council in-between Council meetings, except for making, amending, or revoking a regulation or By-Laws.

RESPONSIBILITIES & OPPORTUNITIES: (*action plan)

1. Monitoring the effectiveness of Council and Committees and making recommendations as necessary.
2. Monitoring the CRTO's financial status and making recommendations to the Registrar and Council, as necessary.
3. Developing Executive Committee goals based on the CRTO's Strategic Plan and the College Performance Management Framework (CPMF).
.
4. Reviewing the CRTO By-Laws and proposing amendments to Council.
5. Conducting the Registrar's performance review annually in accordance with the Registrar & CEO Performance Review and Compensation Policy; to be presented to the Registrar by the President and Vice-President by February 1 each year.
6. Reviewing the composition and structure of each Committee and appointing members to committees on behalf of Council.
7. Recommending tasks or projects to other committees, as required.

MEMBERSHIP:

The Committee shall consist of at least five (5) voting members, including the President, with:

- at least three (3) members of the Council who are members of the College; and
- at least two (2) members of the Council appointed to the Council by the Lieutenant Governor in Council.

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

REPORTING RELATIONSHIP:

The Committee is responsible to Council and shall provide a report to Council at each Council meeting which outlines 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.

CHAIR:

The President of the Council shall be the Chair of the Executive Committee. The Vice-President of the Council shall be Vice-Chair of the Executive Committee. The Vice-Chair will fulfill the responsibilities of the Chair in the Chair's absence.

FREQUENCY OF MEETINGS:

The Committee shall hold at least four (4) meetings each year. Additional meetings of the Committee shall be called by the Chair as required.

QUORUM:

A Quorum shall consist of a majority of the voting members of the Committee, at least one of whom must be appointed to the Council by Lieutenant Governor in Council.

TERMS OF APPOINTMENT:

Committee members will be elected annually by the members of Council.

CIRCULATION OF MINUTES:

Minutes will be circulated to all members of the Committee and made available to members of Council and the public.

RELATED POLICIES:

- RHPA Regulated Health Professions Act, 1991, S.O. 1991, c. 18 (ontario.ca)
- Respiratory Therapy Act Respiratory Therapy Act, 1991, S.O. 1991, c. 39 (ontario.ca)
- CRTO By-Laws

ACTION PLAN FOR THE PERIOD ENDING (September 2022)

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 when significant changes are made. 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.

Status can be "complete", "in progress" or "pending".

Action	How	When	Status
1. ~~Revise the Investment Policy & Procedure to include a protocol for dealing with financial reserves~~.			
a. ~~Review draft revisions to existing Investment Policy.~~	~~Committee will review draft documents and recommend changes as necessary.~~	~~September 2021~~	~~In progress~~
b. ~~Make additional revisions and submit a draft to Council for approval for circulation.~~	~~Committee will review the draft version prior to it being sent to Council.~~	~~December 2021~~	~~Pending~~
1. Conduct Registrar's Performance Review.			
a. New Registrar - conduct Performance Review at 3 months post start date.	Registrar & CEO completes self-assessment President conducts external evaluation	March – April 2022	Pending
b. Annually - conduct Registrar's Performance Review at the start of each calendar year.	As above	January 2023	Pending
2. Prioritize and monitor progress on initiatives identified in the CPMF.			
a. ~~Review CRTO's Strategic Direction & Key Priorities and submit to Council for final approval~~.	~~Committee will review draft documents and recommend changes as necessary.~~	~~December 2021~~	~~Pending~~
b. Monitor status of Strategic Direction & Key Priorities workplan.	Registrar will provide a status report.	At each Executive meeting	Pending

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TITLE: Terms of Reference & Action Plan: Executive

c. Ensure alignment of workplan with upcoming budget.	Committee will review workplan action items that fall within the 2022 – 2023 fiscal year.	~~March~~ April 2022	Pending

Council Briefing Note

AGENDA ITEM # 7.2.1 **March 4, 2022**

From:	*Registration Committee*
Topic:	*Terms of Reference & Action Plan: Registration Committee*
Purpose:	*For Decision*
Strategic Focus:	*Governance & Accountability*
Attachment(s):	*Appendix A: Revised Registration Committee Terms of Reference & Action Plan: Registration Committee*

PUBLIC INTEREST RATIONALE:
To ensure the actions of the Registration Committee are aligned with its key roles and responsibilities.

BACKGROUND:
Due to the new CRTO policy framework updates, this document was revised from a "Goals & Terms of Reference" structure to a "Terms of Reference & Action Plan" format. The format change is to provide clearer responsibility and accountability for the Registration Committee, and to better identify priority objectives and establish clear direction as to how they will be accomplished.

ANALYSIS:
The following changes were made to the current and draft version:

- Items under the "Registration Policies, Guidelines and Related Legislation" section have been updated to include relevant registration legislations, policies, and professional practice guidelines.
- Under the "Membership" section, references to committee member composition have been updated to reflect language used in the new proposed by-law changes.
- Under "Frequency of Meetings" section, wording has been added to reference that "Meetings are held in accordance with CRTO By-Law 2: Council and Committees section 15.09.", to reflect the new proposed by-law changes.

- A new section is added to the document to reference how records are retained and to highlight that 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 Policy.
- The Terms of Reference (known as the master plan) is established to provide the responsibilities of the Registration Committee (this action plan shows the "action, how, when and status(es)" of the items). Items that were added to this document include:
    - Policies that are proposed to be rescinded and archived e.g., the Change of Name Request Policy, Professional Liability Insurance Policy have been removed from the action plan.
    - Policies that are no longer categorized under the Registration Committee e.g., the Unauthorized Use of Title and Holding Out Prior to Registration Policy, and the Supervision Policy have been removed from the action plan.
- The action plan ending in the year December 2022 identifies projects that are to be completed by the end of 2022. This also shows the "action, how, when and status(es)" of the items).

RECOMMENDATION:
It is recommended that Council approve the Revised Terms of Reference & Action Plan.

NEXT STEPS:
If approved by Council, the revised Terms of Reference & Action Plan will be used as a guidance document for the Registration Committee.

Council Motion

AGENDA ITEM # 7.2.1

Motion Title:	*Registration Committee Terms of Reference and Action Plan*
Date of Meeting:	*March 4, 2022*

It is moved by _____ and seconded by _____ that:

Council approves the revised Terms of Reference & Action Plan: Registration Committee. (A copy is attached as Appendix A to the motion within the materials of this meeting).

Appendix A: Revised Terms of Reference & Action Plan: Registration Committee

Revised Terms of Reference & Action Plan: Registration Committee and 2022 Action Plan

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Title: **Goals and Terms of Reference Registration Committee**

NUMBER: **CP- REG.GOALS&TERMS-162**

Date originally approved: **January 8, 1996**

Date last revision approved: **December 6, 2019**

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 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)
- Entry-to-Practice Exam Policy (RG-406)
- Entry-to-Practice Competency Assessment Policy (RG-425)
- Entry-to-Practice Competency Assessment Appeal Policy (RG-429)
- Registration Currency Policy (RG-410)
- Labour Mobility: Applicants from Regulated Canadian Jurisdictions (RG-416)
- Language Proficiency Requirements Policy (RG-407)

- Application for Registration – File Closure Policy (RG-426)
- Approval of Canadian Education Programs Policy (RG-408)
- Application for Registration Documents Requirements Policy (RG-420)
- Graduate Certificate of Registration Policy (RG-403)
- Emergency Registration Policy (RG-412)
- Public Register – Notations of Suspension/Revocation of a Certificate of Registration (RG-421)
- 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 13.01, the Committee shall consist of at least five (5) voting members with:

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

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, at least one of whom must be a Council member or Professional Committee Appointee who is a Member of the CRTO, and at least one of whom is appointed to the Council by Lieutenant Governor in Council.

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 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 section 15.09.

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.

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 Policy.

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 (MONTH – YEAR)

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 *Registration Regulation* and entry-to-practice requirements and make recommendations to Council as appropriate.			
a. Identify any changes or proposed changes to legislation (e.g., *Respiratory Therapy Act*, 1991, *Regulated Health Professions Act*, 1991)	Staff will monitor and brief the Committee.	As required.	Started in October 2017.
2. Conduct a review of the *Ontario Regulation 596/94 Part VII* – Prescribed Procedures (below the dermis).			
a. Identify any changes or proposed changes to legislation.	Staff will monitor and brief the Committee.	As required.	
3. 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	
b. Review the Certificate Programs for Advanced Prescribed Procedures	Committee will review the practice guideline entitled "Certification	Last approved March 2020	

Below the Dermis PPG.	Programs for Advanced Prescribed Procedures Below the Dermis" and recommend changes if necessary.		
4. Conduct a review of the policies that support the Registration Committee.			
Note: the CRTO established its Policy Framework in the Spring of 2021 and is currently in the process of refreshing and revising its existing documents to align them with the framework. It is expected that this process will be complete by the end of 2022.			
a. Emergency Registration Policy (RG-412)	Committee will review documents and recommend changes if necessary.	Last approved September 2021	
b. Entry-to-Practice Exam Policy (RG-406)	Committee will review documents and recommend changes if necessary.	Last approved September 2021	
c. Entry-to-Practice Competency Assessment Policy (RG-425)	Committee will review documents and recommend changes if necessary.		
d. Entry-to-Practice Competency Assessment Appeal Policy (RG-429)	Committee will review documents and recommend changes if necessary.		
e. Registration Currency Policy (RG-410)	Committee will review documents and recommend changes if necessary.		
f. Labour Mobility: Applicants from Regulated Canadian Jurisdictions (RG-416)	Committee will review documents and recommend changes if necessary.		
g. Language Proficiency Requirements Policy (RG-407)	Committee will review documents and recommend changes if necessary.		
h. Application for Registration – File Closure Policy (RG-426)	Committee will review documents and recommend changes if necessary.		
i. Approval of Canadian Education Programs Policy (RG-408)	Committee will review documents and recommend changes if necessary.		
j. Application for Registration Documents Requirement Policy (RG-420)	Committee will review documents and recommend changes if necessary.		

k. Graduate Certificate of Registration Policy (RG-403)	Committee will review documents and recommend changes if necessary.		
l. Public Register – Notations of Suspension Revocation of a Certificate of Registration Policy (RG-421)	Committee will review documents and recommend changes if necessary.		

ACTION PLAN FOR THE PERIOD ENDING DECEMBER 2022

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 Registration Regulation and entry-to-practice requirements and make recommendations to Council as appropriate.			
a. Identify any changes or proposed changes to legislation.	Staff will monitor and brief the Committee.	As required.	Started in October 2017.
2. Conduct a review of the *Ontario Regulation 596/94 Part VII* – Prescribed Procedures (below the dermis).			
a. Identify any changes or proposed changes to legislation.	Staff will monitor and brief the Committee.	As required.	
3. Conduct a review of the policies that support the Registration Committee.			
Note: the CRTO established its Policy Framework in the Spring of 2021 and is currently in the process of refreshing and revising its existing documents to align them with the framework. It is expected that this process will be complete by the end of 2022.			
a. RG-431 Name Change Policy	Rescind and Archive **Next step:** approval for Council	April 2022	
b. RG-404 Professional Liability Insurance Policy	Rescind and Archive **Next step:** approval for Council	April 2022	
c. RG-425 Entry-to-Practice	Committee to review and refresh per new CRTO Policy Framework	April 2022	

Competency Assessment Policy	**Next step:** approval for Council		
d. RG-429 Entry-to-Practice Competency Assessment Appeal Policy	Committee to review and refresh per new CRTO Policy Framework **Next step:** approval for Council	April 2022	
e. RG-410 Registration Currency Policy	Committee to review and refresh per new CRTO Policy Framework **Next step:** approval for Council	April 2022	
f. RG-416 Labour Mobility: Applicants from Regulated Canadian Jurisdictions Policy	Committee to review and refresh per new CRTO Policy Framework **Next step:** approval for Council	April 2022	
g. RG-407 Language Proficiency Requirements Policy	Committee to review and refresh per new CRTO Policy Framework **Next step:** approval for Council	April 2022	
h. RG-426 Application for Registration – File Closure Policy	Committee to review and refresh per new CRTO Policy Framework **Next step:** approval for consultation and take to Council	September 2022	
i. RG-408 Approval of Canadian Education Programs Policy	Committee to review and refresh per new CRTO Policy Framework **Next step:** approval for consultation and take to Council	September 2022	
j. RG-420 Application for Registration Documents Requirement Policy	Committee to review and refresh per new CRTO Policy Framework **Next step:** approval for consultation and take to Council	September 2022	
k. RG-403 Graduate Certificate of Registration Policy	Committee to review and refresh per new CRTO Policy Framework **Next step:** approval for consultation and take to Council	September 2022	
Remaining policies for further review			
l. RG-421 – Public Register –	To be reviewed by CRTO staff for	December 2022	

Notations of Suspension Revocation of a Certificate of Registration Policy	further direction.		

Council Briefing Note

AGENDA ITEM # 7.2.2 **March 4, 2022**

From:	*Registration Committee*
Topic:	*Approval of Canadian Respiratory Therapy Programs*
Purpose:	*Decision*
Strategic Focus:	*Current strategic objectives related to Governance and Accountability.*
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.*

PUBLIC INTEREST RATIONALE:
The process of approving Canadian Respiratory Therapy Programs ensures that Respiratory Therapists entering the profession from an accredited program hold the required entry-to-practice competency to provide safe 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 for the purpose of 55(2) of the *Respiratory Therapy Act* (ON. Regulation 596/94, Part VIII, "*Registration Regulation*").

At the February 25, 2022, meeting, members of the Registration Committee reviewed programs currently accredited by Accreditation Canada. This list is provided to Council for review and final approval.

BACKGROUND:
The College of Respiratory Therapists of Ontario (CRTO) is responsible for setting entry to practice requirements in Ontario. The *Registration Regulation* sets out the requirements for registration with the CRTO, including requirements 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.

This process is one of the mechanisms that assist the CRTO in ensuring that applicants who wish to enter the profession possess the minimum competencies required for the safe and effective practice of the profession.

ANALYSIS:
The process to approve the Canadian Respiratory Therapy program is outlined in the Approval of Canadian Education Programs Policy and Procedure. As part of the package presented to Council for the Approval of Canadian Respiratory Therapy Programs, the following are attached:

- Approval of Canadian Education Programs Policy (Appendix A);
- Approval of Canadian Education Program Procedure (Appendix B); and,
- List of Respiratory Therapy Programs and their statues as published on the Accreditation Canada Website generated on February 23, 2022 (Appendix C).

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 Council as relevant to the approval of respiratory therapy education programs.

Council reserves the right to refuse or remove approval status where it has information that an "acceptable" accreditation status does not reflect an acceptable education program. At this point of review, the CRTO did not receive any information that the accreditation status by Accreditation Canada is not acceptable.

RECOMMENDATION:
To recommend that Council approve the Respiratory Therapy Programs for 2022 based on the programs' accreditation status with Accreditation Canada.

NEXT STEPS:
Programs' accreditation status with Accreditation Canada is reviewed yearly by the Registration Committee and then approved by Council. The next scheduled review will be at the first council meeting of 2023.

Council Motion

AGENDA ITEM # 7.2.2

Motion Title:	*Approval of Respiratory Therapy Programs*
Date of Meeting:	*March 4, 2022*

It is moved by _____ and seconded by _____ that:

Council approve the Respiratory Therapy Programs for 2022 based on the programs' accreditation status with Accreditation Canada. (A copy is attached as Appendix C to the motion within the materials of this meeting).

Appendix A: Approval of Canadian Education Programs Policy

Approval of Canadian Education Programs Policy

Title: **Approval of Canadian Education Programs**

Number: **RG-CDN Prog.Approval-408**

Date originally approved:
February 23, 2007

Date(s) revision approved:
December 6, 2019

POLICY

The College of Respiratory Therapists of Ontario (the "CRTO") is responsible for setting Respiratory Therapy entry to practice requirements in the province of Ontario in the public interest. Ontario Regulation 596/94, Part VIII (Registration (s. 55(2)) sets out the requirements for registration with the CRTO including the requirement that an applicant must:

(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 approval of Respiratory Therapy education programs is one of the mechanisms that assist the CRTO in ensuring that applicants who wish to enter the profession possess the minimum competencies required for the safe and effective practice of the profession.

This policy sets out the criteria used by the Registration Committee to recommend approval of and for Council to approve Canadian Respiratory Therapy Programs for the purposes of clause 55(2) (a) of the Registration Regulation.

In order 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 Council as relevant to the approval of respiratory therapy education programs.

Council reserves the right to refuse or remove approval status where it has information that an "acceptable" accreditation status does not reflect an acceptable educational program.

Graduates of Respiratory Therapy programs offered in Canada that are not accredited by Accreditation Canada will be referred to the CRTO's entry-to-practice assessment process. The assessment process provides a mechanism for applicants for registration to demonstrate to the Registration Committee that they have knowledge, skills and judgment equivalent to those of a graduate of an approved Respiratory Therapy program.

Appendix B: Approval of Canadian Education Programs Procedure

Approval of Canadian Education Programs Procedure

POLICY REFERENCE: Approval of Canadian Education Programs

POLICY NUMBER: RG-CDN Prog.Approval-408

Procedure
Approval of Canadian Education Programs

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

2. Approval status is based on Accreditation Canada accreditation categories, as follows:
    a. The following accreditation status(es) are acceptable for CRTO "approved program" status:
        - **ACCREDITED –** The educational program is in compliance with all five requirements (2014 Requirements for accreditation – Conjoint Accreditation Services). The accreditation status will expire 6 years from the date of the award.

    b. 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 meets at least six of the ten critical criteria and is in partial compliance with at least one of the five requirements (2014 Requirements for accreditation- Conjoint Accreditation Services). The educational program will be required to submit one or more follow-up reports to Accreditation Canada to provide evidence of compliance with the requirements. The accreditation status will expire 2 years from the date of the award.
        - **REGISTERED –** An unaccredited educational program has registered for accreditation and an on-site review has been tentatively scheduled pending a successful off-site review or the assessment is underway.

3. Staff will monitor Canadian Respiratory Therapy Programs' accreditation status and:
    a. report to the Registration Committee any changes as soon as this information becomes available;
    b. advise the Registration Committee concerning status of new programs as soon as this information becomes available;
    c. provide an annual report to the Registration Committee.

4. 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

Appendix C: List of Respiratory Therapy Programs on Accreditation Canada's website as of February 23, 2022

List of Respiratory Therapy Programs on Accreditation Canada's website as of February 23, 2022

List of educational programs (accredited and registered)

Last updated: February 23, 2022

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

Accreditation client	City	Educational program	Status	Expiry
Collège communautaire du Nouveau-Brunswick	Dieppe	Thérapie respiratoire	Accredited	2023/03/31
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	Registered	

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

Accreditation client	City	Educational program	Status	Expiry
Canadore College	North Bay	Respiratory Therapy	Accredited	2022/02/28
Collège La Cité	Ottawa	Thérapie respiratoire	Accredited	2027/07/31
Conestoga College Institute of Technology and Advanced Learning	Kitchener	Respiratory Therapy	Accredited	2023/03/31
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
Cégep de l'Outaouais	Gatineau	Techniques d'inhalothérapie	Accredited	2022/04/30
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
College of the North Atlantic-Qatar	Doha, Qatar	Respiratory Therapy	Accredited	2023/06/30

Council Briefing Note

AGENDA ITEM # 7.4.1 **March 4, 2022**

From:	*Patient Relations Committee*
Topic:	*Terms of Reference and Action Plan: Patient Relations Committee*
Purpose:	*For Decision*
Strategic Focus:	*Governance & Accountability*
Attachment(s):	*Appendix A: Revised Terms of Reference and Action Plan: Patient Relations Committee and 2022 Action Plan*

PUBLIC INTEREST RATIONALE:
Maintaining optimal governance by ensuring the Patient Relations Committee has clear guidance as to its roles and responsibilities.

BACKGROUND:
Due to the new CPMF and CRTO policy framework updates and additions were required for the ongoing responsibilities of the Patient Relations Committee to better identify priority objectives and establish clear direction as to how they will be accomplished.

ANALYSIS:
The following changes were made to the current to the draft version:

- Due to the CRTO Policy Framework the Electronic Media Policy, CRTO Social Media Terms of Use Policy and the Communications Policy have been recategorized to Administrative Policies and therefore removed from the PRC Terms of Reference and Action items
- Updates were made to by-law section references and terminology to reflect changes to the by-laws (A motion is being brought forward in Item 8.1 of the agenda.)
- The addition of two new actions that the committee will be working on going forward:
    - Diversity, Equity and Inclusion Strategic Plan; and
    - Equity Impact Assessment Tool.

RECOMMENDATION:
It is recommended that Council approve the Revised Terms of Reference and Action Plan.

NEXT STEPS:
If approved by Council, the Revised Terms of Reference and Action Plan will be used as a guidance document for the Patient Relations Committee.

Council Motion

AGENDA ITEM # 7.4.1

Motion Title:	*Patient Relations Terms of Reference and Action Plan*
Date of Meeting:	*March 4, 2022*

It is moved by _____ and seconded by _____ that:

Council approves the revised Terms of Reference & Action Plan: Patient Relations Committee. (A copy of the draft version is attached as Appendix A to this motion within the materials of this meeting).

Appendix A: Revised Terms of Reference & Action Plan: Patient Relations Committee

Revised Terms of Reference & Action Plan: Patient Relations Committee and 2022 Action Plan

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Title: **Terms of Reference and Action Plan: Patient Relations Committee**

NUMBER: **CP- PAT.REL.GOALS&TERMS-167**

Date originally approved: **April 26, 2005**

Date last revision approved: March 05, 2021

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 ensure compliance with the *Regulated Health Professions Act 1991 (RHPA)*, Schedule 2, Sections 84 & 85 and *Ontario Regulation* 59/94, the By-Laws, policies and standards of the CRTO with respect to the patient relations program.

In addition, and with approval of Council, this committee may consider other issues that impact on patient relations with Members or with the CRTO.

RESPONSIBILITIES AND OPPORTUNITES:

1. To advise Council on adequacy of measures in place to raise awareness, provide support and prevent sexual abuse of patients. [*RHPA* Schedule 2 s.84(3)(b)]
2. Advise Council on opportunities to enhance patient relations through training and awareness of issues of transparency, diversity and inclusiveness to maintain public trust. [*RHPA* Schedule 2 s.84(3)(a) and (c)]
3. Conduct a review of the policies that relate to public facing communications. [*RHPA* Schedule 2 s.84(3)(d)]
4. To monitor adequacy of reserve funds for funding therapy or counselling or supportive measures. [*RHPA* Schedule 2 s.85]

RELATED POLICIES & GUIDELINES:

- ~~Electronic Media Policy (PR-CRTO Electronic Media-101)~~
- ~~CRTO Social Media Terms of Use Policy (PR-Social Media Terms of Use Policy-102)~~
- Funding for Supportive Measures (Patient/Client) (PR-Funding-103)
- Funding for Supportive Measures (Non-Patient/Client) (PR-Funding-103.5)
- Abuse Awareness and Prevention Professional Practice Guideline (PPG)
- ~~Communications Policy (PR-General Communications-104)~~

MEMBERSHIP:

As per By-Law 2: Council and Committees ~~paragraph~~ section 13.01~~28.01 of the CRTO By-Law~~, the Committee shall consist of at least five (5) voting members with:

- at least one (1) Council Member who is a Member of the CRTO;
- at least one (1) public Council Member; and
- at least two (2) ~~Non-Council Committee Members~~Professional Committee Appointees.

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

REPORTING RELATIONSHIP:

The Committee is responsible to Council and shall provide 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.

