



CRTO COUNCIL MEETING AGENDA

March 05, 2021

9:00 am to 1:00 pm

Virtual Meeting – Zoom

Link: <https://us02web.zoom.us/j/85266700980>

Meeting ID: 852 6670 0980

Passcode: 963741

Time	Item	Agenda	Page No.	Speaker / Presenter	Action
09:00	1.0	Introduction and Guests		Ally Chadwick	
	2.0	Approval of Council Agenda*		Ally Chadwick	Decision
	3.0	Strategic Issues			
	3.1	College Performance Management Framework – Draft Submission to MOH*	1 - 86	Kevin Taylor	Discussion
	3.2	Strategic Objectives – 2021/2022*	87 - 90	Kevin Taylor	Decision
	3.3	Budget 2021/2022*	91 - 98	Kevin Taylor	Decision
	4.0	Operational & Administrative Issues			
	4.1	Registrar + Staff Activity Report*	99 - 102	Kevin Taylor	Information
	4.2	Financial Statements*	103 - 108	Kevin Taylor	Information
	4.3	Investment Portfolio*	109 - 110	Kevin Taylor	Information
	4.4	ORAC Annual Fee Comparison Results*	111 - 113	Kevin Taylor	Information
	4.5	Commitment to Ethical Practice – Revisions for Stakeholder Feedback*	114 - 204	Kelly Arndt	Decision
	4.6	Use of Social Media by RTs PPG – Draft for Stakeholder Feedback*	205 - 210	Kelly Arndt	Decision
	5.0	Consent Agenda Items			
	5.1	Minutes from Dec. 04, 2020*	211 - 220	*One motion will be used to approve all items in the consent agenda	

**One motion will be used to approve all consent agenda items. There will be no discussion of the consent agenda items unless specific questions/issues are identified at this point in the agenda. Simple clarification of a particular item under the consent agenda can be addressed, however, should any Council member feel that an item requires discussion then the item will be removed and placed on the regular agenda.*



5.2	Membership Statistics*	221	Lisa Ng	
5.3	Executive Committee Report*	222	Ally Chadwick	
5.4	Registration Committee Report*	223 - 224	Christa Krause	
5.5	Quality Assurance Committee Report*	225	Rhonda Contant	
5.6	Patient Relations Committee Report*	226	Michelle Causton	
5.7	Inquiries, Complaints and Reports Committee Report*	227 - 228	Jeff Earnshaw	
5.8	Discipline Committee Report*	229	Lindsay Martinek	
5.9	Fitness to Practise Committee Report*	230	Lindsay Martinek	
	6.0	Committee Items Arising		
	6.1	Executive Committee Items:		
		No items for this meeting	Ally Chadwick	
	6.2	Registration Committee Items:		
6.2.1	Approval of RT Educational Programs*	231 - 240	Christa Krause	Decision
	6.3	Quality Assurance Committee Items:		
		No items for this meeting	Rhonda Contant	
	6.4	Patient Relations Committee Items:		
6.4.1	PRC Terms and Action Plans*	241 - 253	Michelle Causton	Decision
	6.5	Inquiries, Complaints & Reports Committee Items:		
		No items for this meeting	Jeff Earnshaw	
	6.6	Discipline & Fitness to Practise Committees Items:		
		No items for this meeting	Lindsay Martinek	
	7.0	Legislative and General Policy Issues		
		No items for this meeting		
	8.0	Other Business		

**One motion will be used to approve all consent agenda items. There will be no discussion of the consent agenda items unless specific questions/issues are identified at this point in the agenda. Simple clarification of a particular item under the consent agenda can be addressed, however, should any Council member feel that an item requires discussion then the item will be removed and placed on the regular agenda.*



	9.0	Next Meeting Council: May 28, 2021
	10.0	Adjournment
		Open Forum

**One motion will be used to approve all consent agenda items. There will be no discussion of the consent agenda items unless specific questions/issues are identified at this point in the agenda. Simple clarification of a particular item under the consent agenda can be addressed, however, should any Council member feel that an item requires discussion then the item will be removed and placed on the regular agenda.*

College of Respiratory Therapists of Ontario

COLLEGE PERFORMANCE MANAGEMENT FRAMEWORK (CPMF)

Summary Report

The CPMF consists of 7 Domains, which then include 15 Standards and 41 Measures.

The 7 Domains are:

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

For each measure, the CRTO was asked to self-score and indicate whether the measure has been fulfilled, responding with either Yes, Partial or No.