CHAIR:

The Chair and Vice-Chair will be appointed by the 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 section ~~30~~15.09.

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.

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 CRTO'S Records Retention Policy.

TRAINING:

Training will be made available for Members of the Patient Relations Committee on the topic of prevention & awareness of sexual abuse and other topics as deemed necessary or appropriate.

ACTION PLAN FOR THE PERIOD ENDING (MONTH – YEAR)

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.

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

Action	How	When	Status
1. To advise council on the adequacy of measures in place to raise awareness, provide support and prevent sexual abuse of patients.			
a. Identify any changes or proposed changes to legislation.*	Staff will monitor and brief Committee.		
b. Recommend changes (if any) to the *"Abuse Awareness and Prevention" Professional Practice Guideline (PPG).**	Committee will review document.		
c. Recommend changes (if any) to policies and procedures related to the sexual abuse program (in light of new information or identified issues).*	Staff will brief the Committee on any need for change. Committee will review annually.		
2. Advise Council on opportunities to enhance patient relations through training and awareness on issues of transparancy, diversity and inclusiveness to maintain public trust.			
a. Discuss adequacy of existing measures and possible ways to enhance.	Council may refer. Staff and chair will research current and best practices.		

b. Review adequacy of training on prevention and awareness of sexual abuse and topics on diversity and inclusion.	Staff will advise what has been offered. Committee will discuss and explore other opportunities as needed.		
c. Create and maintain a Diversity, Equity and Inclusion (DEI) Plan that is reflected in the Council's strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives	Committee will explore and recommend a plan to Council.		
d. Create and maintain Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.	Committee will explore and recommend assessment to Council.		
3. Conduct a review of the policies that relate to public facing communications.			
a. ~~Review Electronics Media Policy (PR-CRTO Electronic Media-101) and Procedure.~~	~~Committee will review documents and recommend changes if necessary.~~	Due to policy framework adopted by council in March 2021 this recategorizes as an administrative policy not PRC.	
b. ~~Review Social Media Terms of Use Policy (PR-Social Media Terms of Use-102) and Procedure.~~	~~Committee will review documents and recommend changes if necessary.~~	Due to policy framework adopted by council in March 2021 this recategorizes as an administrative policy not PRC.	
c. Review Funding for Supportive Measures (Patient/Client) (PR-Funding-103) and Procedure.	Committee will review documents and recommend changes if necessary.		
d. Review Funding for Supportive Measures (Non-Patient/Client) (PR-Funding-103.5) and Procedure.	Committee will review documents and recommend changes if necessary.		

e. ~~Review the Communications Policy (PR-General Communications-104) and Procedure.~~	~~Committee will review documents and recommend changes if necessary.~~	Due to policy framework adopted by council in March 2021 this recategorizes as an administrative policy not PRC.	
4. To monitor adequacy of reserve funds for funding therapy or counselling or supportive measures.			
a. Identify any changes or proposed changes to legislation.*	Staff will monitor and brief Committee.		
b. Review past and expected access to funding.*	Staff will report trends both within CRTO and the broader health community.		

ACTION PLAN FOR THE PERIOD ENDING DECEMBER 2022

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.

Action	How	When	Status
1. To advise council on the adequacy of measures in place to raise awareness, provide support and prevent sexual abuse of patients.			
a. Identify any changes or proposed changes to legislation. *	Staff will monitor and brief Committee.	Ongoing	
b. Recommend changes (if any) to the *"Abuse Awareness and Prevention" Professional Practice Guideline (PPG).**	Committee will review document.	December 2022	
c. Recommend changes (if any) to policies and procedures related to the sexual abuse program (in light of new information or identified issues).*	Staff will brief the Committee on any need for change. Committee will review annually.	September 2022	
2. Advise Council on opportunities to enhance patient relations through training and awareness on issues of transparancy, diversity and inclusiveness to maintain public trust.			
a. Discuss adequacy of existing measures and possible ways to enhance.	Council may refer. Staff and chair will research current and best practices.	As needed	
b. Review adequacy of training on prevention and awareness of sexual abuse and topics on diversity and inclusion.	Staff will advise what has been offered. Committee will discuss and explore other opportunities as needed.	As needed	

c. Create a Diversity, Equity and Inclusion (DEI) Plan that is reflected in the Council's strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives	Committee will explore and recommend a plan to Council.	March 2022	
d. Create Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.	Committee will explore and recommend assessment to Council.	March 2022	
3. Conduct a review of the policies that relate to public facing communications.			
a. Review Funding for Supportive Measures (Patient/Client) (PR-Funding-103) and Procedure.	Committee will review documents and recommend changes if necessary.	December 2022	
b. Review Funding for Supportive Measures (Non-Patient/Client) (PR-Funding-103.5) and Procedure.	Committee will review documents and recommend changes if necessary.	December 2022	
4. To monitor adequacy of reserve funds for funding therapy or counselling or supportive measures.			
a. Identify any changes or proposed changes to legislation.*	Staff will monitor and brief Committee.	Ongoing	
b. Review past and expected access to funding.*	Staff will report trends both within CRTO and the broader health community.	February 2022	Completed

Estimated Meetings:

January
February
April / May
September / October
November

Council Briefing Note

AGENDA ITEM # 7.4.2 **March 4, 2022**

From:	*Patient Relations Committee*
Topic:	*Diversity, Equity and Inclusion Strategic Plan*
Purpose:	*For Decision*
Strategic Focus:	*Current strategic objectives related to Governance and Accountability.*
Attachment(s):	*Appendix A: Draft DEI Strategic Plan*

PUBLIC INTEREST RATIONALE:
Promoting equity of regulatory obligations and ensuring that all individuals are treated with respect in their dealings with the CRTO.

ISSUE:
The College of Respiratory Therapists of Ontario (CRTO) is required to develop a Diversity, Equity and Inclusion plan based on the CPMF requirements.

BACKGROUND:
Further to the CPMF requirements and the PRC's action plan, the CRTO is endeavouring to ensure we are as diverse, equitable and inclusive an organization as possible. The Committee has developed a DEI strategic plan. As part of the consultant or firm being hired to help guide the CRTO in a DEI Audit, we need to have a DEI strategic plan in place that can be updated, reviewed, and adjusted as needed to help focus the projects.

ANALYSIS:
We have created a draft DEI Strategic Plan for Council to review. This plan is a starting point and will be a living document to be reviewed and updated as required at each Committee meeting. Moving forward, the equity audit and subsequent implementation plan resulting from the audit, will have a strong impact on future DEI strategies and actions required. While the Committee is working on the DEI audit, we can use the DEI Strategic plan to begin monitoring and reporting progress, status, timelines, etc. to Council on a quarterly basis to remain accountable and on track.

RECOMMENDATION:
It is recommended that Council approve the DEI Strategic Plan and the direction of the Patient Relations Committee.

NEXT STEPS:
If approved, the DEI Strategic Plan will be posted to the CRTO website and the Committee will begin working on the action items.

Council Motion

AGENDA ITEM # 7.4.2

Motion Title:	*Diversity, Equity and Inclusion (DEI) Strategic Plan*
Date of Meeting:	*March 4, 2022*

It is moved by _____ and seconded by _____ that:

Council approves the *Diversity, Equity and Inclusion Strategic Plan* as presented. (A copy is attached as Appendix A within the materials of this meeting).

Appendix A: Diversity, Equity and Inclusion Strategic Plan

Attached is a draft of the DEI strategic plan.

DRAFT DIVERSITY AND INCLUSION STRATEGY

Purpose:

This strategy is a three-year plan to help the College of Respiratory Therapists of Ontario (CRTO) achieve goals. It provides a direction and commitment for the CRTO so we can respectfully work together with our shareholders / rights holders and value the diversity to build a more inclusive community.

This plan is comprised of three key goals and identifies the priorities and actions that will take place over the next three years. It outlines key roles, responsibilities and how we will track progress to measure success.

Goals:

1. **Diversity, Equity and Inclusion (DEI) Audit** – identify blind spots and processes that perpetuate systemic injustice and identify current successes and areas for improvement within our policies, practices, communications, and culture.
2. **Diversity, Equity and Inclusion (DEI) Framework**– develop a DEI framework to embed diversity and inclusion in policies, practices, communications, and culture of the CRTO.
3. **Sustainability and accountability** – identify and breakdown systemic barriers to equip staff, Council members, and Committee members with the ability to navigate diversity and be accountable

Plan:

FEBRUARY 2022 – DECEMBER 2024

GOALS	OBJECTIVE	ACTIONS	BY WHEN	MEASURING SUCCESS
DEI Audit	Identify blind spots and processes that perpetuate systemic injustice and identify current successes and areas for improvement	• hire a consultant or firm to perform a DEI audit on CRTO policies & processes, communications and the CRTO website • develop an implementation plan	Secure a consultant by March 31, 2022	Have a consultant hired and based on equity audit will determine further measures moving forward
DEI Framework	Embedding diversity and inclusion in policies, guidelines, processes, communications, and organizational culture.	• development of a DEI statement • development of tools to help staff, Council and Committees in their ongoing work	TBD determined based on audit report results	Posting of the DEI statement on the CRTO website and other area Adoption of tools by staff and committees
Sustainability & Accountability	Equipping staff, Council and Committees with the ability to navigate diversity and be accountable for the results. Foster a culture that encourages collaboration, flexibility, and fairness to enable all staff, Council, Committees and members to contribute to their potential and increase retention.	• training of staff, Council members and Committee members • review policies and practices to identify and remove systemic barriers to inclusion • development of an Equity Impact Assessment (EIA) tool for the CRTO	TBD determined based on audit report results	All policies and practices are reviewed and updated on an ongoing basis All staff, Council members and Committee members participate in DEI training

Roles and Responsibilities:

All staff, Council and Committee members have the responsibility to maintain an environment that is safe, respectful, and productive. Everyone has the right to be treated fairly within the workplace in an environment that recognizes and accepts diversity.

We can all contribute by participating in diversity and inclusion activities and opportunities along with complying with all anti-discrimination and workplace diversity legislation.

Through looking at policies, processes, and guidelines that directly or indirectly impact members of the public and the profession, as well as CRTO applicants, staff, Council and Committees in regard to their race, ethnicity, gender, national origin, colour, disability, age, sexual orientation, gender identity, religion, or other socio-culturally significant factors we can continue to move forward building a more inclusive community.

The success of the strategy is dependent upon the support of everyone in the CRTO. Everyone has a responsibility for contributing to a culture which supports and values diversity and inclusion.

Communication Plan:

Upon completion of the Equity Audit and implementation plan further review will be completed to determine communication needs and next steps.

Evaluation Methodology:

The effectiveness and achievements of our goals for diversity and inclusion will be reviewed and reported quarterly. The report will be provided to the CRTO Council. The review will focus on the implementation of the actions, the progress made and successes. The report will also outline any adjustments required to improve the effectiveness of the strategy.

The evaluation report will include:

- A qualitative assessment of progress or achievements of the actions
- A quantitative assessment of the impact of the strategy on key stakeholders' perceptions and experience of the culture of the CRTO

The outcome of the evaluation and review will guide the development of further action plans.

Council Briefing Note

AGENDA ITEM # 7.4.3 **March 4, 2022**

From:	*Patient Relations Committee*
Topic:	*Equity Impact Assessment*
Purpose:	*For Decision*
Strategic Focus:	*Current strategic objectives related to Governance and Accountability.*
Attachment(s):	*Appendix A: HEIA Tool* *Appendix B: HEIA Workbook*

PUBLIC INTEREST RATIONALE:
Promoting equity of regulatory obligations and ensuring that all individuals are treated with respect in their dealings with the CRTO.

ISSUE:
The College of Respiratory Therapists of Ontario (CRTO) is required to develop an Equity Impact Assessment tool for use in its decision-making process.

BACKGROUND:
Further to the CPMF requirements, the CRTO is endeavouring to ensure we are as diverse, equitable and inclusive an organization as possible. The CRTO needs to develop a Health Equity Impact Assessment (HEIA) tool to assist with this process or adopt an existing tool for use.

ANALYSIS:
After researching several options the Ministry of Health and Long-Term Care's (MOHLTC) HEIA tool and workbook that was recently released for use by the MOHLTC is a good fit. As an organization, we need assistance to identify blind spots and processes that perpetuate systemic injustice, identify current successes and areas for improvement within our policies, practices, communications, and culture. While the Committee is working on a Diversity, Equity and Inclusion review, we can use the MOHLTC tools in the interim and if after the review they are still a good fit we can continue using or develop one specific for the CRTO.

RECOMMENDATION:
It is recommended that Council accept the Patient Relations Committee proposal to use the MOHLTC's HEIA tool and workbook for use by the CRTO.

NEXT STEPS:
If approved by Council, the Committee will further review and update the workbook with practical examples to assist the CRTO in using the tool for Council and Committee work.

Council Motion

AGENDA ITEM # 7.4.3

Motion Title:	*Equity Impact Assessment Tool*
Date of Meeting:	*March 4, 2022*

It is moved by _____ and seconded by _____ that:

Council approves the use of the Ministry of Health and Long-Term Care's *Health Equity Impact Assessment tool and workbook*. (A copy is attached as Appendix A and Appendix B within the materials of this meeting).

Appendix A: Equity Impact Assessment Template

Attached is the Ministry of Health's Health Equity Impact Assessment (HEIA) Template. You can find the template on the MOH site, along with other HEIA versions if interested at https://www.health.gov.on.ca/en/pro/programs/heia/tool.aspx

HEIA

Health Equity Impact Assessment

HEIA is a flexible and practical assessment tool that can be used to identify and address **potential unintended health impacts** (positive or negative) of a policy, program or initiative on specific population groups.

Note: The *HEIA Template* is designed to be used alongside the accompanying *HEIA Workbook*, which provides definitions, examples and more detailed instructions to help you complete this template.

Date:	
Organization:	
Name and contact information for the individual or team that completed the HEIA:	
Project Name:	
Project Summary:	
Objective for Completing the HEIA: (e.g., to determine where to best invest resources in a new policy, program, or initiative?)	
Note: This section to be filled in after completing the following HEIA template.	
Conclusions: (e.g., what decisions were made following completion of the HEIA tool?)	

HEIA Template

The numbered steps in this template correspond with sections in the HEIA Workbook. The workbook with step-by-step instructions is available at www.ontario.ca/healthequity.

Step 1. SCOPING		**Step 2. POTENTIAL IMPACTS**			**Step 3. MITIGATION**	**Step 4. MONITORING**	**Step 5. DISSEMINATION**
a) Populations* Using evidence, identify which populations may experience significant unintended health impacts (positive or negative) as a result of the planned policy, program or initiative.	**b) Determinants of Health** Identify determinants and health inequities to be considered alongside the populations you identify.	**Unintended Positive Impacts**	**Unintended Negative Impacts**	**More Information Needed**	**Identify ways to reduce potential negative impacts and amplify the positive impacts.**	**Identify ways to measure success for each mitigation strategy identified.**	**Identify ways to share results and recommendations to address equity.**
Aboriginal peoples (e.g., First Nations, Inuit, Métis, etc.)							
Age-related groups (e.g., children, youth, seniors, etc.)							
Disability (e.g., physical, D/deaf, deafened or hard of hearing, visual, intellectual/developmental, learning, mental illness, addictions/substance use, etc.)							
Ethno-racial communities (e.g., racial/racialized or cultural minorities, immigrants and refugees, etc.)							
Francophone (including new immigrant francophones, deaf communities using LSQ/LSF, etc.)							
Homeless (including marginally or under-housed, etc.)							
Linguistic communities (e.g., uncomfortable using English or French, literacy affects communication, etc.)							
Low income (e.g., unemployed, underemployed, etc.)							
Religious/faith communities							
Rural/remote or inner-urban populations (e.g., geographic/social isolation, under-serviced areas, etc.)							
Sex/gender (e.g., male, female, women, men, trans, transsexual, transgendered, two-spirited, etc.)							
Sexual orientation (e.g., lesbian, gay, bisexual, etc.)							
Other: please describe the population here.							

*Note: The terminology listed here may or may not be preferred by members of the communities in question and there may be other populations you wish to add. Also consider intersecting populations (i.e., Aboriginal women).

Ontario

Appendix B: Equity Impact Assessment Workbook

Attached is the Ministry of Health's Health Equity Impact Assessment (HEIA) Workbook. These tools and additional MOHLTC tools can be seen at:
https://www.health.gov.on.ca/en/pro/programs/heia/tool.aspx

HEIA

Health Equity Impact Assessment

Health Equity Impact Assessment (HEIA) Workbook

Ontario

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Acknowledgements

HEIA Version 2.0 (Spring 2012)

The Health Equity Impact Assessment (HEIA) Tool and Workbook were updated by the Ontario Ministry of Health and Long-Term Care (MOHLTC) in partnership with the public health sector and health service providers, including Public Health Ontario (PHO), the Public Health Units (PHUs), the MOHLTC's Public Health Division, and many other contributors. We sincerely thank all project partners, and consultation and pilot participants for their contribution:

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Consultations – March 5, 2012 Focus Group Participants
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Consultations – March 22, 2012 Webinar Participants
Too numerous to mention individually, but invitees included: **Public Health Unit Social Determinant of Health nurses** from across Ontario **Medical Officers of Health** from across Ontario **Council of Medical Officers of Health** members
HEIA Champions
Ontario Ministry of Health and Long-Term Care
Dr. Arlene King, Ontario Chief Medical Officer of Health **Vasanthi Srinivasan,** Assistant Deputy Minister, Health System Strategy and Policy Division
Community Champions
Dr. Kwame McKenzie, Centre for Addictions & Mental Health **Branka Agic,** Manager Equity, Centre for Addictions & Mental Health
Other Acknowledgements
Feedback from previous users and evaluation forms at training sessions at the LHINs, MOHLTC and the broader health sector Council of Medical Officers of Health members

HEIA Version 1.0 (Spring 2011)

The original HEIA Tool and Workbook were developed by the Ontario Ministry of Health and Long-Term Care in partnership with the North East, Toronto Central and Waterloo Wellington Local Health Integration Networks (LHINs). We sincerely thank all project partners, and consultation and pilot participants for their contribution:

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Other Acknowledgements
Bob Gardner, Consultant, The Wellesley Institute **Margot Lerner,** Consultant, Wasabi Consulting **Consultation and pilot participants**

HEIA Workbook: How to Conduct an HEIA

For the latest resources, please visit: www.ontario.ca/healthequity
For further information, please contact: HEIA@ontario.ca

Introduction

Health Equity Impact Assessment (HEIA) has broad application and is intended for use by organizations and health service providers who have an impact on the health of Ontarians. Thus, HEIA is not only intended for use by organizations across the Ontario health care system, such as the Ministry of Health and Long-Term Care (MOHLTC), Local Health Integration Networks (LHINs), Public Health Units (PHUs), and health service providers; but also by organizations outside the health care system whose work can have an impact on health outcomes. Examples include other Ontario social policy ministries such as the Ministry of Education, Ministry of Transportation, and Ministry of Children and Youth Services, and various non-profit organizations and community service providers. The HEIA tool also has the intention of being a bridging tool across relevant sectors to encourage creative thinking, collaboration, and practical, actionable solutions on current policies, programs, or initiatives impacting health outcomes.

Getting Started

The HEIA Workbook provides general information on how to conduct a health equity impact assessment, and how to use the HEIA Template in your everyday practice. The workbook:

- Explains what HEIA is, when to use it, and who should use it;
- Leads users through the 5 steps of conducting an HEIA;
- Provides examples and prompts users to illustrate how each section of the HEIA Template is designed to be completed;
- Provides information you should have available while completing an HEIA (Appendix C); and
- Refers users to additional complementary resources to access when conducting an HEIA. These will be noted throughout the workbook as **Supplementary Resources.**

Supplementary Resources

In addition to the HEIA Template and HEIA Workbook, users may access various complementary resources to assist completing the tool. These resources are available on the MOHLTC's HEIA website at www.ontario.ca/healthequity. Visit this webpage for the most up-to-date information.

Currently Available Resources

- **French Language Services (FLS) Supplement** – outlining specific legislation and requirements regarding the *French Language Services Act.*
- **Public Health Unit (PHU) Supplement** – outlining special considerations for the public health sector in applying HEIA, including how the HEIA tool can assist local PHUs with meeting Ontario Public Health Standards (OPHS) requirements.
- Various **web links** to external resources and data sources to inform the user when using the tool.

Resources Under Development

- **Evidence summaries** of useful data and information on vulnerable population groups;
- **Case studies** illustrating the application of HEIA; and
- **Web links** to external resources and data sources.

What is the HEIA tool?

HEIA[1] is a flexible and practical assessment tool that can be used to identify *unintended* potential health impacts (positive or negative) of a policy, program, or initiative on vulnerable or marginalized groups within the general population. In identifying those impacts, the user can then make recommendations to decision-makers as to what adjustments might mitigate negative impacts and maximize positive impacts on the population groups identified.

It is important to emphasize that HEIA is focused on the identification of **unintended** positive and negative impacts – not the **intended** benefits of the planned policy, program, or initiative.

What do we mean by *unintended* impacts versus *intended* impacts?

Consider, for example, the *intended* goal of a province-wide diabetes prevention and management program. Imagine the intended goal of the program is to reduce the incidence rate of diabetes and improve care and health management for those with diabetes. The *unintended* consequence of an operational decision to only provide this program online may be that it excludes those who have no Internet access, having a potential inequitable impact on the health of those groups. A further impact is that those who may already be vulnerable and at risk of poorer health will be disproportionately affected and thus further marginalized – an unintended consequence contravening the intended goals of the program, which is province-wide improvements in diabetes incidence rates and care. Mitigation strategies to improve access should then be considered to avoid increased marginalization of those identified vulnerable groups.

The primary focus of this tool is to reduce inequities that result from barriers in access to quality health services and programming and to increase positive health outcomes by identifying and mitigating *unintended* impacts of an initiative prior to implementation.

Broader corporate initiatives such as strategic and business planning, budget or resource allocation, accreditation, governance, accountability, legislative and regulatory, and community engagement processes can also benefit from HEIA, as it supports integration of health equity across an organization.

Although intended primarily for application during the design phase of an initiative (pre-implementation), the tool can also be applied retrospectively to reviews, evaluations, or decisions related to expansion, realignment, or closure of existing programs or services.

At a macro level, the tool can be used on broad strategies or to assess the "mix" of programs or services to determine whether that mix will result in equal benefit across the population or whether it will exacerbate existing health inequities. HEIA may also be useful in identifying equity-based indicators of success.

[1] Health Equity Impact Assessment (HEIA) arose out of Health Impact Assessment (HIA) methodology which has gathered considerable momentum internationally over the past decade as a decision support tool to enable "healthy public policy." While HIA often addresses health inequities, its structure did not lend itself to a more targeted and systematic focus on health inequities. As a result, a model of equity-focused Health Impact Assessment evolved and is currently in use in the U.K. (Wales), New Zealand, Australia and other jurisdictions.

Why use the HEIA tool?

Addressing health equity can make a critical contribution to health system sustainability by reducing the incidence of costly and preventable illnesses and related treatments. Addressing disparities in health program and service delivery and planning requires a solid understanding of key barriers that inhibit equitable access to high quality care, and an understanding of the specific needs of health-disadvantaged populations. This requires an array of effective and practical planning tools.

HEIA is often seen as a "first-pass" screening tool that can assist decision-makers in integrating equity considerations into new initiatives and more detailed planning. In this way, HEIA supports the achievement of the long term strategic priority of improved access and responding to the needs of diverse communities identified as an important priority by the Ontario Ministry of Health and Long-Term Care and the health sector.

HEIA has five primary purposes for users:

1. Help identify potential unintended health impacts (positive or negative) of a planned policy, program, or initiative on vulnerable or marginalized groups within the general population;
2. Help develop recommendations as to what adjustments to the plan may mitigate negative impacts as well as maximize positive impacts on the health of vulnerable and marginalized groups;
3. Embed equity across an organization's existing and prospective decision-making models, so that it becomes a core value and one criterion to be weighed in all decisions;
4. Support equity-based improvements in program or service design, i.e., through considerations such as "How must this program be adjusted to meet the needs of specific populations?";
5. Raise awareness about health equity as a catalyst for change throughout the organization, so decision-makers develop 'stretch goals' through considerations, such as "How can we include more people in this program, especially those often missed?" or "What barriers should we look for?" and "Are we as effective as we could be, especially those with the greatest health needs?"

HEIA provides a strong framework for examining whether an organization's policies, programs, and initiatives are on the whole taking advantage of available opportunities to improve equity, or whether they may potentially result in widening the health disparities between vulnerable and marginalized populations and the general population.

While users may apply HEIA at the **micro level** to assess individual policies, programs, or initiatives, they may also apply HEIA at a **macro level** to assess their mix of current or planned offerings, to determine whether they potentially widen health disparities or improve health equity.

Finally, the aim is that after an HEIA is conducted and the chosen mitigations are implemented, there should be an assessment of whether the anticipated positive impacts on health and equity were maximized, and the negative impacts minimized. If not, then why not, and how can future plans be further adapted to promote health equity?[2]

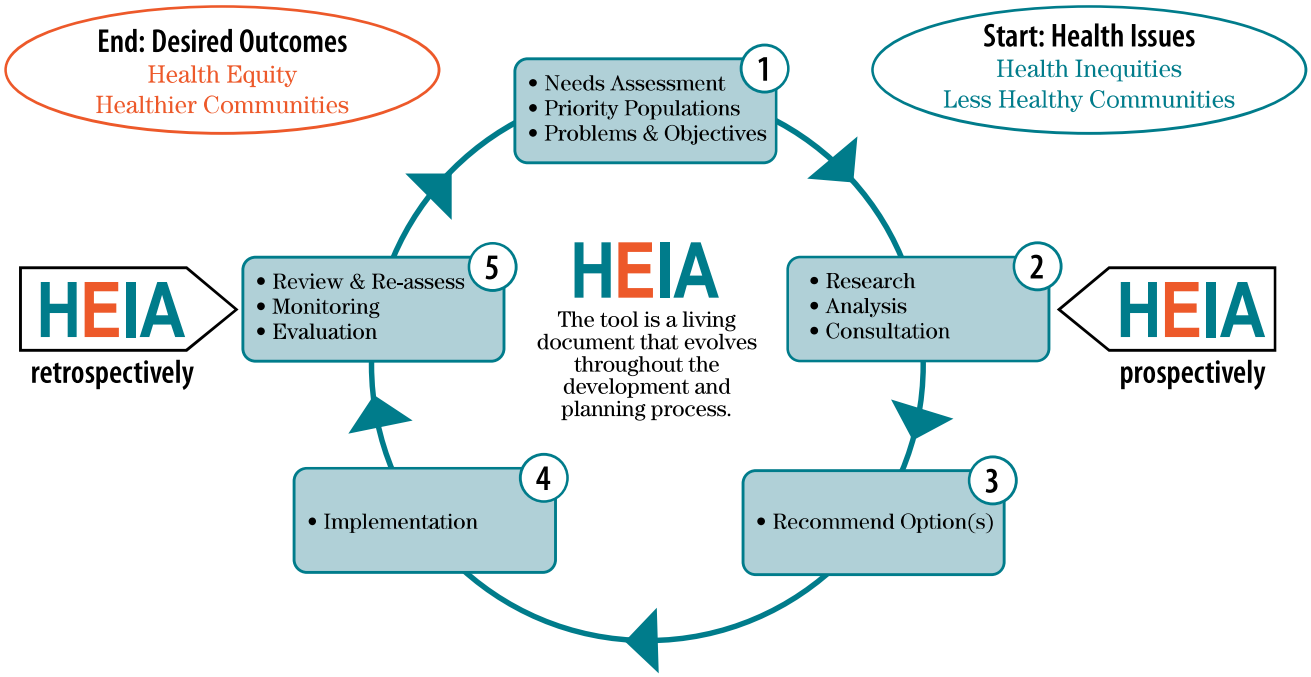
[2] UCLA Health Impact Assessment Clearinghouse. "Phases of HIA." Available at http://www.hiaguide.org/methods-resources/methods/phases-hia-4-reportingevaluation

When should the HEIA tool be used?

HEIA should be conducted **as early as possible** in the development and planning stages in order to enable adjustments to the policy, program, or initiative before opportunities for change become more limited (e.g., such as during implementation).

Figure 1 depicts a simplified development and planning process, indicating the stages at which the HEIA tool can be applied, as part of either a prospective or retrospective analysis.

Figure 1 – When to use HEIA



While early assessment is ideal, HEIA can be introduced at later points in the development and planning process, such as during post-implementation reviews or evaluations. For example, HEIA could be used to assess program or service expansion, re-alignment, or discontinuation. However, recommendations resulting from a late-stage HEIA may be constrained by factors such as prior decisions, previous investments, available resources, and time commitments. Nonetheless, these considerations should not limit or preclude HEIA analysis.

HEIA is only one part of a collection of equity-driven planning tools, and may not be appropriate for all purposes. For example, HEIA is not as well suited as other equity tools for needs assessment, measuring and tracking action on equity, program and service evaluation, or strategic planning.

Who should use the HEIA tool?

HEIA is typically conducted by the development and planning staff working on the policy, program, or initiative. The results of HEIA should then be considered by decision-makers in the organization. HEIA is not intended to be conducted by third parties to policy-making (e.g., consultants), as they are further removed from the process and the cost can be prohibitive.

What is the scope of the HEIA tool?

Among impact assessment methodologies there are usually three broad categories of assessment:[3,4]

- **Desktop Assessment**
  - Information is gathered by the user from existing data and resources.
  - Generally completed within a few days.
- **Rapid Assessment**
  - More detailed and involves more outreach and sourcing of information.
  - Generally completed in a few weeks.
- **Comprehensive Assessment**
  - Involves more extensive research such as community and sector consultation.
  - Complete assessment can take months.
  - Typically used for large scale, very complex projects.

Generally, HEIA falls between the desktop and rapid assessment categories. These types of assessments can be completed in a shorter timeframe, and generally use existing information, data, and resources. The level and intensity of the HEIA application is decided by the user, often determined by the available time and resources.

HEIA Definitions and Concepts

Supplementary Resources: For an extended glossary of terminology and the different meanings throughout different sectors, please see the HEIA website for an up-to-date list, available at: www.ontario.ca/healthequity/

For simplicity, we have chosen the most commonly accepted terms and used them throughout the HEIA Workbook and Template.

Health Equity

Within the health system, equity means reducing systemic barriers in access to high quality health care for all by addressing the specific health needs of people along the social gradient, including the most health-disadvantaged populations. Equity planning acknowledges that health services must be provided and organized in ways that contribute to reducing overall health disparities.

Health inequities or disparities are differences in health outcomes that are avoidable, unfair and systemically related to social inequality and marginalization. Research shows that the roots of health disparities lie in broader social and economic inequality and exclusion, and that there are clear social gradients in which people's health tends to be worse the lower they are on the scales of income, education and overall privilege.

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[3] Centers for Disease Control and Prevention. "Health Impact Assessment." Available at http://www.cdc.gov/healthyplaces/hia.htm

[4] Centers for Disease Control and Prevention. "Health Impact Assessment Fact Sheet." Available at http://www.cdc.gov/healthyplaces/factsheets/Health_Impact_Assessment_factsheet_Final.pdf

Health equity, then, works to reduce or eliminate socially structured differentials in health outcomes. Health equity builds on broader ideas about fairness, social justice, and civil society.

Determinants of Health

The Public Health Agency of Canada defines the determinants of health (DOH) as:

> *"...the range of personal, social, economic and environmental factors that determine the health status of individuals or populations.*[5] *The determinants of health can be grouped into seven broad categories:*[6] *socio-economic environment; physical environments; early childhood development; personal health practices; individual capacity and coping skills; biology and genetic endowment; and health services."*

While the list continues to evolve, the Public Health Agency of Canada currently identifies the following determinants of health,[7] which is the list referred to throughout the HEIA Workbook and Template:

- Income and Social Status
- Social Support Networks
- Education and Literacy
- Employment/Working Conditions
- Social Environments
- Physical Environments
- Personal Health Practices and Coping Skills
- Healthy Child Development
- Biology and Genetic Endowment
- Health Services
- Gender
- Culture

For a definition of each determinant of health see Appendix A.

Why focus on the Determinants of Health?

The most effective way to address health disparities is grounded in a framework that includes consideration of the determinants of health – the factors impacting health beyond the traditional confines of the health care system. It is important to focus "upstream" of the health sector, on a broad range of socio-economic influences and outcomes that affect individual, community, and population health.

The *Commission on Social Determinants of Health* established by the World Health Organization (WHO) states that "health care is an important determinant of health (and) lifestyles are important determinants of health, but it is factors in the social environment that determine access to health services and influence lifestyle choices in the first place."[8]

Although many of the determinants that produce health disparities lie beyond the health care system itself, analysis of the broader determinants of health has the potential to clarify important pathways to health outcomes and may suggest powerful approaches to address identified health inequities.

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[5] World Health Organization (WHO), Health Promotion Glossary, 1998. Available at http://www.who.int/hpr/NPH/docs/hp_glossary_en.pdf

[6] Source: Public Health Agency of Canada. "Canada's Response to WHO Commission on Social Determinants of Health." Available at http://www.phac-aspc.gc.ca/sdh-dss/glos-eng.php

[7] Public Health Agency of Canada (PHAC), "What Determines Health?" Available at http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php#key_determinants

[8] Work Health Organization (WHO), "*Closing the gap in a generation: Health equity through action on the social determinants of health.*" Available at http://ww.who.int/social_determinants. The Commission identifies 9 key themes: early child development, employment conditions, globalization, social exclusion, health systems, priority health conditions, women and equity, urbanization, measurement and evidence.

Determinants of Health or Social Determinants of Health?

Terminologies to describe the factors impacting on health include the 'determinants of health' (DOH) and the 'social determinants of health' (SDoH). The terms have slightly different meanings, although many of the same concepts are encompassed within both terms.

SDoH can be understood as the social conditions in which people live and work.[9] They are "the economic and social conditions that influence the health of individuals, communities and jurisdictions as a whole. They determine the extent to which a person possesses the physical, social, and personal resources to identify and achieve personal aspirations, satisfy needs, and cope with the environment. These resources include but are not limited to: conditions for early childhood development; education, employment, and work; food security, health services, housing, income, and income distribution; social exclusion; the social safety net; and unemployment and job security."[10]

In the HEIA Workbook and Template, the broader umbrella term DOH will be used to refer to the concept of determinants of an individual or group's health that looks beyond the traditional medical concept of health. DOH is a broader term that encompasses the spectrum of influences on health, and it has been designated by Ontario's Chief Medical Officer of Health as the preferred terminology.

As the importance of the social environment in determining health outcomes becomes clearer, research into the particular social factors that are most critical is intensifying. Other lists of these social factors impacting health can be referenced as needed when applying the HEIA.

For example, researchers at York University[11] have recently defined fourteen key social factors impacting health, including: income and income distribution; education; unemployment and job security; employment and working conditions; early childhood development; food insecurity; housing; social exclusion; social safety networks; health services; Aboriginal status; gender; race; and disability. Other determinants of health identified by various individuals and organizations include wealth distribution and poverty, gender, race and ethnicity, citizenship and immigration status, language, ability, sexual orientation, age, racism and discrimination, social exclusion, and natural and built environments. These lists vary depending on the focus or emphasis of the work of that individual or organization.

When completing the HEIA tool, users are welcome to use any list of SDoH or DOH most relevant to their organization or project, and that they are most comfortable or familiar with. In the HEIA Workbook and Template, the Public Health Agency of Canada's DOH list is used.

[9] World Health Organization (WHO) Commission on SDH discussion paper, "Towards a Conceptual Framework for Analysis and Action on SDH." Available at http://www.who.int/sdhconference/resources/ConceptualframeworkforactiononSDH_eng.pdf

[10] Raphael, Dennis (Ed) 2004. Social Determinants of Health: Canadian Perspective.

[11] Mikkonen, J. and Raphael, D. *Social Determinants of Health: The Canadian Facts.* Toronto: York University School of Health Policy and Management, 2010.

Gathering the Evidence

HEIA provides a framework of analysis, while the user inputs evidence that is appropriate for the effective consideration of potential equity impacts. The HEIA analysis is as robust as the quality of evidence fed into the tool.

However, mainstream research (i.e., quantitative and qualitative research studies) has tended to not equally reflect the realities and issues faced by marginalized or vulnerable population groups. As a result, users can sometimes experience difficulties in accessing mainstream evidence that relates specifically to the populations under consideration.

For best results, when undertaking an HEIA analysis, consider using a 'realist' approach – integrating mainstream research evidence with broader streams of evidence, including:

- Grey literature (e.g., policy, program, or project reports, informal practice guidelines, recommended or promising practices, etc.);
- Inter-jurisdictional evidence;
- Online resources;
- Consultation and community engagement findings;
- Key informant interviews (e.g., with local experts or staff from relevant organizations);
- Program evaluation results;
- Client surveys; and
- Field evidence, staff evidence, organizational data, tacit evidence, etc.

A broad consideration of evidence will facilitate a robust analysis and will ensure that the needs of populations that may experience exclusion from mainstream research are adequately considered in completing the HEIA. All evidence sources should be weighed based on their strength and quality.

Supplementary Resources: Appendix B and C of this HEIA Workbook has a comprehensive list of resources to assist you in gathering the relevant information for conducting a HEIA. Please refer to this before completing the HEIA Template.

HEIA in Five Steps

If the policy, program, or initiative has the potential to impact the health of vulnerable or marginalized groups, HEIA is applicable. It is desirable that **all potential decisions or plans** be considered, and a recommendation made whether to proceed further to complete an HEIA, and with what scope of analysis.

1. Scoping

Identify affected populations or groups and potential unintended health impacts (positive or negative) on those groups of the planned policy, program, or initiative. Consider a wide range of vulnerable or marginalized groups to avoid overlooking unintended consequences of an initiative.

2. Potential Impacts

Use available data or evidence to prospectively assess the *unintended* impacts of the planned policy, program, or initiative on vulnerable or marginalized groups in relation to the broader population. It is both useful and important to consider a broader range of evidence, including consultation findings, grey literature, or field evidence. These sources of evidence should be weighed based on their strength and quality. Where there is very limited data or no evidence available, note this in the HEIA tool or, where possible, implement

strategies to gather required evidence. Strategies could include conducting surveys, focus groups, or consultation with experts or members of the affected groups where time permits.

3. Mitigation

Develop evidence-based recommendations to minimize or eliminate negative impacts and maximize positive impacts on vulnerable or marginalized groups. These recommendations comprise your mitigation strategy. Uptake of these recommendations in the rollout of the initiative will help to ensure that the initiative contributes to equity and does not perpetuate or widen existing health disparities. Where possible, recommendations should be informed by a diversity of members of the affected communities.

4. Monitoring

Determine how the rollout of the initiative will be monitored to determine its impacts on vulnerable or marginalized groups in comparison to other subpopulations or the broader target population. The resulting data will enhance the overall evidence base for equity-based interventions and can be fed back into the development and planning process. After the HEIA is completed, conduct a short process and impact evaluation to determine whether the tool was practical and appropriate (process), and whether there was uptake of the recommendations for adjustments made as part of the mitigation strategy (impact).

5. Dissemination

This step involves sharing results and recommendations for addressing equity. Dissemination is a cyclical process, interacting with step four (monitoring). By sharing the results of your HEIA, you are raising awareness of the gaps in equity and service provision that need to be filled, and sharing lessons learned which are important to reduce inequities in the long run.

It is important to document and share the results of the HEIA with relevant groups and stakeholders who would be interested in learning from the information you have collected. By sharing the results of your application of the HEIA, you are contributing to the growing body of knowledge on the reduction of health inequities. By sharing results of new indicators and evaluation you are also increasing access to evidence and evaluation data for the future. It is especially important to share your results and recommendations with stakeholders from non-health sectors, such as housing, transportation and childcare, as their initiatives and policies can have a substantive impact on health inequities.

After the HEIA process has been completed, it is useful to consider your results, particularly those from the monitoring strategy and how these can be incorporated into broader planning instruments such as corporate and regional strategies, annual planning and reports and other similar documents.

Supplementary Resources: For all steps of the HEIA, access the following complementary resources for assistance in completing the HEIA Template:

- If your work is in the public health sector or falls under the Ontario Public Health Standards (OPHS), please refer to the **Public Health Unit (PHU) Supplement** for additional information.
- Please refer to the **French Language Services (FLS) Supplement** to confirm whether your organization or project falls under the parameters of the *French Language Services* Act. This legislation defines where individuals are guaranteed to receive services in French. Crown agencies, Government of Ontario ministries (including all Local Health Integration Networks) as well as third-party designated agencies are covered by this legislation.

Completing the HEIA Template

This section of the HEIA Workbook guides users through each part of the HEIA Template, with prompts and examples. The examples are not meant to be comprehensive, but are for illustrative purposes only.

Please Note: Each numbered step in the Workbook corresponds to the appropriate step in the HEIA Template. A graphic at the beginning of each section highlights where in the template you are located.

Step 1: Scoping

You Are Here

Step 1. SCOPING		Step 2. POTENTIAL IMPACTS			Step 3. MITIGATION	Step 4. MONITORING	Step 5. DISSEMINATION
a) Populations* Using evidence, identify which populations may experience significant unintended health impacts (positive or negative) as a result of the planned policy, program or initiative.	**b) Determinants of Health** Identify determinants and health inequities to be considered alongside the populations you identify.	**Unintended Positive Impacts**	**Unintended Negative Impacts**	**More Information Needed**	**Identify ways to reduce potential negative impacts and amplify the positive impacts.**	**Identify ways to measure success for each mitigation strategy identified.**	**Identify ways to share results and recommendations to address equity.**
Aboriginal peoples (e.g., First Nations, Inuit, Métis, etc.)							
Age-related groups (e.g., children, youth, seniors, etc.)							
Disability (e.g., physical, D/deaf, deafened or hard of hearing, visual, intellectual/developmental, learning, mental illness, addictions/substance use, etc.)							
Ethno-racial communities (e.g., racial/racialized or cultural minorities, immigrants and refugees, etc.)							
Francophone (including new immigrant francophones, deaf communities using LSQ/LSF, etc.)							
Homeless (including marginally or under-housed, etc.)							
Linguistic communities (e.g., uncomfortable using English or French, literacy affects communication, etc.)							
Low income (e.g., unemployed, underemployed, etc.)							
Religious/faith communities							
Rural/remote or inner-urban populations (e.g., geographic/social isolation, under-serviced areas, etc.)							
Sex/gender (e.g., male, female, women, men, trans, transsexual, transgendered, two-spirited, etc.)							
Sexual orientation (e.g., lesbian, gay, bisexual, etc.)							
Other: please describe the population here.							

While it is difficult to identify all groups that are vulnerable or marginalized with respect to a specific health policy, program, or initiative, disparities in access and quality of care have been repeatedly associated with particular populations and sub-populations. Marginalized groups, however, may vary from one project to another. In completing the HEIA tool, the populations of concern will be identified by the user based on knowledge of the project to anticipate groups that would likely be impacted.

Supplementary Resources: Although not directly applicable to all organizations, such as the PHUs, the "Key FLS Considerations for both MOHLTC and LHIN Staff" section of the **French Language Services (FLS) Supplement** provides key questions for consideration in the incorporation of French Language at the beginning of a project. Please refer to this supplement at the beginning of the development and planning process to support meaningful FLS integration.

Questions

Determine if your initiative could have a positive or negative impact on the health of vulnerable or marginalized communities by asking questions such as:

- How does your policy, program, or initiative affect health equity for identified vulnerable or marginalized populations in your area?
- Will it have a differential impact on people or communities that you serve? Will some clients have different access to care, or overall health outcomes, than others?
- Are there other vulnerable or marginalized communities which may experience unintended results of this program?

Potential Vulnerable or Marginalized Populations (Step 1a)

The following list of populations is not exhaustive, and the terminology used may or may not be preferred by members of the communities in question, as preferences vary both within and across communities. If preferences are not known, it is helpful to seek guidance with respect to preferred terminology from local experts and representatives of the communities themselves. Examples are provided under each population outlined below, in an effort to clarify populations listed.

When completing Step 1a of the HEIA, vulnerable and marginalized subpopulations may include, but are not limited to, the following:

- **Aboriginal peoples:** The Aboriginal peoples of Canada comprise the First Nations, Inuit and Métis (FNIM) peoples. These distinct groups have unique heritages, languages and cultures.[12]
- **Age-related groups:** Refers to populations whose health or equity could be specifically impacted by factors related to their age (such as the ability to vote) or developmental factors (early childhood) or physical changes (such as frail elderly). Potential groups within this category include infants, children, youth, seniors, the elderly, etc.
- **Disability:** Refers to people with physical or mental disability, infirmity, malformation or disfigurement such as blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, mental impairment (developmental or learning disability), a mental disorder, or a workplace injury or disability.[13] This could also refer to people with a mental illness, addiction, or substance use problem.
- **Ethno-racial Communities:** An ethnic group (or ethnicity)[14] is a group of people whose members identify with each other, through a common heritage, often consisting of a common language, a common culture (often including a shared religion) and/or an ideology that stresses common ancestry or endogamy. Potential communities include racial or racialized groups, cultural minorities, immigrants, refugees, etc.
- **Francophone:** People who communicate in French as their primary official or preferred language, including new immigrant francophones, deaf communities using French or Quebec sign language (la langue des signes québécoise) (LSQ)/la langue des signes francaise (LSF), etc.
- **Homeless:** Includes marginally or under-housed people, those without a permanent address, and those without stable housing or high-quality housing, including transient people.
- **Linguistic Communities:** People uncomfortable receiving care in either English or French or who prefer a first language other than English or French, or those whose literacy level affects communication in any language.

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[12] Statistics Canada. "Aboriginal peoples." Available at http://www5.statcan.gc.ca/subject-sujet/theme-theme.action?pid=10000&lang=eng
[13] Ontario Human Rights Code, R.S.O. 1990, Available at http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90h19_e.htm
[14] Ornstein, M. "Ethno-Racial Groups in Toronto, 1971-2001," Institute for Social Research. Available at http://www.isr.yorku.ca/download/Ornstein--Ethno-Racial_Groups_in_Toronto_1971-2001.pdf

- **Low income:** includes economically vulnerable people who are underemployed, unemployed, living on a fixed income, receiving social assistance, etc.
- **Religious/Faith Communities:** Refers to systems of religious beliefs or faith that may also include specific dietary or cultural practices.
- **Rural/remote or inner-urban populations:** Includes people facing geographic or social isolation, or living in under-serviced areas, or living in densely populated areas.
- **Sex/gender:** Sex refers to the biological and physiological characteristics that define male and female, while gender refers to the socially constructed roles, behaviours, activities, and attributes that a given society considers appropriate for men and women.[15] Potential groups include female, male, women, men, transsexual, transgendered, two-spirited, etc.
- **Sexual orientation:** Sexual orientation is a personal characteristic that covers the range of human sexuality from lesbian and gay, to bisexual and heterosexual.[16]
- **Other:** Includes any other relevant population group not captured in the HEIA Template. For example, uninsured people (people without legal status in Canada and no government health insurance), people without a family doctor, etc.

Intersecting Populations (Step 1a)

One of the most important considerations in assessing health disparities is that these various lines of inequality and identity can **intersect and often reinforce** each other in individuals and communities.

For example, health disadvantages faced by homeless people with disabilities and limited literacy or English fluency will be even worse, and low-income older immigrant women may face specific multiple barriers. Disadvantage is almost always multi-dimensional. Similarly, research on the DOH indicates these different lines of inequality can themselves contribute to poorer prospects and positions within the labour market, which contributes to higher levels of poverty, poorer housing, and other DOH.

Supplementary Resources: For more in-depth explanations and descriptions of the DOH, refer to Appendix A of this Workbook. In addition, refer to the HEIA website for more information and evidence on selected population groups. The website is available at: www.ontario.ca/healthequity/

Examples

When identifying vulnerable or marginalized populations, look for these kinds of health disparities as they relate to your project:

- For a project designed to address a chronic condition such as arthritis, diabetes or depression, it is important to consider how it will impact on women. While Ontario women live longer than men, a majority are more likely to suffer from disability and chronic conditions. It is also important to consider low-income women as a vulnerable and marginalized population as they have more chronic conditions, greater disability, and a shorter life expectancy than high-income women.[17]
- For a project designed to improve early years' health it would be important to take into account the often poorer infant and child health of certain populations. For example, the death rate from injury for Aboriginal infants is four times the rate of that for infants in the broader Canadian population, while Aboriginal preschoolers experience five times the rate, and teenagers experience three times the rate of death from injury versus the broader Canadian population.[18]

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[15] World Health Organization. "What do we mean by 'sex' and 'gender'?" Available at http://www.who.int/gender/whatisgender/en/
[16] Ontario Human Rights Commission. "Sexual orientation and human rights." Available at http://www.ohrc.on.ca/en/issues/sexual_orientation
[17] Bierman, A. et al. POWER Study, 2009.
[18] Bierman, A. et al. POWER Study, 2009.

- For a project designed to assist under-housed individuals obtain stable housing it would be important to keep in mind that homeless people often suffer from poorer health. In 2006, homeless people in Toronto were 20 times as likely to have epilepsy, five times as likely to have heart disease, four times as likely to have cancer, three times as likely to have arthritis or rheumatism, and twice as likely to have diabetes.[19] Acknowledging and developing methods to address these disparities could help make your program or initiative more effective.
- For a project developing a service that requires people to come into a hospital or clinic it will be important to identify populations that experience transportation barriers, such as persons with physical disabilities, those with low incomes, or those who are more geographically isolated. Additionally, if your initiative requires that individuals have access to a primary care physician or specialist, those who reside in rural areas may experience barriers. In 2004, 21.4 per cent of the Canadian population lived in rural areas, where only 9.4 per cent of physicians (15.7 per cent of family physicians and 2.4 per cent of specialists) practised.[20]

- For a project developing a service that suggests people purchase items, such as mosquito repellent and/or sun block for a public health initiative, it is important to consider those who may not be able to follow the recommendations due to barriers such as low income, or the item not being readily available in their geographic area. Acknowledging these barriers and being able to suggest mitigations, such as staying in the shade or remaining indoors when mosquitoes are most active will assist in making your program or initiative more effective, inclusive and practical.

Identified Vulnerable Populations

Based on your research and analysis, have you identified vulnerable or marginalized groups who may be affected by your planned policy, program, or initiative? If so, highlight them in the HEIA Template, or add them to the "Other" section as needed.

Determinants of Health (Step 1b)

In this step, identify the relevant DOH and health inequities facing the vulnerable or marginalized population group identified in Step 1a.

A project could have an effect beyond its formal objectives and targets on client social connectedness, skills building and labour market opportunities, or individual or family living conditions; all of which can have a major impact on health. It could unintentionally also broaden the inequities commonly faced by a certain vulnerable population. Therefore, examining the project through a DOH 'lens' may help identify additional potential adjustments that will reduce the disparate impact on these groups.

Applicable determinants of health can be noted in column 1b adjacent to the corresponding population groups. Once recorded, impacts related to these determinants of health will be examined in Step 2.

Examples

- A health service for seniors was delivered in a community health setting, but is now redesigned to provide in-home service. This could result in a negative impact on social supports and connectedness by removing an opportunity for social interaction for isolated elderly individuals.
  - **Population:** seniors
  - **DOH:** Social Support Networks/Social Environments

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[19] Khandor E & Mason K. *The Street Health Report 2007*. www.streethealth.ca

[20] Pong RW, Pitblado JR. *Geographic Distribution of Physicians in Canada: Beyond How Many and Where*. Ottawa: Canadian Institute for Health Information, 2006.

- A community kitchen program is designed to strengthen healthy eating behaviours for members of a specific ethno-cultural community at high risk for diabetes. The program has additional positive impacts relating to social connectedness for members of this community by bringing together members who might otherwise be isolated by both cultural and linguistic barriers. The positive impacts on social connectedness might be further enhanced in the program design by providing participants with additional social supports such as child care.
  - **Population:** specific ethno-cultural communities
  - **DOH:** Social Support Networks/Social Environments/Healthy Child Development
- A network of health system navigators or "health ambassadors" is created to assist members of a community of recent immigrants who require assistance to overcome cultural and linguistic barriers to their health care. Navigators with medical or health system skills or expertise from their country of origin are hired from within the community to fill this role. Experience on this project is leveraged to overcome barriers to employment experienced by the health ambassadors themselves and to assist them to advance their careers in the health system in Ontario.
  - **Population:** recent immigrants/communities experiencing linguistic barriers
  - **DOH:** Social Support Networks/Employment and Literacy/Income and Social Status

Step 2: Potential Impacts

You Are Here

Step 1. SCOPING		Step 2. POTENTIAL IMPACTS			Step 3. MITIGATION	Step 4. MONITORING	Step 5. DISSEMINATION
a) Populations* Using evidence, identify which populations may experience significant unintended health impacts (positive or negative) as a result of the planned policy, program or initiative.	**b) Determinants of Health** Identify determinants and health inequities to be considered alongside the populations you identify.	**Unintended Positive Impacts**	**Unintended Negative Impacts**	**More Information Needed**	**Identify ways to reduce potential negative impacts and amplify the positive impacts.**	**Identify ways to measure success for each mitigation strategy identified.**	**Identify ways to share results and recommendations to address equity.**
Aboriginal peoples (e.g., First Nations, Inuit, Métis, etc.)							
Age-related groups (e.g., children, youth, seniors, etc.)							
Disability (e.g., physical, D/deaf, deafened or hard of hearing, visual, intellectual/developmental, learning, mental illness, addictions/substance use, etc.)							
Ethno-racial communities (e.g., racial/racialized or cultural minorities, immigrants and refugees, etc.)							
Francophone (including new immigrant francophones, deaf communities using LSQ/LSF, etc.)							
Homeless (including marginally or under-housed, etc.)							
Linguistic communities (e.g., uncomfortable using English or French, literacy affects communication, etc.)							
Low income (e.g., unemployed, underemployed, etc.)							
Religious/faith communities							
Rural/remote or inner-urban populations (e.g., geographic/social isolation, under-serviced areas, etc.)							
Sex/gender (e.g., male, female, women, men, trans, transsexual, transgendered, two-spirited, etc.)							
Sexual orientation (e.g., lesbian, gay, bisexual, etc.)							
Other: please describe the population here.							

Once you have identified populations that could be affected by the initiative, the next step is to analyze the potential *unintended* impact (both positive and negative) on the health of these populations.

Assessment of Potential *Unintended* Impacts on Identified Populations

Thinking back to the vulnerable or marginalized groups and relevant determinants of health that you identified in Step 1a and Step 1b, what are the positive and negative impacts you have identified for each of the groups? It may be necessary to rely on research and analysis to determine these impacts.

Questions

Determine whether your initiative will have a positive or negative impact on vulnerable or marginalized communities by asking questions such as:

- How will the policy, program, or initiative affect access to care for this population?
- Is it likely to have positive impacts or effects that enhance health equity?
- Is it likely to have negative effects that contribute to, maintain or strengthen health disparities?
- How will it affect the quality and responsiveness of care for this community?
- Will providing this program, or improving access to it, help to narrow the gap between the best and worst off in terms of health outcomes?
- If you don't know, what more do you need to know and how will you find out?
- Will some people or communities benefit more from the program than others, and why?

Your appraisal should also consider:

- The nature and quality of the evidence you are using to assess impact;
- The probability of the predicted impact(s);
- The severity and scale of the impact(s); and
- Whether the impact(s) will be immediate or latent.

Examples

- Imagine that a program is designed to increase access to pre-natal care for lower income women and is being rolled out in designated neighbourhoods, with a facility that will be open from 10:00 a.m. to 6:00 p.m. Many people with a low income work more than one job, or have a job that falls outside of traditional 9 to 5 hours. Taking this into consideration might mean that the hours of service for this facility would have to be altered to ensure access.
- You are planning to roll out a heart health awareness campaign. People with higher education and income levels typically use health promotion programs more, with the unintended consequence that these programs can serve to increase health disparities. Could this be the case here? Will the program be understandable and relevant for people from diverse cultural backgrounds? Not all groups communicate and access information in the same manner, and understanding how to best access your intended audience can contribute to your program's success.

More Information Needed

In some instances, you will identify the fact that you require further data or evidence in order to more accurately identify the impacts of your initiative on a specific population. In this instance, you may identify this information in the "More Information Needed" column of the HEIA Template. If information cannot be located within the necessary timelines, the missing information should be noted in the template as a possible missing component of the analysis.

Step 3: Mitigation

You Are Here

Step 1. SCOPING		Step 2. POTENTIAL IMPACTS			Step 3. MITIGATION	Step 4. MONITORING	Step 5. DISSEMINATION
a) Populations* Using evidence, identify which populations may experience significant unintended health impacts (positive or negative) as a result of the planned policy, program or initiative.	**b) Determinants of Health** Identify determinants and health inequities to be considered alongside the populations you identify.	**Unintended Positive Impacts**	**Unintended Negative Impacts**	**More Information Needed**	**Identify ways to reduce potential negative impacts and amplify the positive impacts.**	**Identify ways to measure success for each mitigation strategy identified.**	**Identify ways to share results and recommendations to address equity.**
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Age-related groups (e.g., children, youth, seniors, etc.)							
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Religious/faith communities							
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Sex/gender (e.g., male, female, women, men, trans, transsexual, transgendered, two-spirited, etc.)							
Sexual orientation (e.g., lesbian, gay, bisexual, etc.)							
Other: please describe the population here.							

Once you have identified the impacts of your project, the next step is to plan how to minimize the negative impacts that create or contribute to existing health disparities, and to maximize positive impacts that create or contribute to health equity. Although you can be creative, the point is to be feasible and practical – consider what can be mitigated now, and what can perhaps be mitigated later.

Questions

Analyze how the impact of your initiative will be mitigated by asking questions such as:

- How can you reduce or remove barriers and other inequitable effects?
- How you can you maximize the positive effects or benefits that enhance health equity?
- What specific changes do you need to make to the initiative so it meets the needs of each vulnerable or marginalized community you have identified? How does it need to be customized or targeted?
- Could you engage the population in designing and planning these changes or consult with key stakeholders?
- How will the program address systemic barriers to equitable access to care created by the health care and other systems?
- Will you be making recommendations to decision-makers?

Examples

- If a cancer screening program is being designed to reach women in low-income neighbourhoods, its strategies might include extending opening hours to accommodate a range of work schedules, ensuring it is located in a building easily accessible by public transit, and providing free child care services for those women who require it. If a particular low-income neighbourhood has one or more significant ethno-racial populations, strategies should also address potential barriers to these groups, such as linguistic accessibility, cultural competence, or system navigation.

- Community Health Centres and others have employed strategies that include training and supporting community-based peer workers in outreach and system navigation services to overcome language and cultural barriers. For example, volunteers from particular ethno-cultural communities provide health promotion to particular communities, in a language and culture they understand.
- Language can be a significant barrier to accessing care and can affect care quality as it may lead to poor communication between patients and providers (i.e., possible misdiagnoses or inappropriate prescriptions or treatment). Common directions have included enhanced interpretation services, engaging directly with affected language and other communities, and training in culturally competent care.
- Some populations have complex needs and can be particularly difficult to reach. Psychiatric services have been delivered to homeless people in shelters and other non-medical sites, rather than assuming homeless people will come into hospitals or clinics to receive psychiatric care. These services can be combined with multi-disciplinary care and support to address the underlying reasons individuals are homeless (i.e., the "upstream" social factors).
- Some Community Health Centres directly provide or partner with other agencies to offer employment, literacy and other social services that help to address the underlying causes of ill health such as poverty and broader determinants of health to support their clients.

Mitigation Strategies

For each of the *unintended* negative and positive impacts identified in Step 2, outline the recommended adjustments to the initiative you will make in order to:

- Minimize unintended negative impacts on the populations identified, in Step 1; and
- Maximize unintended positive impacts on the populations identified in Step 1.

Please use these additional prompt questions to help identify mitigation strategies to either minimize negative impacts or maximize positive impacts:

Additional Questions

Consider how your policy, program, or initiative can be changed to bring about a reduction in health inequities. Here are some prompt questions:

- Reducing or eliminating barriers to access (e.g., translation, transportation, childcare, etc.);
- Ensuring appropriate reading or comprehension level for communications materials;
- Ensuring cultural appropriateness of communications and service delivery;
- Increasing priority group participation in the development and planning process;
- Changing the way in which a program, policy, or initiative is implemented;
- Changing the way in which a program, policy, or initiative is promoted;
- Changing internal policies and procedures;
- Ensuring greater alignment and collaboration with complementary projects or partners (i.e., local, regional, provincial, or federal organizations) both inside and outside of the health sector; and
- Offering staff education, training, or professional development opportunities.

Supplementary Resources: If your work is in the public health sector or falls under the Ontario Public Health Standards (OPHS), please refer to the **Public Health Unit (PHU) Supplement** for additional mitigation strategy considerations.

Step 4: Monitoring

You Are Here

Step 1. SCOPING		Step 2. POTENTIAL IMPACTS			Step 3. MITIGATION	Step 4. MONITORING	Step 5. DISSEMINATION
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Age-related groups (e.g., children, youth, seniors, etc.)							
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Sex/gender (e.g., male, female, women, men, trans, transsexual, transgendered, two-spirited, etc.)							
Sexual orientation (e.g., lesbian, gay, bisexual, etc.)							
Other: please describe the population here.							

The next step of the HEIA is to determine, if possible, if your planned mitigation strategy has been effective. You will want to monitor:

- Whether or not your mitigation strategy was implemented;
- Whether or not your mitigation strategy was effective;
- Since the HEIA is a living document, go back to determine and record your results, comparing them back to your original HEIA objectives; and
- How roll-out of the initiative will be monitored to determine its impacts on vulnerable or marginalized populations identified in Step 1 of the analysis.

Once finalized, the monitoring strategy should be integrated within the overall evaluation or performance measurement plan for the project. The resulting data will enhance the evidence base and feed back into the planning and development process.

Questions

Analyze how the impact of your initiative will be monitored by asking questions such as:

- How will you know if your program has enhanced equity?
- How will you know when the program is successful?
- What equity indicators and objectives will you measure, and how?

Monitoring Impact of Mitigation Strategies

Additional Questions (same as Step 3)

Consider whether your mitigation strategy addressed the following issues, and will be measured effectively by your monitoring strategy:

- Reducing or eliminating barriers to access (e.g., translation, transportation, childcare, etc.);
- Ensuring appropriate reading or comprehension level for communications materials;
- Ensuring cultural appropriateness of communications and service delivery;
- Increasing priority group participation in the development and planning process;
- Changing the way in which a program, policy, or initiative is implemented;
- Changing the way in which a program, policy, or initiative is promoted;
- Changing internal policies and procedures;
- Ensuring greater alignment and collaboration with complementary projects or partners (i.e., local, regional, provincial, or federal organizations) both inside and outside of the health sector; and
- Offering staff education, training, or professional development opportunities.

Examples

There are many ways you can monitor the impacts on equity as your initiative is implemented, including:

- Client satisfaction surveys – questionnaires could be provided to members of identified vulnerable or marginalized populations to monitor quality of care issues; or the broader population could be surveyed with results stratified by gender, ethno-cultural background or socio-economic status.
- Monitoring the organization's broader community engagement activities for information and feedback from particular marginalized populations.
- Program evaluation that disaggregates and tracks measures of program success by vulnerable or marginalized groups (e.g., tracking hospital re-admission or cancer screening rates).
- Process evaluation to ensure that developers, planners, and decision-makers are integrating equity considerations into their processes.
- Consultation with key providers and other stakeholders on how they are seeing the equity impact of the initiative. For example, run focus groups with affected populations.

Step 5: Dissemination

You Are Here

Step 1. SCOPING		Step 2. POTENTIAL IMPACTS			Step 3. MITIGATION	Step 4. MONITORING	Step 5. DISSEMINATION
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Sex/gender (e.g., male, female, women, men, trans, transsexual, transgendered, two-spirited, etc.)							
Sexual orientation (e.g., lesbian, gay, bisexual, etc.)							
Other: please describe the population here.							

Step 5 involves sharing results and recommendations for addressing equity, a process which is closely linked to the monitoring strategy you put in place in Step 4. Now that you have a process for collecting data and evaluating the effectiveness of your mitigations, it is only logical to:

- Embed this information into your organization's planning and operational structures (such as corporate and regional strategies, annual/operational planning and reports, etc.); and
- Share the results of your evaluation with relevant groups and stakeholders who may be interested in learning from the information you have collected. By sharing the results of your application of the HEIA, you are contributing to the growing body of knowledge and information on marginalized and vulnerable groups. It is particularly important to share your results and recommendations with stakeholders from non-health sectors, such as housing, transportation and childcare, as their initiatives and policies can have a substantive impact on health inequities.

Sharing the results of your HEIA through knowledge exchange activities helps to ensure that other health planners benefit from your experience. Here are some suggested knowledge exchange activities:

- Sharing the assessment as a case study through a conference presentation, webinar or other vehicle for knowledge exchange;
- Publication of literature review or evidence summary;
- Submission of an abstract at a scientific meeting;
- Development of a workshop or professional development activity based on your experience; and
- Formation of a community of practice focused on the reduction of health inequities.

Also:

- Document your changed policies and revised decision-making (including relevant corporate documents such as briefing notes, decision papers, etc.);
- This is useful for corporate memory, and to reflect on when reviewing a program and its impact on populations; and
- Document your suggested frequency of future follow-up or assessments (i.e., program re-design at a later date), and if there are any statutory requirements for program review.

Questions

- Where would be a logical place in your organization to document the results of your HEIA?
- What would be a good forum and/or strategy to disseminate the results of your HEIA?

Sharing your evaluation results is an important contribution to the growing body of knowledge on the reduction of health inequities. This step helps you to link impacts to mitigation strategies your organization may have implemented to reduce health inequities among vulnerable or marginalized groups. These results should be reviewed to identify any additional modifications to your project.

Appendix A: Determinants of Health

You are welcome to use any determinants of health or social determinants of health list – this list is provided here for your reference.

Source: The Public Health Agency of Canada website:
www.phac-aspc.gc.ca/ph-sp/determinants/determinants-eng.php

What Makes Canadians Healthy or Unhealthy?

This deceptively simple story speaks to the complex set of factors or conditions that determine the level of health of every Canadian:

> "Why is Jason in the hospital?
> Because he has a bad infection in his leg.
>
> But why does he have an infection?
> Because he has a cut on his leg and it got infected.
>
> But why does he have a cut on his leg?
> Because he was playing in the junkyard next to his apartment building and there was some sharp, jagged steel there that he fell on.
>
> But why was he playing in a junkyard?
> Because his neighborhood is kind of run down. A lot of kids play there and there is no one to supervise them.
>
> But why does he live in that neighborhood?
> Because his parents can't afford a nicer place to live.
>
> But why can't his parents afford a nicer place to live?
> Because his dad is unemployed and his mom is sick.
>
> But why is his dad unemployed?
> Because he doesn't have much education and he can't find a job.
>
> But why ...?"
>
> – *from Toward a Healthy Future: Second Report on the Health of Canadians*[21]

There is a growing body of evidence about what makes people healthy. The Lalonde Report[22] set the stage in 1974, by establishing a framework for the key factors that seemed to determine health status: lifestyle, environment, human biology and health services. Since then, much has been learned that supports, and at the same time, refines and expands this basic framework. In particular, there is mounting evidence that the contribution of medicine and health care is quite limited, and that spending more on health care will not result in significant further improvements in population health. On the other hand, there are strong and

[21] Public Health Agency of Canada. "Toward a Healthy Future: Second Report on the Health of Canadians." Available at http://www.phac-aspc.gc.ca/ph-sp/report-rapport/toward/pdf/toward_a_healthy_english.PDF

[22] Lalonde, M. "A new perspective on the health of Canadians. A working document." Ottawa: Government of Canada, 1974. Available at http://www.hc-sc.gc.ca/hcs-sss/alt_formats/hpb-dgps/pdf/pubs/1974-lalonde/lalonde-eng.pdf

growing indications that other factors such as living and working conditions are crucially important for a healthy population.

The evidence indicates that the key factors which influence population health are:[23]

- Income and social status;
- Social support networks;
- Education;
- Employment and working conditions;
- Social environments;
- Physical environments;
- Personal health practices and coping skills;
- Healthy child development;
- Biology and genetic endowment;
- Health services;
- Gender; and
- Culture.

Each of these factors is important in its own right. At the same time, the factors are **interrelated**.

> *For example: a low weight at birth links with problems not just during childhood, but also in adulthood. Research shows a strong relationship between income level of the mother and the baby's birth weight. The effect occurs not just for the most economically disadvantaged group. Mothers at each step up the income scale have babies with higher birth weights, on average, than those on the step below. This tells us the problems are not just a result of poor maternal nutrition and poor health practices associated with poverty, although the most serious problems occur in the lowest income group. It seems that factors such as coping skills and a sense of control and mastery over life circumstances also come into play.*

The following Underlying Premises and Evidence Table provides an overview of what we know about the ways the determinants influence health. The source documents are:

- *Toward a Healthy Future: Second Report on the Health of Canadians*[24]
- *Strategies for Population Health: Investing in the Health of Canadians*[25]

[23] Public Health Agency of Canada. "What Determines Health."
Available at http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php#determinants
[24] Public Health Agency of Canada. "Toward a Healthy Future: Second Report on the Health of Canadians."
Available at http://www.phac-aspc.gc.ca/ph-sp/report-rapport/toward/pdf/toward_a_healthy_english.PDF
[25] Public Health Agency of Canada. "Strategies for Population Health: Investing in the Health of Canadians."
Available at http://www.phac-aspc.gc.ca/ph-sp/pdf/strateg-eng.pdf

Key Determinant 1 – Income and Social Status	
Underlying Premises	**Evidence**
Health status improves at each step up the income and social hierarchy. High income determines living conditions such as safe housing and ability to buy sufficient good food. The healthiest populations are those in societies which are prosperous and have an equitable distribution of wealth. Why are higher income and social status associated with better health? If it were just a matter of the poorest and lowest status groups having poor health, the explanation could be things like poor living conditions. But the effect occurs all across the socio-economic spectrum. Considerable research indicates that the degree of control people have over life circumstances, especially stressful situations, and their discretion to act are the key influences. Higher income and status generally results in more control and discretion. And the biological pathways for how this could happen are becoming better understood. A number of recent studies show that limited options and poor coping skills for dealing with stress increase vulnerability to a range of diseases through pathways that involve the immune and hormonal systems	There is strong and growing evidence that higher social and economic status is associated with better health. In fact, these two factors seem to be the most important determinants of health. **Evidence from the Second Report on the Health of Canadians** • Only 47 per cent of Canadians in the lowest income bracket rate their health as very good or excellent, compared with 73 per cent of Canadians in the highest income group. • Low-income Canadians are more likely to die earlier and to suffer more illnesses than Canadians with higher incomes, regardless of age, sex, race and place of residence. • At each rung up the income ladder, Canadians have less sickness, longer life expectancies and improved health. • Studies suggest that the distribution of income in a given society may be a more important determinant of health than the total amount of income earned by society members. Large gaps in income distribution lead to increases in social problems and poorer health among the population as a whole. **Evidence from Investing in the Health of Canadians:** • Social status is also linked to health. A major British study of civil service employees found that, for most major categories of disease (cancer, coronary heart disease, stroke, etc.), health increased with job rank. This was true even when risk factors such as smoking, which are known to vary with social class, were taken into account. All the people in the study worked in desk jobs, and all had a good standard of living and job security, so this was not an effect that could be explained by physical risk, poverty or material deprivation. Health increased at each step up the job hierarchy. For example, those one step down from the top (doctors, lawyers, etc.) had heart disease rates four times higher than those at the top (those at levels comparable to deputy ministers). So we must conclude that something related to higher income, social position and hierarchy provides a buffer or defence against disease, or that something about lower income and status undermines defences. • See also evidence from the report Social Disparities and Involvement in Physical Activity.[26] • See also evidence from the report Improving the Health of Canadians.[27] • See also **The Social Determinants of Health**: income inequality[28] and food security:[29] • Are poor people less likely to be healthy than rich people?[30] This question was prepared for the Canadian Health Network by the Canadian Council on Social Development.

[26] Gauvin, L and the Interdisciplinary Research Group on Health. Social Disparities and Involvement in Physical Activities, Montreal (2003). http://www.gris.umontreal.ca/rapportpdf/R03-02.pdf
[27] Canadian Institute for Health Information, "Improving the Health of Canadians 2007-2009." Available at https://secure.cihi.ca/estore/productSeries.htm?pc=PCC367
[28] Scott, K and Lessard, R. Income Inequality as a Determinant of Health. Summary of paper and presentation prepared for The Social Determinants of Health Across the Life-Span Conference, Toronto (2002). http://www.phac-aspc.gc.ca/ph-sp/oi-ar/pdf/02_income_e.pdf
[29] McIntyre, L and Tarasuk, V. Food Security as a Determinant of Health. Summary of paper and presentation prepared for The Social Determinants of Health Across the Life-Span Conference, Toronto (2002). http://www.phac-aspc.gc.ca/ph-sp/oi-ar/08_food-eng.php
[30] http://www.phac-aspc.gc.ca/ph-sp/determinants/qa-[illegible].php

Key Determinant 2 – Social Support Networks	
Underlying Premises	**Evidence**
Support from families, friends and communities is associated with better health. Such social support networks could be very important in helping people solve problems and deal with adversity, as well as in maintaining a sense of mastery and control over life circumstances. The caring and respect that occurs in social relationships, and the resulting sense of satisfaction and well-being, seem to act as a buffer against health problems. In the 1996-97 National Population Health Survey (NPHS), more than four out of five Canadians reported that they had someone to confide in, someone they could count on in a crisis, someone they could count on for advice and someone who makes them feel loved and cared for. Similarly, in the 1994-95 National Longitudinal Survey of Children and Youth, children aged 10 and 11 reported a strong tendency toward positive social behaviour and caring for others.	**Evidence from Investing in the Health of Canadians:** Some experts in the field have concluded that the health effect of social relationships may be as important as established risk factors such as smoking, physical activity, obesity and high blood pressure. • An extensive study in California found that, for men and women, the more social contacts people have, the lower their premature death rates. • Another U.S. study found that low availability of emotional support and low social participation were associated with all-cause mortality. • The risk of angina pectoris decreased with increasing levels of emotional support in a study of male Israeli civil servants. • See also **The Social Determinants of Health**: social inclusion and exclusion[31] and social economy.[32] • How do relationships with others affect people's health?[33] This question was prepared for the Canadian Health Network by the Canadian Council on Social Development.

[31] Galabuzi, G-E and Labonte, R. Social Inclusion as a Determinant of Health. Summary of paper and presentations prepared for The Social Determinants of Health Across the Life-Span Conference, Toronto (2002). http://www.phac-aspc.gc.ca/ph-sp/oi-ar/03_inclusion-eng.php

[32] Vaillancourt, Y and Armstrong, P. Social Policy as a Determinant of Health: The Contribution of the Social Economy. Summary of paper and presentations prepared for The Social Determinants of Health Across the Life-Span Conference, Toronto (2002). http://www.phac-aspc.gc.ca/ph-sp/oi-ar/03_inclusion-eng.php

[33] Public Health Agency of Canada. "How do relationships with others affect people's health?" Available at http://www.phac-aspc.gc.ca/ph-sp/determinants/qa-qr2-eng.php

Key Determinant 3 – Education and Literacy	
Underlying Premises	**Evidence**
Health status improves with level of education. Education is closely tied to socio-economic status, and effective education for children and lifelong learning for adults are key contributors to health and prosperity for individuals, and for the country. Education contributes to health and prosperity by equipping people with knowledge and skills for problem solving, and helps provide a sense of control and mastery over life circumstances. It increases opportunities for job and income security, and job satisfaction. And it improves people's ability to access and understand information to help keep them healthy.	**Evidence from the Second Report on the Health of Canadians:** • Canadians with low literacy skills are more likely to be unemployed and poor, to suffer poorer health and to die earlier than Canadians with high levels of literacy. • People with higher levels of education have better access to healthy physical environments and are better able to prepare their children for school than people with low levels of education. They also tend to smoke less, to be more physically active and to have access to healthier foods. • In the 1996-97 National Population Health Survey (NPHS), only 19 per cent of respondents with less than a high school education rated their health as "excellent" compared with 30 per cent of university graduates. **Evidence from Investing in the Health of Canadians:** • The 1990 Canada Health Promotion Survey found the number of lost workdays decreases with increasing education. People with elementary schooling lose seven workdays per year due to illness, injury or disability, while those with university education lose fewer than four days per year. • See also evidence from the report: How Does Literacy Affect the Health of Canadians?[34] • See also **The Social Determinants of Health**: education.[35] • How does education affect health?[36] This question was prepared by the Canadian Council on Social Development.

[34] Public Health Agency of Canada. "How Literacy Affects the Health of Canadians." Available at http://www.phac-aspc.gc.ca/ph-sp/literacy-alphabetisme/index-eng.php
[35] Public Health Agency of Canada. "The Social Determinants of Health: Education as a Determinant of Health." Available at http://www.phac-aspc.gc.ca/ph-sp/oi-ar/10_education-eng.php
[36] Public Health Agency of Canada. "How does education affect health?" Available at http://www.phac-aspc.gc.ca/ph-sp/determinants/qa-qr3-eng.php

Key Determinant 4 – Employment and Working Conditions	
Underlying Premises	**Evidence**
Unemployment, underemployment, stressful or unsafe work are associated with poorer health. People who have more control over their work circumstances and fewer stress-related demands of the job are healthier and often live longer than those in more stressful or riskier work and activities.	**Evidence from the Second Report on the Health of Canadians:** • Employment has a significant effect on a person's physical, mental and social health. Paid work provides not only money, but also a sense of identity and purpose, social contacts and opportunities for personal growth. When a person loses these benefits, the results can be devastating to both the health of the individual and his or her family. Unemployed people have a reduced life expectancy and suffer significantly more health problems than people who have a job. • Conditions at work (both physical and psychosocial) can have a profound effect on people's health and emotional well-being. • Participation in the wage economy, however, is only part of the picture. Many Canadians (especially women) spend almost as many hours engaged in unpaid work, such as doing housework and caring for children or older relatives. When these two workloads are combined on an ongoing basis and little or no support is offered, an individual's level of stress and job satisfaction is bound to suffer. Between 1991 and 1995, the proportion of Canadian workers who were "very satisfied" with their work declined, and was more pronounced among female workers, dropping from 58 to 49 per cent. Reported levels of work stress followed the same pattern. In the 1996-97 NPHS, more women reported high work stress levels than men in every age category. Women aged 20 to 24 were almost three times as likely to report high work stress than the average Canadian worker. **Evidence from Investing in the Health of Canadians:** • A major review done for the World Health Organization found that high levels of unemployment and economic instability in a society cause significant mental health problems and adverse effects on the physical health of unemployed individuals, their families and their communities. • See also **The Social Determinants of Health**: employment and job security[37] and working conditions.[38]

[37] Tremblay, D-G. Employment Security as a Determinant of Health. Summary of paper and presentation prepared for The Social Determinants of Health Across the Life-Span Conference, Toronto (2002). http://www.phac-aspc.gc.ca/ph-sp/oi-ar/pdf/04_employment_e.pdf

[38] Andrew Jackson, A. and Polanyi, M. Working Conditions as a Determinant of Health. Summary of paper and presentation prepared for The Social Determinants of Health Across the Life-Span Conference, Toronto (2002). http://www.phac-aspc.gc.ca/ph-sp/oi-ar/pdf/05_working_e.pdf

Key Determinant 5 – Social Environments	
Underlying Premises	**Evidence**
The importance of social support also extends to the broader community. Civic vitality refers to the strength of social networks within a community, region, province or country. It is reflected in the institutions, organizations and informal giving practices that people create to share resources and build attachments with others. The array of values and norms of a society influence in varying ways the health and well being of individuals and populations. In addition, social stability, recognition of diversity, safety, good working relationships, and cohesive communities provide a supportive society that reduces or avoids many potential risks to good health. A healthy lifestyle[39] can be thought of as a broad description of people's behaviour in three inter-related dimensions: individuals; individuals within their social environments (e.g., family, peers, community, workplace); the relation between individuals and their social environment. Interventions to improve health through lifestyle choices can use comprehensive approaches that address health as a social or community (i.e., shared) issue. Social or community responses can add resources to an individual's repertoire of strategies to cope with changes and foster health. In 1996-97: • Thirty-one per cent of adult Canadians reported volunteering with not-for-profit organizations in 1996-97, a 40 per cent increase in the number of volunteers since 1987. • One in two Canadians reported being involved in a community organization. • Eighty-eight per cent of Canadians made donations, either financial or in-kind, to charitable and not-for-profit organizations.	**Evidence from the Second Report on the Health of Canadians** • In the U.S., high levels of trust and group membership were found to be associated with reduced mortality rates. • Family violence has a devastating effect on the health of women and children in both the short and long term. In 1996, family members were accused in 24 per cent of all assaults against children; among very young children, the proportion was much higher. • Women who are assaulted often suffer severe physical and psychological health problems; some are even killed. In 1997, 80 per cent of victims of spousal homicide were women, and another 19 women were killed by a boyfriend or ex-boyfriend. • Since peaking in 1991, the national crime rate declined 19 per cent by 1997. However, this national rate is still more than double what it was three decades ago.

[39] Lyons, R. and Langille L. Health Lifestyle: Strengthening the Effectiveness of Lifestyle Approaches to Improve Health. Prepared for Health Canada (2002). http://www.phac-aspc.gc.ca/ph-sp/docs/healthy-sain/pdf/lifestyle.pdf

Key Determinant 6 – Physical Environments	
Underlying Premises	**Evidence**
The physical environment is an important determinant of health. At certain levels of exposure, contaminants in our air, water, food and soil can cause a variety of adverse health effects, including cancer, birth defects, respiratory illness and gastrointestinal ailments. In the built environment, factors related to housing, indoor air quality, and the design of communities and transportation systems can significantly influence our physical and psychological well-being	**Evidence from the Second Report on the Health of Canadians** • The prevalence of childhood asthma, a respiratory disease that is highly sensitive to airborne contaminants, has increased sharply over the last two decades, especially among the age group 0 to 5. It was estimated that some 13 per cent of boys and 11 per cent of girls aged 0 to 19 (more than 890,000 children and young people) suffered from asthma in 1996-97. • Children and outdoor workers may be especially vulnerable to the health effects of a reduced ozone layer. Excessive exposure to UV-B radiation can cause sunburn, skin cancer, depression of the immune system and an increased risk of developing cataracts. **Evidence from Investing in the Health of Canadians:** • Air pollution, including exposure to second-hand tobacco smoke, has a significant association with health. A study in southern Ontario found a consistent link between hospital admissions for respiratory illness in the summer months and levels of sulphates and ozone in the air. However, it now seems that the risk from small particles such as dust and carbon particles that are by-products of burning fuel may be even greater than the risks from pollutants such as ozone. As well, research indicates that lung cancer risks from second-hand tobacco smoke are greater than the risks from the hazardous air pollutants from all regulated industrial emissions combined. • See also **The Social Determinants of Health**: housing.[40] • What affects health more: germs and viruses, or the environment?[41] This question was prepared for the Canadian Health Network by the Canadian Council on Social Development.

[40] Bryant, T., Chisholm, S. and Crowe, C. Housing as a Determinant of Health. Summary of paper and presentation prepared for The Social Determinants of Health Across the Life-Span Conference, Toronto (2002). http://www.phac-aspc.gc.ca/ph-sp/oi-ar/pdf/09_housing_e.pdf

[41] Public Health Agency of Canada. "What affects health more: germs and viruses, or the environment?" Available at http://www.phac-aspc.gc.ca/ph-sp/determinants/qa-qr4-eng.php.

Key Determinant 7 – Personal Health Practices and Coping Skills	
Underlying Premises	**Evidence**
Personal Health Practices and Coping Skills refer to those actions by which individuals can prevent diseases and promote self-care, cope with challenges, and develop self-reliance, solve problems and make choices that enhance health. Definitions of lifestyle[42] include not only individual choices, but also the influence of social, economic, and environmental factors on the decisions people make about their health. There is a growing recognition that personal life "choices" are greatly influenced by the socio-economic environments in which people live, learn, work and play. These influences impact lifestyle choice through at least five areas: personal life skills, stress, culture, social relationships and belonging, and a sense of control. Interventions that support the creation of supportive environments will enhance the capacity of individuals to make healthy lifestyle choices in a world where many choices are possible. Through research in areas such as heart disease and disadvantaged childhood, there is more evidence that powerful biochemical and physiological pathways link the individual socio-economic experience to vascular conditions and other adverse health events. However, there is a growing recognition that personal life "choices" are greatly influenced by the socio-economic environments in which people live, learn, work and play. Through research in areas such as heart disease and disadvantaged childhood, there is more evidence that powerful biochemical and physiological pathways link the individual socio-economic experience to vascular conditions and other adverse health events.	**Evidence from the Second Report on the Health of Canadians** • In Canada, smoking is estimated to be responsible for at least ¼ of all deaths for adults between the ages of 35 and 84. Rates of smoking have increased substantially among adolescents and youth, particularly among young women, over the past five years and smoking rates among Aboriginal people are double the overall rate for Canada as a whole. • Multiple risk-taking behaviours, including such hazardous combinations as alcohol, drug use and driving, and alcohol, drug use and unsafe sex, remain particularly high among young people, especially young men. • Diet in general and the consumption of fat in particular are linked to some of the major causes of death, including cancer and coronary heart disease. The proportion of overweight men and women in Canada increased steadily between 1985 and 1996-97, from 22 to 34 per cent among men and from 14 to 23 per cent among women. **Evidence from Investing in the Health of Canadians:** • Coping skills, which seem to be acquired primarily in the first few years of life, are also important in supporting healthy lifestyles. These are the skills people use to interact effectively with the world around them, to deal with the events, challenges and stress they encounter in their day-to-day lives. Effective coping skills enable people to be self-reliant, solve problems and make informed choices that enhance health. These skills help people face life's challenges in positive ways, without recourse to risky behaviours such as alcohol or drug abuse. Research tells us that people with a strong sense of their own effectiveness and ability to cope with circumstances in their lives are likely to be most successful in adopting and sustaining healthy behaviours and lifestyles. • See also evidence from the report Social Disparities and Involvement in Physical Activity.[43] • See also evidence from the report Improving the Health of Canadians.[44]

[42] Lyons, R. and Langille L. Health Lifestyle: Strengthening the Effectiveness of Lifestyle Approaches to Improve Health. Prepared for Health Canada (2002). Available at http://www.phac-aspc.gc.ca/ph-sp/docs/healthy-sain/pdf/lifestyle.pdf

[43] Gauvin, L and the Interdisciplinary Research Group on Health. Social Disparities and Involvement in Physical Activities, Montreal (2003). http://www.gris.umontreal.ca/rapportpdf/R03-02.pdf

[44] Canadian Institute for Health Information, "Improving the Health of Canadians 2007-2009." Available at https://secure.cihi.ca/estore/productSeries.htm?pc=PCC367

Key Determinant 8 – Healthy Child Development	
Underlying Premises	**Evidence**
New evidence on the effects of early experiences on brain development, school readiness and health in later life has sparked a growing consensus about early child development as a powerful determinant of health in its own right. At the same time, we have been learning more about how all of the other determinants of health affect the physical, social, mental, emotional and spiritual development of children and youth. For example, a young person's development is greatly affected by his or her housing and neighbourhood, family income and level of parents' education, access to nutritious foods and physical recreation, genetic makeup and access to dental and medical care.	**Evidence from the Second Report on the Health of Canadians** • Experiences from conception to age six have the most important influence of any time in the life cycle on the connecting and sculpting of the brain's neurons. Positive stimulation early in life improves learning, behaviour and health into adulthood. • Tobacco and alcohol use during pregnancy can lead to poor birth outcomes. In the 1996-97 National Population Health Survey, about 36 per cent of new mothers who were former or current smokers smoked during their last pregnancy (about 146,000 women). The vast majority of women reported that they did not drink alcohol during their pregnancy. • A loving, secure attachment between parents/ caregivers and babies in the first 18 months of life helps children to develop trust, self-esteem, emotional control and the ability to have positive relationships with others in later life. • Infants and children who are neglected or abused are at higher risk for injuries, a number of behavioural, social and cognitive problems later in life, and death. **Evidence from Investing in the Health of Canadians:** • A low weight at birth links with problems not just during childhood, but also in adulthood. Research shows a strong relationship between income level of the mother and the baby's birth weight. The effect occurs not just for the most economically disadvantaged group. Mothers at each step up the income scale have babies with higher birth weights, on average, than those on the step below. This tells us the problems are not just a result of poor maternal nutrition and poor health practices associated with poverty, although the most serious problems occur in the lowest income group. It seems that factors such as coping skills and sense of control and mastery over life circumstances also come into play. • See also evidence from the report Improving the Health of Canadians.[45] • See also **The Social Determinants of Health**: early childhood education and care.[46]

[45] Canadian Institute for Health Information, "Improving the Health of Canadians 2007-2009." Available at https://secure.cihi.ca/estore/productSeries.htm?pc=PCC367.

[46] Friendly, M. and Browne, G. Early Childhood Education and Care as a Determinant of Health. Summary of paper and presentation prepared for The Social Determinants of Health Across the Life-Span Conference, Toronto (2002). http://www.phac-aspc.gc.ca/ph-sp/oi-ar/pdf/07_ecec_e.pdf

Key Determinant 9 – Biology and Genetic Endowment	
Underlying Premises	**Evidence**
The basic biology and organic make-up of the human body are a fundamental determinant of health. Genetic endowment provides an inherited predisposition to a wide range of individual responses that affect health status. Although socio-economic and environmental factors are important determinants of overall health, in some circumstances genetic endowment appears to predispose certain individuals to particular diseases or health problems.	**Evidence from the Second Report on the Health of Canadians** • Studies in neurobiology have confirmed that when optimal conditions for a child's development are provided in the investment phase (between conception and age 5), the brain develops in a way that has positive outcomes for a lifetime. • Aging is not synonymous with poor health. Active living and the provision of opportunities for lifelong learning may be particularly important for maintaining health and cognitive capacity in old age. And studies on education level and dementia suggest that exposure to education and lifelong learning may create reserve capacity in the brain that compensates for cognitive losses that occur with biological aging.

Key Determinant 10 – Health Services	
Underlying Premises	**Evidence**
Health services, particularly those designed to maintain and promote health, to prevent disease, and to restore health and function contribute to population health. The health services continuum of care includes treatment and secondary prevention	**Evidence from the Second Report on the Health of Canadians** • Disease and injury prevention activities in areas such as immunization and the use of mammography are showing positive results. These activities must continue if progress is to be maintained. • There has been a substantial decline in the average length of stay in hospital. Shifting care into the community and the home raises concerns about the increased financial, physical and emotional burdens placed on families, especially women. The demand for home care has increased in several jurisdictions, and there is a concern about equitable access to these services. • Access to universally insured care remains largely unrelated to income; however, many low- and moderate-income Canadians have limited or no access to health services such as eye care, dentistry, mental health counselling and prescription drugs.

Key Determinant 11 – Gender	
Underlying Premises	**Evidence**
Gender refers to the array of society-determined roles, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes to the two sexes on a differential basis. "Gendered" norms influence the health system's practices and priorities. Many health issues are a function of gender-based social status or roles.	**Evidence from the Second Report on the Health of Canadians** • Men are more likely to die prematurely than women, largely as a result of heart disease, fatal unintentional injuries, cancer and suicide. Rates of potential years of life lost before age 70 are almost twice as high for men than women and approximately three times as high among men aged 20 to 34. • While women live longer than men, they are more likely to suffer depression, stress overload (often due to efforts to balance work and family life), chronic conditions such as arthritis and allergies, and injuries and death resulting from family violence. • While overall cancer death rates for men have declined, they have remained persistently stubborn among women, mainly due to increases in lung cancer mortality. Teenage girls are now more likely than adolescent boys to smoke. If increased rates of smoking among young women are not reversed, lung cancer rates among women will continue to climb. See also articles: *Rural, remote and northern women – where you live matters to your health* and *How being Black and female affects your health.*

Key Determinant 12 – Culture	
Underlying Premises	**Evidence**
Some persons or groups may face additional health risks due to a socio-economic environment, which is largely determined by dominant cultural values that contribute to the perpetuation of conditions such as marginalization, stigmatization, loss or devaluation of language and culture and lack of access to culturally appropriate health care and services.	**Evidence from the Second Report on the Health of Canadians** • Despite major improvements since 1979, infant mortality rates among First Nations people in 1994 were still twice as high as among the Canadian population as a whole and the prevalence of major chronic diseases, including diabetes, heart problems, cancer hypertension and arthritis/rheumatism, is significantly higher in Aboriginal communities and appears to be increasing. • In a comparison of ethnic groups, the highest rate of suicide occurred among the Inuit, at 70 per 100,000, compared with 29 per 100,000 for the Dene and 15 per 100,000 for all other ethnic groups, comprised primarily of non-Aboriginal persons. • The 1996-97 National Longitudinal Survey of Children and Youth found that many immigrant and refugee children were doing better emotionally and academically than their Canadian born peers, even though far more of the former lived in low-income households. The study suggests that "poverty among the Canadian-born population may have a different meaning than it has for newly arrived immigrants. The immigrant context of hope for a brighter future lessens poverty's blows; the hopelessness of majority-culture poverty accentuates its potency." See also evidence from the report Improving the Health of Canadians.[47]

[47] Canadian Institute for Health Information, "Improving the Health of Canadians 2007-2009." Available at https://secure.cihi.ca/estore/productSeries.htm?pc=PC430

Appendix B: Supplementary Resources

In addition to the HEIA Template and HEIA Workbook, users may access various complementary resources to assist completing the tool. These resources are available on the MOHLTC's HEIA website at www.ontario.ca/healthequity. Visit this webpage for the most up-to-date information.

Other General Health Equity Resources

- Project for an Ontario Women's Health Evidence-Based Report, *the POWER Study*: www.powerstudy.ca/
- Echo: Improving Women's Health in Ontario: www.echo-ontario.ca./echo/en.html
- Public Health Agency of Canada: www.phac-aspc.gc.ca
- Ontario Health Quality Council: www.ohqc.ca
- Toronto-based Health Equity Council: www.healthequitycouncil.ca
- National Institute of Public Health in Quebec: www.ncchpp.ca/en/
- World Health Organization: www.who.int/social_determinants
- HIA gateway (UK): www.apho.org.uk/default.aspx?QN=P_HEIA
- HIA connect (NSW Australia): www.HEIAconnect.edu.au/
- World Health Organization HIA: www.who.int/hia/en/
- Health Quality Ontario: www.hqontario.ca
- Better Outcomes Registry Network (BORN): www.bornontario.ca
- Wellesley Institute: www.wellesleyinstitute.com

Health Equity Terminology

- Public Health Agency of Canada Glossary: www.phac-aspc.gc.ca/sdh-dss/glos-eng.php
- World Health Organization Glossary: www.who.int/hia/about/glos/en/index.html

Appendix C: Methodology

Useful resources and methods for gathering information and evidence for the HEIA

The following sources of data are listed according to the degree of time and effort that need to be expended in obtaining this information:

Your common knowledge and working experiences related to the project:

Your planning to date may already have involved some background research or needs assessment that enabled you to easily identify potentially vulnerable groups. You may be able to go through the "populations" column of the HEIA Template and highlight or eliminate some groups simply based on your current understanding of the issue at hand. Similarly, you may already be aware of some interventions that are used in this area, or of significant data, research or other knowledge gaps that may need to be filled in order to effectively reduce related inequities. Furthermore, your team or manager may be able to share important observations, such as attendance levels in certain programs, the effectiveness of certain outreach methods and perceived barriers to participation among certain priority populations.

Literature review

A literature review will naturally be informed by the above information. It is important to consider a literature review for any areas of uncertainty regarding populations affected or interventions that may be effective. A rapid review focused on synthesized evidence sources will be appropriate in most cases. If your area is particularly new or the profile of your program/policy is very high, then a primary literature search may be appropriate. Some key documents addressing the link between health inequities and the determinants of health are listed below.

Environmental scan

An environmental scan can help to raise your awareness of the policy landscape surrounding an issue, identifying community groups and government organizations already working on this issue. An environmental scan can also increase your knowledge of priority groups affected by your program or equity issues that you may not have perceived in your original conceptualization of the project.

Analysis of existing data

- Lack of existing or sufficient data related to the determinants of health and other drivers of inequalities is a key challenge in Ontario and other jurisdictions. However, available data should be disaggregated in order to highlight inequities that may be related to the issue under consideration. Examples of data sources are listed below.
- If data are unavailable, and you believe such an analysis is of significant importance to your work, this should be noted in Step 2 of the HEIA Template under "More Information Needed." This assists you in recording the gaps in the information from your analysis, and gives you a platform from where to start looking (i.e., expert consultation, grey literature, etc.).

Stakeholder/Expert consultation

If the preceding steps do not provide adequate information regarding health inequities related to your program or policy, formal or informal stakeholder or expert consultation may be considered.

Community consultation

Community consultation is unlikely to be an early step in an HEIA of your project. However, as you progress you may find that it becomes increasingly important to consult with priority group members in order to better understand the impact of your work on their perceived health status, quality of life, access to programs/services, etc.

Collection of new data

For some questions, particularly those related to evaluation, developing a protocol for the collection, analysis and dissemination of new data may be necessary. This may also go under the "More Information Needed" section of the HEIA Template, to ensure that the need for new data is recorded.

Data Sources Containing Socio-demographic and Economic Variables for Scoping Analysis

- The Rapid Risk Factor Surveillance System (RRFSS)
- Integrated Public Health Information System (iPHIS)
- Canadian Community Health Survey (CCHS)
- Census data (typically obtained via data requests)
- Administrative databases
- Data and reports from other local, regional, provincial and national sources

Useful Resources on Health Inequities and the Determinants of Health

Ontario

Gardner, B. (2008). *Health Equity Discussion Paper*. Toronto Central Health Integration Network. Retrieved May 25, 2010, from http://www.torontocentrallhin.on.ca/uploadedFiles/Home_Page/Report_and_Publications/Health%20Equity%20Discussion%20Paper%20v1.0.pdf

Region of Waterloo Public Health. (2009). Evidence and Practice-based Planning Framework with a focus on health inequities. Retrieved May 28, 2010, from http://chd.region.waterloo.on.ca/web/health.nsf/DocID/FD80C0D143A204F78525761D0061829A/$file/EPPF_maindoc.pdf?open

Sudbury and District Health Unit. (2010). Implementing Local Public Health Practices to Reduce Social Inequities in Health. Retrieved June 1, 2010, from http://www.sdhu.com/uploads/content/listings/EXTRAInterventionProjectDraftFinalReportSDHUJanuary2010_External.pdf

Toronto Public Health. (2008). *The Unequal City: Income and Health Inequalities in Toronto.* Retrieved May 25, 2010, from: www.toronto.ca/health/map/pdf/unequalcity_20081016.pdf.

Canada

Bell, B. (2009). *Actions to Reduce Health Inequalities in Canada: A description of strategic efforts led or supported by public health organizations.* Working Document prepared for the Public Health Agency of Canada Strategic Initiatives and Innovations Directorate. Retrieved May 21, 2010, from http://www.opha.on.ca/resources/docs/StrategicInitiatives-PHAC-6Mar09.pdf

Canadian Institute for Health Information. (2008). *Reducing Gaps in Health: A Focus on Socio-Economic Status in Urban Canada*, Ottawa, ON. Retrieved May 25, 2010, from: http://secure.cihi.ca/cihiweb/products/Reducing_Gaps_in_Health_Report_EN_081009.pdf.

Keon, W.J., and Pepin, L. (2009). *A Healthy, Productive Canada: A Determinant of Health Approach. Final Report of the Senate Subcommittee on Population Health.* Retrieved May 21, 2010, from: www.parl.gc.ca/40/2/parlbus/commbus/senate/Com-e/popu-e/rep-e/rephealthjun09-e.pdf

Public Health Agency of Canada. (2008). *The Chief Public Health Officer's Report on the State of Public Health in Canada.* Retrieved May 21, 2010, from http://www.phac-aspc.gc.ca/publicat/2008/cpho-aspc/index-eng.php.

International

Commission on Social Determinants. (2008). *Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health.* Geneva, World Health Organization. Retrieved, May 20, 2010, from: www.who.int/social_determinants/thecommission/finalreport/en/index.html.

Council Briefing Note

AGENDA ITEM # 7.7.1 **March 4, 2022**

From:	*Jeffrey Dionne, RRT*
Topic:	*Terms of Reference and Action Plan: Finance & Audit Committee (FAC)*
Purpose:	*For Decision*
Strategic Focus:	*Core Business Practice*
Attachment(s):	*Appendix A: Terms of Reference and Action Plan: Finance & Audit Committee*

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.

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. Accordingly, the Terms of Reference and Action Plan of the FAC was established to provide guidance to the FAC in order for the FAC to ensure that the budget allocation is aligned 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 for a committee with a more comprehensive background in finance to review the CRTO financial reports. The Terms of Reference and Action Plan was developed to establish the accountabilities and authority of the FAC.

ANALYSIS:
On February 1, 2022, the FAC had its inaugural meeting to review a draft of the Terms of Reference and Action Plan. After a detailed review and discussion, the FAC approved the document and recommended that it be provided to Council for review and approval. The FAC believed that the document accurately and transparently sets out the roles and responsibilities of the FAC.

RECOMMENDATION:

That Council approve the Terms of Reference and Action Plan: Finance & Audit Committee

Council Motion

AGENDA ITEM # 7.7.1

Motion Title:	*Terms of Reference and Action Plan: Finance & Audit Committee (FAC)*
Date of Meeting:	*March 4, 2022*

It is moved by _____ and seconded by _____ that:

The Council approve the *Terms of Reference and Action Plan: Finance & Audit Committee (FAC).* (A copy is attached as Appendix A to this motion within the materials of this meeting).

Appendix A: *Terms of Reference and Action Plan: Finance & Audit Committee (FAC)*

Terms of Reference and Action Plan: Finance & Audit Committee (FAC).

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Title: **Terms of Reference and Action Plan: Finance & Audit Committee**

NUMBER: **CP- TERMS OF REFERENCE**

Date originally approved:

Date last revision approved:

TERMS OF REFERENCE

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

PURPOSE:

The Finance & Audit Committee is responsible for assisting the College of Respiratory Therapists of Ontario (CRTO) in fulfilling its obligations and oversight responsibilities relating to financial planning and reporting, external audit, internal control systems, investments, and relevant policies.

RESPONSIBILITIES

1. Finance
    a. Review the quarterly unaudited financial statements for recommendation to Council
    b. Monitor and report quarterly on the control and management of investments
    c. Review the draft annual budget prior to recommendation to Council
    d. Monitor and recommend strategies to Council with respect to maintaining the not-for-profit status
    e. Review expenditures in excess of $20,000 in compliance with the Bylaws
    f. Inform and advise Council on any financial matters as requested, including special projects and initiatives

2. Audit
    a. Review and approve the audit plan, including scope, timelines, and fees
    b. Review and ensure auditor independence from management
    c. Monitor and evaluate the performance of the external auditor
    d. Recommend, where appropriate, approval of the audited financial statements to Council
    e. Recommend to Council the appointment of an audit firm
    f. Other recommendations with respect to the audit as requested by Council

MEMBERSHIP:

The Finance & Audit Committee shall consist of*:

- at least two (2) members of the Council who are members of the College;
- at least one (1) member of the Council appointed to the Council by the Lieutenant Governor in Council;
- at least one (1) member of the Council who is also a member of the Executive Committee; and
- Other individuals who are not members of the Council but have been appointed by the Executive as required.
- In addition, the Registrar is an ex-officio member of the Committee.

*to ensure adequate experience, attempts will be made to maintain at least 50% of membership year over year.

REPORTING RELATIONSHIP:

The Finance & Audit Committee is a non-statutory committee and is accountable directly to the CRTO's Council. The Finance & Audit Committee shall provide a report to the Council at each of its quarterly meetings, which outlines all Committee activities that have been undertaken since the last report. The Chair shall also submit a report of the Committee's activities at the close of each fiscal year to be included in the CRTO's Annual Report. The fiscal year is between March 1st to and the end of February of the following year.

CHAIR:

The Executive Committee will appoint the Chair of the Finance & Audit Committee on an annual basis. In the event that the Chair is unable to preside at a meeting, the Chair shall designate an acting Chair from among the Committee members.

FREQUENCY OF MEETINGS:

The Committee shall hold at least four (4) meetings each year. Additional meetings of the Committee shall be called by the Chair as required.

QUORUM:

A quorum shall consist of a majority of the voting members of the Committee, at least one of whom must be appointed to the Council by Lieutenant Governor in Council.

VOTING:

Whenever possible, decision-making shall be conducted using a consensus model. When necessary, formal voting will be used. Unless otherwise outlined in the CRTO's bylaws, every motion that properly comes before the Committee shall be decided by a simple majority of the votes cast at the meeting by the Committee members present.

TERMS OF APPOINTMENT:

Finance & Audit Committee members will be appointed annually by the Executive Committee. Each term is three (3) years to a maximum of nine (9) years in total.

CIRCULATION OF MINUTES:

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

RELATED POLICIES:

- RHPA Regulated Health Professions Act, 1991, S.O. 1991, c. 18 (ontario.ca)
- CRTO By-Laws
- CRTO Investment & Management of Net Assets Policy & Procedure.

ACTION PLAN FOR THE PERIOD ENDING (February 2023)

Actions are taken from the Responsibilities section of the Terms of Reference. This is a living document and will be submitted to Council for approval when significant changes are made. Any additional activities must be approved before adding to the plan and will show the date of addition. The action plan will inform the Committee's annual report.

Status can be "complete", "in progress" or "pending".

Action	How	When	Status
1 Finance			
a. Review quarterly statements	Identify, discuss and seek an explanation of significant variances from budget Identify, discuss and seek an explanation for any other concerns Include in report to Council recommending approval (as appropriate)	Prior to Council meetings in: 1) March 2) June 3) September 4) December	
b. Monitor and report on control and management of investments	Review composition of investments Ensure compliance with investment policies and bylaw Include in report to Council (If changes required – Action Item)	Prior to Council meetings in: 1) March 2) June 3) September 4) December	
c. Review draft annual budget	Consider the adequacy of the budget Compare current budget to the prior year Discuss significant changes Ensure compliance and alignment with strategic direction and key initiatives Ensure compliance with regulations and	As early as possible in the calendar year prior to the March Council meeting	

	maintenance of the not-for-profit status Include in report to Council recommending approval (as appropriate) [Action Item]		
d. Monitor and recommend strategies to Council with respect to maintaining the not-for-profit status	Monitor surplus in quarterly statements and the budget Include recommendations (if any) in report to Council [Action Item if required]	Ongoing	
e. Review expenditures in excess of $20,000 in compliance with the Bylaws	Review requests brought forward by Registrar for expenditures not previously approved in the budget (other than those not requiring approval – see bylaw) Include recommendation in report to Council [Action Item]	As necessary	
f. Inform and advise Council on any financial matters as requested including special projects and initiatives.	Consider financial implications of special projects and initiatives – brought forward by staff or committees	As necessary	
2 Audit			
a. Review and approve the audit plan, including scope, timelines, and fees	Meet with auditor or review communication Consider any specific issues that Council or this committee has identified for attention Consider fee in comparison to prior years Determine if the auditor has a specific focus	December or January, prior to year-end.	
b. Review and ensure auditor independence from management	Inquire as to how auditor ensures independence and consider adequacy	With review of the audit plan	

c. Monitor and evaluate the performance of the external auditor	In order to ensure full and transparent disclosure: • Meet at least once with the auditor without management • Meet at least once with management (without the auditor) Enquire into major audit and financial risks and appropriateness of internal controls and strategies	During the audit process	
d. Recommend (where appropriate) the approval of the audited financial statements	Review draft audited financial statements Review auditor's report Review management letter Make recommendation [Action Item]	Spring (May or June) Council meeting	
e. Recommend the appointment of an auditor	Consider: • performance of the current auditor • management's satisfaction • fees • independence of auditor • best practices for auditor rotation Recommend appointment to Council [Action Item]	Spring (May or June) Council meeting	
f. Other recommendations with respect to the audit as requested by Council	As needed	As needed	

Council Briefing Note

Item 8.1 **March 4, 2022**

From:	*Carole Hamp, Registrar & CEO*
Topic:	*CRTO By-Law Amendments*
Purpose:	*For Decision*
Strategic Focus:	*Ensuring the CRTO continues to provide strong governance, accountability, and public protection.*
Attachment(s):	Appendix A: *Summary of By-Law Changes* Appendix B: *Proposed By-Law, showing amendments* Appendix C: *Consultation Feedback Summary*

PUBLIC INTEREST RATIONALE:
In its duty to serve and protect the public interest, the by-laws provide a mechanism to direct the administrative and internal affairs of the CRTO 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 practice, and developed with the public interest in mind.

ISSUE:
The CRTO's by-laws were last reviewed in December 2019. Since then, the CRTO has established a policy framework, the Ministry of Health has established a College Performance Measurement Framework (CPMF), and several changes are required of the by-laws. A set of amendments have been drafted, and approval from Council is being sought for final approval informed by the public consultation process.

BACKGROUND:
Guiding principles
A set of guiding principles has been proposed to guide the by-law review process. These principles consider the CRTO's current work underway and the ministry's evolving expectations for regulatory oversight, while balancing the need for stability in advance of the CRTO's future strategic planning:

1. **Continue to implement the Policy Framework, following "right touch regulation":** Through the development and implementation of its Policy Framework, several of the CRTO's existing policies have been identified as more appropriately positioned in the by-

laws, and changes to the by-laws should reflect this. In addition, the by-laws have been revised so that wherever possible, they are long-standing and not require frequent updates. This is consistent with the CRTO's recent change to moving Member fees from the by-law to a schedule of fees in 2019.

2. **Strengthen alignment with CPMF expectations,** and enable operational processes that are public-focused, transparent, objective, and adaptive: With the recent publication of the ministry's review of all 26 Colleges' self-reported results of the CPMF, there are several expectations related to good governance that the current by-law review provides an opportunity to improve on.
3. **Support standardization of approaches by building on best practice examples from other health regulators**: As part of the process of reviewing the by-laws, environmental scans were conducted to confirm that changes are aligned and consistent with other health regulatory colleges.
4. **Minimize impact on Council and Members:** Note that the proposed amendments do not include any changes to member fees. In addition to the decision to maintain status quo on member fees, the by-law changes will not include any major changes that will affect members or the existing processes and composition of Council. In addition, changes that might be affected by future strategic planning were not considered.

ANALYSIS:

Summary of Changes

The guiding principles outlined above informed several proposed changes to the by-laws. Note the overview below is not an exhaustive list but highlights the most important and impactful changes. A summary of these changes and the corresponding rationale is provided in Appendix A. The draft amended by-laws, showing all proposed changes made to the current version, are provided in Appendix B.

<u>Overview of proposed changes</u>

1. **Establishing three separate by-laws:** Most prominent, the existing by-law has been regrouped into three separate by-laws. This will support better organization, and a more streamlined process for updating content. The three by-laws are:
    1. By-Law #1: General CRTO Administration
    2. By-Law #2: Council and Committees
    3. By-Law #3: Membership
2. **General organizational changes have been made throughout**, to reflect:
    - Right touch regulation principles (related to implementation of the CRTO's policy framework)

i. Redundant details have been removed (for instance, where the by-law repeats detail already in the *Code*)

ii. In some cases, detail has been added into the by-laws, to consolidate existing policy and by-law. For example, detail from the *In Camera,* the *Executive Committee Elections Process,* and *Role of Chairs* Policies have been inserted into By-Law #2: Council and Committees, to avoid having multiple documents with the same purpose.

- References to his/her have been replaced with gender neutral terms throughout the by-laws.
- Changes have been made to reflect digitization and modernization of communication. For example, references to "in-person" meetings and "mail-in" ballots have been replaced to allow for current operations.

3. **Changes related to Council and Committees:** Although minor, the following amendments are being proposed that are related to Council and Committees
   - The term **"Non Council Committee Member" has been re-labeled as "Professional Committee Appointee."** This term is consistently used by other Colleges and provides a clearer description of "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."
   - **The Code of Conduct and Rules of Order** that had previously been included as separate policies for Council/Committees have been standardized and included as a Schedule to the by-law. Similarly, expectations regarding **Conflict of Interest** have been made clearer (as a Schedule to the By-law), including building conflict of interest into the nomination process to enforce a "cooling off period" for Council members. This is an expectation through the CPMF, and states,

     > *A minimum of one (1) year must have elapsed before an individual can be elected to Council after holding a position that could create an actual, potential, or perceived conflict of interest with respect to their Council duties.*

   - **The requirement that Minutes of all Committee Meetings remain confidential has been removed**. The CPMF expects that all Committee minutes, agendas, Terms of Reference, and other related documents be publicly available. Although the amendments to the by-laws do not currently reflect this, the removal of confidentiality expectations will allow for the CRTO to transition towards this goal of transparency.
4. **Changes related to Membership**: Although minor, the following amendments are being proposed that are related to CRTO Members
   - **Amendments to the Register** section of the by-law have been made, including:

i. Removal of the duplicative information that repeats what is required to be included in the Contents of the Register according to the *Code*.
ii. Amendments to the publicly available information that must be available on the register, to support the public interest and enable the CRTO to do its due diligence when considering a member for Registration. Specifically, the register must contain,

Information regarding registration with any other body that governs a profession, <u>including the name of governing body, location and jurisdiction of governing body, and findings of professional misconduct, incompetence, incapacity or disciplinary findings,</u> whether inside or outside of Ontario made after January 1, 2016

iii. Details regarding removal of information from the Register (such as when a Member has completed the requirements of a panel) have been removed, as this is not in keeping with the CRTO's public protection mandate.

- 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 addressed to be posted as their business address; for the purposes of the CRTO's public register.

- References to **Honourary Certificates and Lifetime Memberships** have been removed from the by-laws. Council confirmed in June 2018 that the CRTO would no longer accept these applications and rescind the appropriate policies as they are more fitting with an association and not within the mandate of the CRTO.

- **Professional Liability Insurance** requirements have been transferred from the existing Policy into the by-law, to ensure the expectations are clear. This includes a requirement for a maximum $1,000 deductible. In addition, a new requirement has been added to accommodate **sexual abuse therapy and counselling**. More specifically,

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 Registrant.

These expectations are consistent with several other Colleges, and with the CRTO's public protection mandate. It should be noted that if approved, these

changes will not take effect until after the next renewal cycle (January 2023), which will provide time for Members to ensure they are appropriately covered.

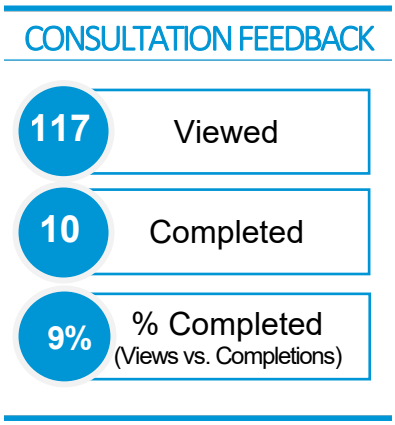
Public Consultation

The document was posted according to the CRTO's public consultation process. A consultation survey was posted on the CRTO's website, tweeted on the CRTO Twitter account and shared with members in the December 2021 & February 2022 e-bulletin. In total, 117 people viewed the consultation survey, and 10 responses were received.

All respondents found the by-laws clear, understandable, and free from omissions and errors. No comments were received. No changes were made to the by-laws as a result of this feedback.

For full consultation results see Appendix C.

Date consultation opened: December 13, 2021
Length of time consultation was open: 60-days
Date consultation closed: February 11, 2022



RECOMMENDATION:

It is recommended that Council approve the revised CRTO by-laws.

NEXT STEPS:

If the motion is approved, the by-laws will be posted on the CRTO website and circulated to the members.

Council Motion

Motion Title:	*Amendments to the CRTO By-Laws*
Date of Meeting:	*March 4, 2022*

It is moved by _____ and seconded by _____ that:

Council approves the by-law amendments outlined for final approval, which include in their entirety:

- By-Law 1: General CRTO Administration
- By-Law 2: Council and Committees
- By-Law 3: Membership

(A copy of the summary of these changes is attached as Appendix A, a copy of the amended by-laws is attached as Appendix B, and a copy of the consultation results is attached as Appendix C, within the materials of this meeting).

Appendix A: Summary of Amendments to the CRTO By-Laws

Summary of Amendments to CRTO's By-Laws

General organizational changes

- The existing by-law has been regrouped into three separate by-laws:
    1. By-Law #1: General CRTO Administration
    2. By-Law #2: Council and Committees
    3. By-Law #3: Membership
- References to "his/her" have been replaced with gender neutral terms throughout the by-laws.
- Changes have been made to reflect digitization and modernization of communication. For example, references to "in-person" meetings and "mail-in" ballots have been replaced to allow for current operations.
- The proposed by-laws, showing all proposed amendments (including minor editorial changes not mentioned below), are provided in Appendix B.

By-Law #1: General CRTO Administration

Section (new layout)	**Topic**	**Proposed change**	**Rationale**
Definitions	Annual General Meeting (AGM)	References to AGM have been removed from the by-laws.	An AGM is not required for *RHPA* colleges. The CRTO stopped officially presenting previously defined AGM items (i.e. financial audit report approval, annual report approval, selection of Auditor, etc.) under the banner of an AGM in 2018. Approval of these items now part of the May/June Council.
2	Seal	A reference to the logo and name mark depicted on the CRTO website has been included in the by-laws.	Added to confirm that the CRTO asserts all intellectual property rights over the logo and name mark
4	Registrar	Minor changes to the duties of the Registrar have been made to reflect current practice.	Changed to reflect current practice
9	Investment	Removed specific details that are in the investment policy. High level information remains in By-Laws reducing duplication.	Update to reflect moving to policy

Section (new layout)	Topic	Proposed change	Rationale
15	Appointment of Inspectors	Moved up in the by-laws to remain part of By-Law 1.	Part of reorganizing and grouping By-Laws.

By-Law #2: Council and Committees

Section (new layout)	Topic	Proposed change	Rationale
Definitions	Non-Council Committee Members	The term "Non-Council Committee Member" has been re-labeled as "Professional Committee Appointee."	This term is consistently used by other Colleges and provides a clearer description of "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."
2.09	Eligibility for elections	Enhancement of requirements for eligibility for election within the 12-month cooling off period. Added clarification with respect to conflict of interest.	This has been added for clarity to confirm that any conflict of interest, beyond those already listed in the existing by-laws, would make a member ineligible for election.
2.29	Council Member employment with the CRTO	The by-law has been amended to ensure that a Council Member or Professional 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.	The purpose of this amendment is to avoid conflict of interest.
4.04	Council meetings – posting of materials	The by-laws have been amended to state the expectation that Council meeting materials be posted publicly 2 weeks prior to the meeting date. Once approved, the existing Committee and Council Postings Policy will be rescinded.	To avoid having multiple documents with the same purpose, the existing Policy is being consolidated into the by-laws. In addition, public posting of Council materials is an expectation of the CPMF.
4.14	In-Camera	A definition of In-Camera has been included, and references to the existing In-Camera protocols have been added.	To avoid having multiple documents with the same purpose, the existing Policy is being consolidated into the by-laws.

Section (new layout)	Topic	Proposed change	Rationale
		Once approved, the existing In Camera Policy will be rescinded.	
5	Executive Committee	Detail from the Election Process – Executive Committee Policy has been added into the by-laws, to consolidate existing policy and by-law. Once approved, the existing Policy will be rescinded.	To avoid having multiple documents with the same purpose, the existing Policy is being consolidated into the by-laws.
5.08	Appointment of Committee members	In selecting the members for each Statutory Committee, the by-law has been amended to include consideration of the skills and competencies of the members	In addition to supporting good governance, moving towards skills-based committees is an expectation of the CPMF
7	Committees – Appointment and role of Chairs	Detail from the existing Chairs Policy has been added into the by-laws, to consolidate existing policy and by-law. Once approved, the existing Policy will be rescinded.	To avoid having multiple documents with the same purpose, the existing Policy is being consolidated into the by-laws.
13	Patient Relations Committee	The detail regarding sexual abuse therapy and counselling has been removed from the by-law, as it already exists elsewhere.	Removed for clarity and to reduce duplication.
14	Professional Practice Committee	Remove from by-laws.	Committee had been dissolved previously and is not a statutory committee.
15	Committee Meetings Materials Minutes	The by-laws have been amended to require that Committee meeting materials be posted 1 week prior to the meeting date. The requirement that Minutes of all Committee Meetings remain confidential has been removed.	This does not imply that all committee materials be posted publicly. However, the CPMF expects certain Committee material to be public. The CPMF expects that all Committee minutes, agendas, Terms of Reference, and other related documents be publicly available. Although the amendments to the by-laws do not currently reflect this, the removal of confidentiality expectations will allow for the CRTO to transition towards this goal of transparency.

Section (new layout)	Topic	Proposed change	Rationale
Schedule A (Article 1)	Conduct and Duties of Council Members and Non-Council Committee Members	**The Code of Conduct and Rules of Order** that had previously been included as separate policies for Council/Committees have been standardized and included as a Schedule to the by-law. Once approved, this will require rescinding the existing Policy, Code of Conduct for Council Members and Non-Council Members of Committees	This is an expectation of the CPMF, and ensures and enforces standard expectations through Council and all Committees
Schedule A (Article 2)	Conflict of Interest (Council and non-Council committees)	Expectations regarding **Conflict of Interest** have been made clearer (as a Schedule to the By-law)	This is an expectation of the CPMF, and ensures and enforces standard expectations through Council and all Committees
Schedule B	Rules of order of Council and Committees	See above (Code of Conduct).	

By-Law #3: Membership

Section (new layout)	Topic	Proposed change	Rationale
2	Contents of the Register	Removal of the duplicative information that repeats what is required according to the Code to be included in the Contents of the Register.	The requirements for the Public register were introduced to the Code in 2009, and the by-laws had not be adjusted to reflect the redundancy.
2.02	Publicly available information that must be available on the register	Amendments to the publicly available information that must be available on the register, to remove duplication with existing code requirements.	The requirements for the Public register were introduced to the Code in 2009, and the by-laws had not be adjusted to reflect the redundancy.
2.14	Register – Considerations	Changes have been made to allow for the following considerations (changes underlined): *In the event that the Member's business address is the same as the Member's residential address, the Member shall*	This change has been made for the purpose of transparency, to ensure the place of business is clear.

Section (new layout)	Topic	Proposed change	Rationale
		provide a designated business address if the Member does not want their residential addressed to be posted as their business address	
2.17 & 2.18	Removal of information from the Register	Details regarding removal of information from the Register (such as when a Member has completed the requirements of a panel) have been removed. Once approved, the corresponding Removal of Information from the Register Policy will be rescinded.	Existing by-law is not in keeping with the CRTO's public protection mandate.
3	Duty to Provide Information	Changed title from Duty to Report to Duty to Provide Information. Minor changes have been made to the process required when a name change is requested.	Better reflect section and less likely to cause confusion with the other reporting obligations To align with the CRTO's Name Change Form and Name Change Policy.
4.15	Other Fees	NSF fees	Added to allow ability to rescind NSF policy and have all fee info in one location.
6, 7	Honorary and lifetime memberships	References to **Honourary Certificates and Lifetime Memberships** have been removed from the by-laws.	Council confirmed in June 2018 that the CRTO would no longer accept these applications and rescind the appropriate policies as they are more fitting with an association and not within the mandate of the CRTO.
8	Professional liability insurance	**Professional Liability Insurance** requirements have been transferred from the existing Professional Liability Insurance Policy into the by-law, to ensure the expectations are clear. This includes a requirement for a maximum $1,000 deductible. In addition, a new requirement has been added to accommodate **sexual abuse therapy and counselling**.	These expectations are consistent with several other Colleges, and with the College's public protection mandate. It should be noted that if approved, these changes will not take effect until after the next renewal cycle (January 2023), which will provide time for Members to ensure they are appropriately covered.

Appendix B: Amended By-Laws

Amended By-Law 1: General CRTO Administration, By-Law 2: Council and Committees, and By-Law 3: Membership.

College of Respiratory Therapists of Ontario

Ordre des thérapeutes respiratoires de l'Ontario

By-Law 1:
General CRTO Administration
~~25-2019~~

Approved by Council: [Insert Date Approved Here]

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

~~**annual general meeting** means the annual meeting of the CRTO required by Article 19.01 (b), usually held in conjunction with a regular meeting (see "regular meeting")~~

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 ~~statutory and/or non-statutory~~ Committee of the CRTO and includes statutory committees established under section 10 of the *Code*, non-statutory committees, task forces, a Panel of a C~~c~~ommittee and any other ~~c~~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 ~~his/her~~their office as Registrar and Chief Executive Officer. In ~~his/her~~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, ~~he/she is~~they are not entitled to make a motion or vote, and ~~is~~ are not counted when determining if a quorum is present

~~**faculty member** means an instructor employed by one of the approved educational Respiratory Therapy programs in Ontario and/or an administrator employed by one of the approved educational Respiratory Therapy programs in Ontario (such as program coordinator, curriculum developer)~~

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~~fulfill obligations set out under Ss. 94(1)(l) and/or Ss. 95(1)(h) of the *Regulated Health Professions Act*, regulations or Policies and Procedures~~; 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

~~**Non-Council Committee Member**~~
~~A Member of the CRTO who is elected or appointed to sit on a statutory or non-statutory Committee of the CRTO; not a Council Member~~

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., ~~TCLs~~ 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"

~~**Registrant**~~
~~An individual who holds a certificate of registration with the CRTO; referred to as "Member"~~

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 ~~19~~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
~~Formerly Respiratory Care Practitioner; a~~ 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.~~A member of Council who currently holds a Council position.~~

Special Meeting
A meeting of the Council to which By-Law 2: Council and Committees, Article ~~19~~3.01(~~c~~b) refers

~~**TCL** Acronym for term, condition or limitation of a Member's certificate of registration~~

~~COLLEGE ADMINISTRATION~~

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 CRTO will maintain an official seal.~~

~~2.03 Any person authorized to sign any document on behalf of the CRTO may affix the seal thereto.~~

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.

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

3. HEAD OFFICE

3.01 The Head Office of the CRTO shall be located within~~in the City of Toronto, in the Province of Ontario~~ the city in which the Provincial Legislature sits.~~,~~ The physical premises occupied by the CRTO shall be determined by Council.~~and at such place therein as the Council of the CRTO may, from time to time, determine.~~

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~~ of all books, papers, records, contracts and other documents belonging to 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;

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 ~~Non-Council~~ Professional Committee Appointees~~Committee Members~~;

j) implement such forms as ~~he/she~~ they consider~~s~~ 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 ~~his/her~~their duties.

4.06 The Registrar (or ~~his or her~~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.

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 ~~19~~4.01.

6.03 Every By-Law and every amendment and revocation thereof shall be dated and maintained in the CRTO's records. ~~Every By-Law and every amendment thereof shall be numbered according to the order in which it was passed, certified by the President or Vice-President and by the Registrar, sealed and maintained in a book in its numerical order.~~

6.04 In accordance with Ss. 94(2) of the *Code*, such proposed changes to the By-Laws ~~shall~~ 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 ~~Registrar and the President shall sign~~ certificates of registration given to Members for display shall contain the signatures of the Registrar and President.

7.05 ~~No person shall sign or seal a document on behalf of the CRTO unless authorized by the *RHPA*, the *Act*, the regulations or this By-Law.~~ 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 ~~account of~~ 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.~~and the CRTO's stamp may be used for such endorsement.~~

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.

~~a) bonds, debentures or other evidences of indebtedness of, or guaranteed by, the government of a Canadian province or the Government of Canada;~~

~~b) deposit receipts, deposit notes, certificates of deposit, acceptances and other similar instruments issued or endorsed by a bank chartered under the *Bank Act Canada*; or~~

~~c) savings accounts and other investments that are fully secured by the Canada Deposit Insurance Corporation.~~

~~9.03 Funds of the CRTO in excess of funds required for operation during the fiscal year, as identified in the annual budget, may only be invested in:~~

~~a) bonds, debentures or other evidences of indebtedness of, or guaranteed by, the government of a Canadian province or the Government of Canada; or~~

~~b) deposit receipts, deposit notes, certificates of deposit, acceptances and other similar instruments issued or endorsed by a bank chartered under the *Bank Act Canada*; or~~

~~c) savings accounts or other investments that are fully secured by the Canada Deposit Insurance Corporation.~~

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 obligation does not exceed $10,000.00;

b) the Registrar and one other signing officer if the resulting obligation does not exceed $20,000.00; or

c) Council if the resulting obligation exceeds $20,000.00.

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 including all payroll cheques and source deduction remittances;

b) one (1) internal and one external signing officer for amounts $10,000 or more except for payroll cheques and source deduction remittances as described in (a).

12. FINANCIAL AUDIT

12.01 The Council shall at each ~~annual general~~ 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 ~~annual general~~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 ~~in~~ 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 ~~in~~ with the ~~Federation of Health Regulatory College~~ 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~~s~~ or Professional Committee Appointee~~s~~, 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
~~25-2019~~

Approved by Council: [Insert Date Approved Here]

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. RULES OF ORDER OF THE COUNCIL AND COMMITTEES 32

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

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 ~~statutory and/or non-statutory~~ 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 ~~his/her~~their office as Registrar and Chief Executive Officer. In ~~his/her~~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, ~~he/she is~~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

~~**Non-Council Committee Member**~~
~~A Member of the CRTO who is elected or appointed to sit on a statutory or non-statutory Committee of the CRTO; not a Council Member~~

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) ~~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

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

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 ~~19~~4.01(a) of this By-Law refers

Respiratory Therapist
~~Formerly Respiratory Care Practitioner; a~~ 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. ~~A member of Council who currently holds a Council position.~~

Special Meeting
A meeting of the Council to which Article ~~19~~4.01(~~c~~b) of this By-Law refers

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

Election Process

2.01 The election process, including nominations, candidate requirements, balloting and reporting is set out in CRTO Policies and Procedures, amended and approved by Council as needed.

Election Districts

2.02 For the purpose of the election of Council Members and the election or appointment of ~~Non-Council~~ Professional Committee ~~Members~~ Appointees to the pool of Members available to serve on committees, 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.

2.04 ~~Subject to the Council's policy from time to time a maximum of three (3) Members shall be Council may allow u~~Up to three (3) Professional Committee Appointees may~~to~~ be elected or appointed as ~~Non-Council~~ Professional Committee ~~Members~~ Appointees in electoral districts 1, 2, 3, 4, 5 and 6. There are no Professional Committee Appointees for electoral district 7.

~~b) There shall be no Non-Council Committee members elected or appointed in district 7.~~

Years of Elections

2.05 An election of Council Members and ~~Non-Council~~ Professional Committee ~~Members~~ Appointees

shall be held on a day fixed by the Registrar:

a) in October ~~2017~~ 2023 and in October in every third (3rd) year after that for each of electoral districts 3, 4 and 6; and

b) in October ~~2018~~ 2024 and in October in every third (3rd) year after that for each of electoral districts 1, 2, 5 and 7.

2.06 The nomination or election deadlines may be extended if the Registrar determines that~~ems~~ there ~~to be~~are exceptional circumstances to warrant an extension. ~~Where there is an interruption of mail service during a nomination or election, the Registrar shall extend the holding of the nomination or election for such a period of time as the Registrar considers necessary to compensate for the interruption.~~

Eligibility for Elections

2.07 A Member is eligible to vote in an electoral district if:

a) on the ~~sixtieth (60th) day before the~~ day the voting opens ~~for election~~, the Member principally practises the profession in that district; or

b) the Member is not practising the profession on the ~~sixtieth (60th) day before the~~ day the voting opens ~~for election~~, the Member principally resides in that district.~~; or~~

~~c) on the sixtieth (60th) day before the election, the Member holds a Certificate of Life Membership.~~

2.08 A Member is eligible for election as a Council Member or a ~~Non-Council Committee Member~~Professional Committee Appointee, in electoral districts 1, 2, 3, 4, 5 and 6 or for appointment under Articles 2.09, 2.23, 2.24 or 2.25 of this By-Law if,

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

i. subject to Article 2.27 of this 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;

vi. 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;

vii. is not an employee, director, officer, or elected member of a professional association or special interest group related to the profession; and

viii. if running for election, is nominated by three (3) eligible voters who practise or

reside in the same electoral district as the nominated member.

b) within the twelve (12) months before the date of the nomination or application, the member has not been:

i. an employee of the CRTO; or

ii. an employee, director, officer, or elected member of a working group or Committee of an organization which develops or produces "entry to practice" examinations related to the profession.

c) within the three (3) years before the date of the nomination or application, the member has not been disqualified from sitting as a Council Member or ~~Non-Council Committee Member~~Professional Committee Appointee.

d) within the six (6) years before the date of the nomination or application, the member has not:

i. had ~~his or her~~their certificate of registration suspended as a result of a professional misconduct, incompetence or incapacity proceeding;

ii. had ~~his or her~~ 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 ~~his or her~~their certificate of registration as a result of a professional misconduct, incompetence or incapacity proceeding.

2.09 A Member is eligible for election as a Council Member in electoral district 7 or for appointment under Article 2.23 of this By-Law if,

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

i. is a faculty member employed by one of the approved Respiratory Therapy educational programs in Ontario;

ii. is not running for election in another electoral district;

iii. holds a General or Limited certificate of registration;

iv. is nominated by three (3) eligible voters as defined under Article 2.07 of this By-Law;

v. is not in default of the payment of any fees;

vi. is not the subject of any current disciplinary or incapacity proceeding;

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; and

viii. is not an employee, director, officer, or elected member of a professional association or special interest group related to the profession.

b) within the twelve (12) months before the date of the nomination, the member has not been:

i. an employee of the CRTO; or

ii. an employee, director, officer, or elected member of a working group or Committee of an organization which develops or produces "entry to practice" examinations related to the profession; or

~~ii.~~iii. in a position that could create an actual, potential, or perceived conflict of interest with respect to their Council duties.

c) within the three (3) years before the date of the nomination, the member has not been disqualified from sitting as a Council Member or ~~Non-Council Committee Member~~Professional Committee Appointee.

d) within the six (6) years before the date of the nomination, the member has not:

i. had ~~his or her~~their certificate of registration suspended as a result of a professional misconduct, incompetence or incapacity proceeding;

ii. had ~~his or her~~their certificate of registration revoked as a result of a professional misconduct, incompetence or incapacity proceeding; or

iii. been reinstated~~received a new certificate of registration~~ following revocation of ~~his or her~~their certificate of registration as a result of a professional misconduct, incompetence or incapacity proceeding.

Terms of Office

2.10 The term of office of an elected Council Member or a ~~Non-Council Committee Member~~ Professional Committee Appointee is three (3) years. The maximum length of service of a Council or a ~~Non-Council Committee Member~~ Professional Committee Appointee is three (3) terms or nine (9) consecutive years.

2.11 The term of office begins with the first regular Council meeting following the election and the Council Member or ~~Non-Council Committee Member~~ Professional Committee Appointee shall continue to serve until ~~his or her~~their successor takes office in accordance with this By-Law unless the member is disqualified under Article 2.20 of this By-Law, or as set out in the *RHPA*.

Nominations

2.12 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.

2.13 If the number of Council Member or ~~Non-Council Committee Member~~ Professional Committee Appointee candidates nominated for an electoral district is fewer than the number of Council Members or ~~Non-Council Committee Members~~ Professional Committee Appointees to be elected in the electoral district, the Council may do any one of the following, subject to the provisions of the *Act*,

a) in the case of Council Member candidates:

i. direct the Registrar to hold an election for Council Members; or

ii. 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

iii. declare the candidates for Council members to be elected by acclamation and direct the Executive Committee to appoint Members for the remaining positions

b) in the case of ~~Non-Council Committee Member~~ Professional Committee Appointee candidates:

i. direct the Registrar to hold an election for ~~Non-Council Committee Members~~ Professional Committee Appointee;

ii. declare the candidates for ~~Non-Council Committee Members~~ Professional Committee Appointee to be elected by acclamation and direct the Registrar to hold an election for the remaining ~~Non-Council Committee Member~~ Professional Committee Appointee positions;

iii. declare the candidates for ~~Non-Council Committee Members~~ Professional Committee Appointee to be elected by acclamation and direct the Executive Committee to appoint Members for the remaining positions. These Members will be appointed based on consideration of their experience, qualifications, abilities, and willingness to serve~~. in accordance with CRTO policy~~; or

iv. declare the candidates for ~~Non-Council Committee Members~~ Professional Committee Appointee to be elected by acclamation and leave the remaining positions vacant.

Voting Process

2.15 If the Council sets a new date for an election the Registrar shall conduct the election in accordance with this By-Law.

2.16 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.

2.17 A Member shall not cast more than one vote for any one candidate.

2.18 If there is a tie, the Registrar shall break the tie, by lot.

2.19 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.

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

Exceptional Circumstances

2.21 An elected Council Member is disqualified from sitting on the Council ~~Member~~ or a ~~Non-Council~~

~~Committee Member~~ Professional Committee Appointee is disqualified if the Council Member or ~~Non-Council Committee Member~~Professional Committee Appointee:

a) is found to have committed an act of professional misconduct or is found to be incompetent by a panel of the Discipline Committee;

b) is found to be incapacitated by a panel of the Fitness to Practise Committee;

c) becomes the subject of a discipline or incapacity proceeding;

d) fails, without reasonable justification, to attend two (2) meetings of the Council or of a Committee of which ~~he or she is~~they are a member during their term;

e) fails, without reasonable justification, to attend a panel for which ~~he or she has~~they have been selected;

f) fails to fulfil the duties of Council Member and ~~Non-Council Committee Members~~ Professional 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 ~~he or she was~~they were elected;

i) in the case of district 7, ceases to be a faculty member for more than ninety (90) days;

j) ceases to hold a current General or Limited certificate of registration;

k) becomes or has 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

~~iii.~~iv. holding a position that could create an actual, potential, or perceived conflict of interest with respect to their Council duties.

l) has been found by the Council to have been ineligible for election in accordance with the By-Laws; or

m) fails, in the opinion of Council, to discharge properly or honestly any office to which ~~he or she has~~they have been elected or appointed.

2.22 a) A Council Member who is disqualified from sitting on the Council ceases to be a Council Member.

b) A ~~Non-Council Committee Member~~ Professional Committee Appointee who is disqualified ceases to be a ~~Non-Council Committee Member~~Professional Committee Appointee.

2.23 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.

2.24 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.

2.25 If the seat of a ~~Non-Council Committee Member~~ Professional Committee Appointee ~~-~~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 as soon as possible;

b) direct the Executive Committee to appoint a ~~Non-Council Committee Member~~ Professional Committee Appointee in accordance with CRTO policy; or

c) leave the seat vacant.

2.26 If the seat of an elected ~~Non-Council Committee Member~~ Professional Committee Appointee becomes vacant twelve (12) months or more before the expiry of the term of office, the Council may:

a) direct the Registrar to hold an election as soon as possible; or

b) direct the Executive Committee to appoint a ~~Non-Council Committee Member~~ Professional Committee Appointee in accordance with CRTO policy.

2.27 The term of a Council Member or ~~Non-Council Committee Member~~ Professional Committee Appointee appointed or elected to fill a vacancy shall continue until the time the former Council Member's or ~~Non-Council Committee Member's~~ Professional Committee Appointee's term would have expired.

2.28 ~~By-Law 2: Council and Committees,~~ Article 2.08 a) i. of this By-Law will not apply where there are no ~~Non-Council~~ Professional Committee Appointee nominees or ~~Non-Council~~ Professional Committee Appointee applicants for appointment in a particular electoral district.

2.29 A Council Member or Professional 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.

~~17. APPOINTMENT OF INSPECTORS~~

~~17.01 The Registrar may appoint any person, other than a Council or Non-Council Committee member, 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.~~

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.

~~**3.01** Council members and Non-Council Committee members shall act in the best interests of the CRTO and of the public of Ontario.~~

~~**3.02** Council and Non-Council Committee members shall perform their duties in accordance with the *RHPA*, Regulations, By-Laws and the Policies and Procedures of the CRTO.~~

~~**3.03** A Council member or Non-Council Committee member who wishes to apply for employment with the CRTO must resign from the Council or Committee position before applying to the CRTO for employment.~~

~~**3.04** Council members and Non-Council 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.~~

~~**3.05** Council members and Non-Council Committee members shall not carry out their duties when they are in a conflict of interest.~~

~~**3.06** A conflict of interest may be a real (actual) or apparent (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 Non-Council Committee member, or a related person or related company, could improperly influence, or be perceived to influence, the individual's judgment in performing his or her duties as a Council member or Non-Council Committee member.~~

~~b) A real (actual) conflict of interest exists when a Council member or Non-Council Committee member has a private or personal interest of which he or she is aware, that is connected with the Council member's or Non-Council Committee member's responsibilities and could influence carrying out his or her duties. A real conflict exists~~

whether or not the Council member or Non-Council Committee member is actually influenced by the private interest and regardless of whether the Council member or Non-Council Committee member obtains personal benefit.

c) An apparent (or perceived) conflict exists when there is an apprehension that a conflict of interest exists. A potential conflict of interest exists as soon as a reasonable person can foresee that the Council member or Non-Council Committee member has a private or personal interest that may influence how the Council member or Non-Council Committee member carries out his or her duties or responsibilities.

3.07 It is not a conflict of interest for a Council member or a Non-Council 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.

3.08 A Council member or Non-Council Committee member who has, or believes she/he has, 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.

3.09 Any Council member or Non-Council Committee member who believes another Council member or Non-Council 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 Non-Council Committee member. If the matter is not resolved to the satisfaction of the Council member or Non-Council Committee member who perceives the conflict, that Council member or Non-Council 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.

3.10 Council member or Non-Council Committee member who acts in a conflict of interest is subject to disqualification under Article 10.18.

3.11 All declared conflicts and their resolution shall be recorded.

3.12 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:~~

~~a) where a relationship exists between a Council member or Non-Council Committee member and a participant in the proceeding;~~

~~b) by the conduct of a Council member or Non-Council Committee member during the proceedings;~~

~~c) through prior involvement or prejudgment by the a Council member or Non-Council Committee member;~~

~~d) where a Council member or Non-Council Committee member has a conflict of interest.~~

~~**3.13** A close relationship, either personal or business, between a Council member or Non-Council 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.~~

~~**3.14** Council members or Non-Council Committee members dealing with a member-specific matter must be impartial and appear to those present to be impartial.~~

~~**3.15** Notwithstanding a Council member or Non-Council Committee member's right to openly discuss and debate an issue during the course of a Council or Committee meeting, once a decision has been made by the Council or a Committee, Council member and Non-Council Committee members will respect and support that decision.~~

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) an annual general meeting of the CRTO which shall be called by the President, and held no later than eight months after the end of the previous fiscal year;~~

~~c)~~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 ~~in writing~~ of the place, date and time of a Council meeting at least fourteen (14) days before a meeting.

4.04 Council meeting materials ~~are~~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 ~~him/her~~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;

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~~; and~~,

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 ~~his/her~~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 ~~his/her~~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 ~~and signed by the presiding officer~~ 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 ~~he or she is~~they are not

elected to the Executive Committee, ~~he or she~~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, ~~elect~~ a President, Vice-President, and three (3) other Council Members to the Executive Committee to hold office for a one (1) year term~~and if an election is not so held, to continue in office until their successors are elected~~.

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 ~~at least~~ by November 1 each year. ~~or within five (5) business days of the close of a general election, whichever is furthest from the date of the executive committee election~~.

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.

~~a)~~e) ~~As required, t~~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.~~in accordance with CRTO Policies and Procedures.~~

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, ~~and~~ a Chair and Vice-Chair for each ~~other~~ 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 Committee, the Executive Committee shall:

a) provide each Council Member and ~~Non-Council Committee Member~~ Professional Committee Appointee the opportunity to express ~~his or her~~ their preferences with respect to committees ~~and to specify the reasons for those preferences~~;

b) appoint Council Members and ~~Non-Council Committee Members~~ 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; ~~and~~

iv. the skills and competencies of the members; and

~~iv.~~v. any other relevant factors.

c) for ~~Non-Council Committee Members~~Professional Committee Appointees, appoint only from the pool of ~~Non-Council Committee Members~~ Professional Committee Appointees elected or appointed under Article 2.24, 2.25 and 2.27 of this By-Law.

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 ~~he/she~~they deem~~s~~ appropriate~~, other than some aspects of hearings,~~ 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 ~~must be appointed to the Council by Lieutenant Governor in Council~~ 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. ~~When required,~~ Non-Statutory Committees may be supported by legal and/or technical consultants as required.

7.02 In appointing members to any Committee, Council Members or ~~Non-Council Committee Members~~ 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 ~~selected~~ 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 ~~A~~all Chair and Vice-Chair positions is ~~are term limited for a period of~~ one (1) year with the opportunity for reappointments.

~~a)~~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~~ing~~ minutes prior to distribution to the Committee;
c) approve per diem and expense payment for Committee Members;
~~a)~~d) identify attendance or other problems with Committee Members.

7.06 Committee Vice-Chairs shall:

a) assist the Committee ~~c~~Chair;
b) exercise the duties of the ~~c~~Chair during the C~~c~~hair's absence or inability to act; and
c) perform other may be assigned by the C~~c~~hair.

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 ~~who is a Member of the CRTO~~;
b) at least one (1) public Council Member;
c) at least two (2) ~~Non-Council Committee Members~~ Professional Committee Appointees; and
d) an academic member of Council.

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 ~~Non-Council Committee Member~~ Professional Committee Appointee ~~who is a Member of the CRTO~~, 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; and
c) at least two (2) ~~Non-Council Committee Members~~ Professional Committee Appointees.

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 ~~Non-Council Committee Member~~ Professional Committee Appointee ~~who is a Member of the CRTO~~, 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 ~~who is a Member of the CRTO~~;

b) at least two (2) public Council Members; and

c) at least one (1) ~~Non-Council Committee Member~~ Professional Committee 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 ~~who is a Member of the CRTO~~;

b) at least two (2) public Council Members; and

c) at least one (1) ~~Non-Council Committee Member~~ Professional Committee 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 ~~who is a Member of the CRTO~~;

b) at least one (1) public Council Member; and

c) at least two (2) ~~Non-Council Committee Members~~ Professional Committee Appointees.

12.02 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 ~~Non-Council Committee Member~~ Professional Committee Appointee ~~who is a Member of the CRTO~~, and at least one of whom must be a public Council Member.

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 ~~who is a Member of the CRTO~~;

b) at least one (1) public Council Member; and

c) at least two (2) ~~Non-Council Committee Members~~ Professional Committee Appointees.

~~**13.02** The Patient Relations Committee shall require that therapists and counsellors who are providing therapy or counselling that is funded through the program required under section 85.7 of the *Code* and persons who are receiving such therapy or counselling to provide written statements~~

~~that:~~

~~a) contain details of the therapist's or counsellor's training and experience;~~

~~b) confirm that therapy or counselling is being provided;~~

~~c) confirm that the funds received are being devoted only for the therapy or counselling that is being provided; and~~

~~d) are signed by the therapists or counsellors and by the person who is receiving such therapy or counselling.~~

~~14. PROFESSIONAL PRACTICE COMMITTEE~~

~~**14.01** Professional Practice Committee is a non-statutory Committee, convened at the discretion of Council, for the purpose of providing advice on a specific topic or issue relevant to the practice of the profession.~~

~~**14.02** The Professional Practice Committee shall consist of at least six (6) voting members with:~~

~~a) at least one (1) member of the Council who is a Member of the CRTO;~~

~~b) at least one (1) Public Council member;~~

~~c) at least one (1) Non-Council Committee member;~~

~~d) at least one representative of an approved RT program; and~~

~~e) at least two CRTO Members in accordance with the terms of reference of the Committee.~~

~~In addition, and to provide specific expertise in certain areas, other individuals may be invited to join the core members of the Committee on an ad hoc basis and as non-voting members according to the subject matter being considered.~~

15. COMMITTEE MEETINGS

15.01 Each Committee shall meet at the call of its Chair, at a place in Ontario, subject to Article 15.09 of this By-Law, on a date and time designated by the Chair.

15.02 Committees shall operate in accordance with the Policies and Procedures of the CRTO.

15.03 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.

15.04 Committee meeting materials are posted at least one (1) week prior to the scheduled Committee meeting date.

15.05 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.

15.06 The Chair, or ~~his/her~~their appointee for the purpose, shall preside over meetings of the Committee.

15.07 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.

15.08 The presiding officer shall cause minutes to be taken of the proceedings of the Committee meeting.

~~**15.09** Minutes of all Committee meetings and all other CRTO activities are, and shall remain, confidential and therefore not available for public or Members' viewing.~~

15.09 Meetings of any Committee or of panels ~~that are held for a purpose other than conducting a hearing~~, 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.

16. RENUMERATION

16.01 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.

16.02 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.

17. INDEMNIFICATION AND DIRECTORS' INSURANCE

17.01 Every Council Member, Professional Committee 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:~~Every Council member, Non-Council Committee member, Staff member or officer and his or her heirs, executors, administrators, and other personal representatives shall 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.

17.02 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.

~~18. RULES OF ORDER OF THE COUNCIL AND COMMITTEES~~

~~**18.01** 18.01 When any Council/Committee member wishes to speak, he/she shall so indicate by raising his/her hand, and shall address the presiding officer and confine himself/herself to the question under discussion.~~

~~18.02 When two (2) or more Council/Committee members raise their hand to speak, the presiding officer shall call upon one member to speak first.~~

~~18.03 No Council/Committee member, shall interrupt another Council/Committee member except to raise a point of order. The interrupting Council/Committee member shall confine himself/herself strictly to the point of order.~~

~~18.04 Any Council/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/Committee member, shall immediately cease speaking while the point is being stated, after which he/she may explain and shall then obey the decision of the presiding officer.~~

~~18.05 A Council/Committee member may speak only once upon any question, except:~~

~~a) in explanation of a material point of his/her speech which may have been misquoted or misunderstood, but then he/she is 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.~~

~~18.06 No Council/Committee member may speak longer than seven (7) minutes upon any question except with the permission of the presiding officer.~~

~~18.07 When the question under discussion contains distinct propositions, any Council/Committee member may require the vote upon each proposition to be taken separately.~~

~~18.08 When the presiding officer puts the question, no Council/Committee member shall enter or leave the chamber, and no further debate is permitted.~~

~~18.09 Any question when once decided by the Council/Committee members shall not be reintroduced within 6 months except by a two-thirds' (2/3) majority vote of the members in attendance.~~

~~18.10 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 his or her designate. When the question under discussion has not been printed and distributed, any Council/Committee member may require it~~

to be at any time during the debate, but not so as to interrupt a member while speaking.

18.11 A Council/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 9 does not prevent another Council/Committee member from making the same motion.

18.12 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, he/she shall state the rule or authority applicable to the case.

18.13 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.

18.14 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.

18.15 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, he/she shall apprise the Council or Committee thereof immediately, rule the motion out of order, and quote the rule or authority applicable to the case.

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 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.

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:

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;

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 themself 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 themself 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.

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.

College of Respiratory Therapists of Ontario

Ordre des thérapeutes respiratoires de l'Ontario

By-Law 3: Membership

~~25-2019~~

Approved by Council: [Insert Date Approved Here]

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 ~~for registration of a certificate of registration of any class.~~

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) ~~TCLs~~ or suspension of a certificate of registration) of a Member's practice

Profession
The profession of Respiratory Care or Respiratory Therapy

~~**Registrant**~~
~~An individual who holds a certificate of registration with the CRTO; referred to as "Member"~~

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
~~Formerly Respiratory Care Practitioner; a~~ 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*.

~~**Contents of the Register**~~

~~23(2) The register shall contain the following:~~

1. ~~Each member's name, business address and business telephone number, and, if applicable, the name of every health profession corporation of which the member is a shareholder.~~
2. ~~The name, business address and business telephone number of every health profession corporation.~~
3. ~~The names of the shareholders of each health profession corporation who are members of the CRTO.~~
4. ~~Each member's class of registration and specialist status.~~
5. ~~The terms, conditions and limitations that are in effect on each certificate of registration.~~
6. ~~A notation of every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 and has not been finally resolved, until the matter has been resolved.~~
7. ~~The result, including a synopsis of the decision, of every disciplinary and incapacity~~

~~proceeding, unless a panel of the relevant Committee makes no finding with regard to the proceeding.~~

8. ~~A notation of every finding of professional negligence or malpractice, which may or may not relate to the member's suitability to practise, made against the member, unless the finding is reversed on appeal.~~
9. ~~A notation of every revocation or suspension of a certificate of registration.~~
10. ~~A notation of every revocation or suspension of a certificate of authorization.~~
11. ~~Information that a panel of the Registration, Discipline or Fitness to Practise Committee specifies shall be included.~~
12. ~~Where findings of the Discipline Committee are appealed, a notation that they are under appeal, until the appeal is finally disposed of.~~
13. ~~Where, during or as a result of a proceeding under section 25 of the *Code*, a member has resigned and agreed never to practise again in Ontario, a notation of the resignation and agreement.~~
14. ~~Information that is required to be kept in the register in accordance with the By-Law.~~

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 ~~class of certificate of registration held by the Member and the~~ date on which the Member's current certificate was issued and cessation or expiration date;

~~**2.09** Where the Member's certificate of registration is subject to a suspension for failure to pay a fee or failure to complete his or her registration renewal, the reason for the suspension and the date of the suspension in addition to the fact of the suspension for every occurrence after January 1, 2016;~~

~~**2.10** Where the Member's certificate of registration is subject to an interim order, a notation of that fact, the nature of the order and the date that the order took effect;~~

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. ~~the fact and death of the Member if known after January 1, 2016~~;

~~**2.12** Information regarding registration with any other body that governs a profession, including disciplinary findings, whether inside or outside of Ontario made after January 1, 2016;~~

2.10 Where a Member has been charged with an offence ~~on or after January 1, 2016~~ under the *Criminal Code of Canada,* ~~or under the~~ *Health Insurance Act*, ~~or under the~~ *Controlled Drugs and Substances Act (Canada),* or any other ~~offence~~ charge that relates to the Member's suitability to practice, the fact and content of the charge, the date and place of the charge, ~~and,~~ where applicable bail conditions, and, where known the date and outcome of the charge(s);

2.11 Information about a finding by a court ~~made after January 1, 2016~~ that the Member has been found guilty of an offence ~~under the *Criminal Code of Canada*, or~~ under the *Health Insurance Act*, ~~or under the *Controlled Drugs and Substances Act (Canada),*~~ 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;

~~2.15 For every matter disposed of by the Inquiries, Complaints and Reports Committee after January 1, 2016 that requires a Member to appear before a panel to be orally/verbally cautioned:~~

~~i. a summary of the issue(s) that lead to the disposition,~~
~~ii. a summary of the caution,~~
~~iii. where applicable, a notation that the decision is under appeal,~~
~~iv. the date on which the caution was delivered by a panel;~~

~~2.16 For every matter disposed of by the Inquiries, Complaints and Reports Committee after January 1, 2016 that requires a Member to complete a Specified Continuing Education or Remediation Program (SCERP),~~

~~i. a summary of the issue(s) that lead to the disposition,~~
~~ii. the elements of the SCERP,~~
~~iii. where applicable, a notation that the decision is under appeal,~~
~~iv. the date on which the SCERP was completed;~~

~~2.17 For every matter disposed of by the Inquiries, Complaints and Reports Committee after January 1, 2016 that requires a Member to undertake certain actions as specified in an Undertaking, with the exception of matters related to incapacity,~~

~~i. a summary of the issue(s) that lead to the disposition,~~
~~ii. a summary of the Undertaking,~~
~~iii. where applicable, a notation that the decision is under appeal,~~
~~iv. the date on which the Undertaking was completed or concluded.~~

~~2.18 For every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee under section 26 of the *Code* and has not been finally resolved,~~

~~i. the date of the referral,~~
~~ii. the notice of hearing, exclusive of the Member's residential address,~~
~~iii. any hearing dates, times and location(s), including dates, times and location for the continuation of a hearing;~~

2.12 Any information jointly agreed to be placed on the register by the CRTO and the Member;

~~2.20 Information designated in S.23(2) of the *Code* and Article 33 of this By-Law related to health profession corporations;~~

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

~~34.22 Subject to Articles 34.01 and 34.02, a Member's name in the register shall be the full name indicated on the documents used to support the Member's initial registration with the CRTO.~~

~~34.23 The Registrar may enter a name other than the name referred to in Articles 34.01 and 34.02, in the register if the Registrar:~~

~~a) has received a written request from the Member;~~

~~b) is satisfied that the Member has legally changed his or her name; and~~

~~c) is satisfied that the name change is not for any improper purpose.~~

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 addressed to be posted as their business address~~;~~ for the purposes of the CRTO's public register. ~~In the event that the Member's business address is the same as the~~

~~Member's residential address the Registrar shall enter as the Member's business address contact information as designated by the Member.~~

2.16 Information that is subject to a publication ban shall not be placed in the register.

~~**Removal of Information from the Register**~~

~~34.27 Except as otherwise required by the *Code*, information may be removed from the register in respect of the requirements of Inquiries, Complaints and Reports Committee set out in Articles 34.12-34.18, six (6) years following the Member's completion of the panel's requirements if no other concerns of a similar nature have been reported to the CRTO within that time, the information does not relate to disciplinary proceedings concerning sexual abuse, and a written request is made by the Member;~~

~~34.28 Information contained in the register that has been removed in accordance with Articles 34.27 or CRTO policies may, upon written request be disclosed.~~

3. DUTY TO ~~REPORT~~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; and
    v. a description of respiratory therapy activities.
    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 ~~in which~~ the member's ~~was~~ impair~~ed~~ment or intoxication~~ed~~; 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 ~~Registrar~~ must provide~~receive~~ information satisfactory to the Registrar ~~to~~ confirming that the Member has legally changed their name; and

ii. The Registrar ~~is~~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;

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.

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 ~~his or her~~their General, Graduate or Limited certificate between March 1 and November 30;
b) who changes ~~his or her~~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.

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 ~~Each~~ fiscal year, the ~~each~~ 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 ~~By-Law 3: Membership,~~ 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. HONORARY CERTIFICATES OF REGISTRATION~~

~~6.01 The Council may designate a person who is not and never has been a member, to be an Honorary Member and may issue an Honorary Certificate of Registration to the person.~~

~~6.02 An Honorary Member is entitled to use the title "Honorary Member of the College of Respiratory Therapists of Ontario" and to display the Honorary Certificate of Registration issued by the CRTO.~~

~~6.03 An Honorary Member cannot, by virtue of his or her Honorary Member status, vote or run for election to Council, or perform a controlled act or use a title other than that set out in subsection 38.02.~~

~~6.04 The Council can withdraw the designation of an Honorary Member or an Honorary Certificate of Registration.~~

~~7. LIFE MEMBERSHIP~~

~~7.01 The Council may designate a person who is or was a member and who is permanently retired from the practice of respiratory therapy, to be a Life Member, and may issue a Certificate of Life Membership in the CRTO to the person.~~

~~7.02 A Life Member is entitled to use the title "Life Member of the College of Respiratory Therapists of Ontario" or "membres à vie", and to display the Certificate of Life Membership issued by the CRTO.~~

~~7.03 A Life Member may vote in an election of Council Members, may be invited to attend all meetings of members and receive regular mailings to Members, but cannot, by virtue of his or her Life Member status, run for election to Council, or perform a controlled act, hold himself or herself out as a as a person who is qualified to practise in Ontario as a respiratory therapist or use a title other than that set out in subsection 39.02.~~

~~7.04 The Council can withdraw the designation of Life Member and the Certificate of Life Membership.~~

8. PROFESSIONAL LIABILITY INSURANCE

8.01 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

8.02 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.

Answers to Questions
By-Laws Consultation 2021
As of: 2/12/2022 3:30:47 PM

Page: About You

Question: Are you a...

Number Who Answered: 15

Respiratory Therapist (including retired)	14	93 %
Student of a Respiratory Therapy Program	1	7 %

Question: I live in...

Number Who Answered: 15

Ontario	13	87 %
Canada, but outside Ontario	2	13 %

Page: Questions By-Law #1

By-Law #1: General CRTO Administration Consultation 2021

Question: 1. Is the purpose of the By-Law #1 Amendments are clear?

Number Who Answered: 11

Yes	No
11	0
100 %	0 %

Question: If no, please provide further details:

Number Who Answered: 0

Question: 2. Do you agree that the Amended By-Law #1 is clear and understandable?

Number Who Answered: 11

Yes	No
11	0
100 %	0 %

Question: If no, please provide further details:

Number Who Answered: 0

Question: 3. Are the Amendments to By-Law #1 free from omissions and/or errors?

Number Who Answered: 11

Yes	No
11	0
100 %	0 %

Question: If no, please provide further details:

Number Who Answered: 0

Question: 4. Do the amendments to By-Law #1 provide you with sufficient understanding of the expectations?

Number Who Answered: 10

Yes	No
10	0
100 %	0 %

Question: If no, please provide further details:

Number Who Answered: 0

Question: 5. Do you have any additional comments regarding By-Law #1 you would like to share?

Number Who Answered: 0

Page: Additional Comments

Question: Do you have any additional comments you would like to share?

Number Who Answered: 0

Page: By-Law #2: Council and Committees

By-Law #2: Council and Committees

Number Who Answered: 0

Page: Questions By-Law #2

Question: By-Law #2: Council and Committees

Question: 1. Is the purpose of the By-Law #2 Amendments are clear?

Number Who Answered: 10

Yes	No
10	0
100 %	0 %

Question: If no, please provide further details:

Number Who Answered: 0

Question: 2. Do you agree that the Amended By-Law #2 is clear and understandable?

Number Who Answered: 10

Yes	No
10	0
100 %	0 %

Question: If no, please provide further details:

Number Who Answered: 0

Question: 3. Are the Amendments to By-Law #2 free from omissions and/or errors?

Number Who Answered: 10

Yes	No
10	0
100 %	0 %

Question: If no, please provide further details:

Number Who Answered: 0

Question: 4. Do the amendments to By-Law #2 provide you with sufficient understanding of the expectations?

Number Who Answered: 10

Yes	No
10	0
100 %	0 %

Question: If no, please provide further details:

Number Who Answered: 0

Question: 5. Do you have any additional comments regarding By-Law #2 you would like to share?

Number Who Answered: 0

Page: Questions By-Law #3

By-Law #3: Membership

Question: 1. Is the purpose of the By-Law #3 Amendments clear?

Number Who Answered: 10

Yes	No
10	0
100 %	0 %

Question: If no, please provide further details:

Number Who Answered: 0

Question: 2. Do you agree that the Amended By-Law #3 is clear and understandable?

Number Who Answered: 10

Yes	No
10	0
100 %	0 %

Question: If no, please provide further details:

Number Who Answered: 0

Question: 3. Are the Amendments to By-Law #3 free from omissions and/or errors?

Number Who Answered: 10

Yes	No
10	0
100 %	0 %

Question: If no, please provide further details:

Number Who Answered: 0

Question: 4. Do the amendments to By-Law #3 provide you with sufficient understanding of the expectations?

Number Who Answered: 10

Yes	No
10	0
100 %	0 %

Question: If no, please provide further details:

Number Who Answered: 0

Question: 5. Do you have any additional comments regarding By-Law #3 you would like to share?

Number Who Answered: 0