Overall Scoring

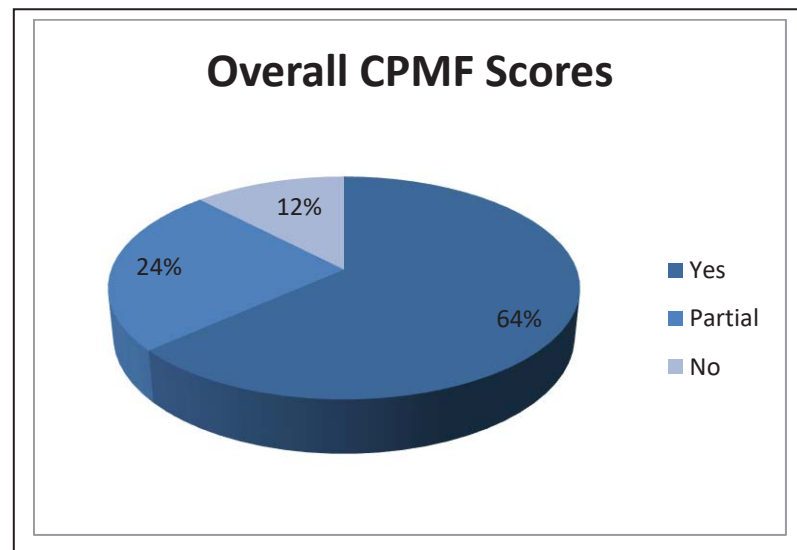
In the draft CRTO Report, we scored the following:

Total # of Measures = 41

YES = 26 Measures

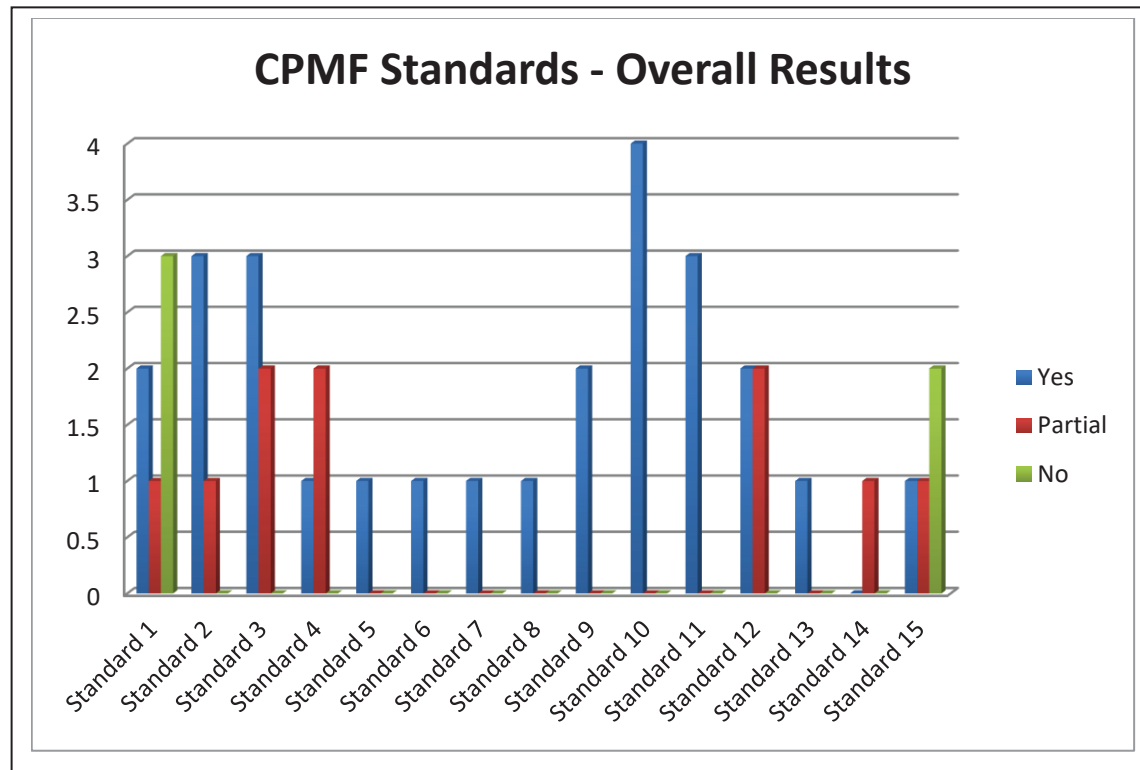
PARTIAL = 10 Measures

NO = 5 Measures



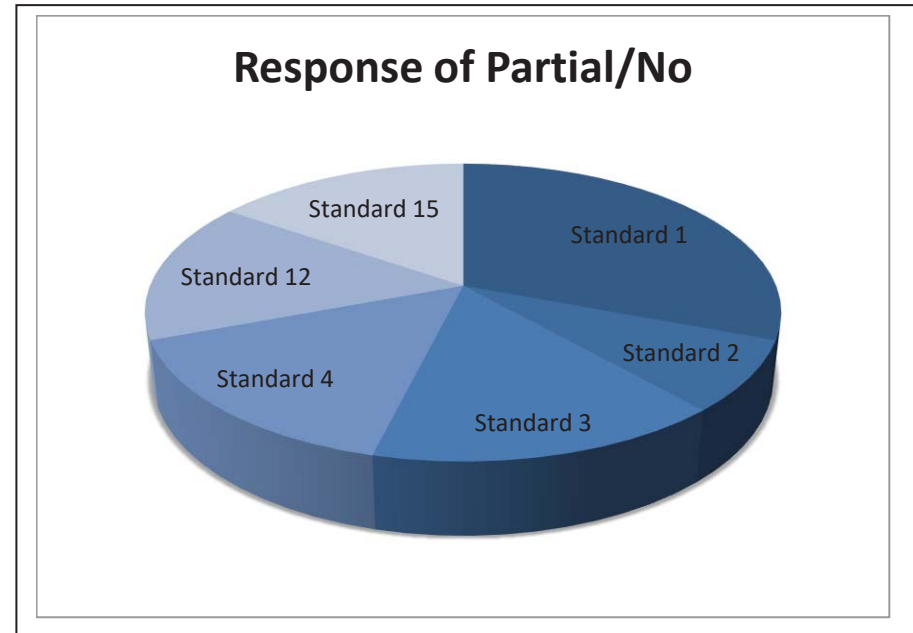
Areas of Strength

The CRTO scored best in Standards 5-11, 13, 14. More specifically, we scored well on measures pertaining to: functioning effectively as a system partner, effective information management, administration of our statutory functions (registration, quality assurance and practice, professional conduct).



Areas for Improvement

The CRTO identified areas for improvement in Standards 1-4, 12 and 15. More specifically, this pertains to: Governance and transparency practices (revised eligibility criteria for elections, governance-related info available on the website), evaluation of Council and Committees and subsequent ongoing training, more stringent conflict of interest practices, and expanded KPIs and operational reporting for Council and the public.



Specific Initiatives in Response to our Results

Domain	Measure	CRTO Score	Report Page No.	Initiative(s)
Governance	1.1 a	Partial	11	<ul style="list-style-type: none">Place eligibility criteria for election to Council/Non-Council Committee positions on website (currently found only on the nomination/eligibility form).Offer orientation to the CRTO as an online module to be completed prior to running for election, as part of eligibility criteria.Continue to offer in-person orientation for public appointees and support attendance at the HPRO Governance Workshop

Governance	1.1 b	Yes	14	<ul style="list-style-type: none"> Place eligibility criteria for members elected or appointed to statutory committees on website (currently found only on the nomination/eligibility form).
Governance	1.2 a	No	17	<ul style="list-style-type: none"> Develop a framework to regularly evaluate the effectiveness of Council and committees, Council and committee meetings, and the performance of Council and committee membership.
Governance	1.2 c	No	18	<ul style="list-style-type: none"> Identify ongoing training needs for Council and committee members, informed by the results of the evaluation.
Governance	2.1 c	Partial	18	<ul style="list-style-type: none"> Add a guide document to Council packages defining conflicts of interest and questions aimed at assisting Council members in identifying COI.
Governance	3.1 a	Partial	22	<ul style="list-style-type: none"> Develop a comprehensive General Operational Report/Dashboard for Council that will incorporate the status of initiatives and decisions.
Governance	3.1 b	Partial	23	<ul style="list-style-type: none"> Place agendas for Executive Committee meetings on website and continue to report on activities at the Executive Committee in the publicly available materials for each Council meeting. Explore placing agendas for all committees on the CROTO online calendar.
Resources	4.1 b	Partial	25	<ul style="list-style-type: none"> Develop a policy to define the amounts required in the CROTO financial reserves. This should be reviewed and validated by our auditor.
Resources	4.1 c	Partial	27	<ul style="list-style-type: none"> Include an HR element in the General Operational Report/Dashboard to be developed in 2021.
Suitability to Practice	12.1 a	Partial	57	<ul style="list-style-type: none"> Complete an assessment of our practices to identify areas requiring a change in how they are handles in our professional documents (e.g. an item that is currently a checklist may be better as a policy, etc.)

Suitability to Practice	12.1 b	Partial	58	<ul style="list-style-type: none"> Establish 5 days as an expected response time for inquiries from the public. Continue to monitor response times.
Measurement, Reporting and Improvement	15.1 a	No	64	<ul style="list-style-type: none"> Revise and expand the scope of the risk register for the CRTO. Develop a battery of KPIs based on i) Strategic priorities, ii) Regulatory functions, and iii) Operational practices. Place these in the General Operational Report/Dashboard.
Measurement, Reporting and Improvement	15.2 a	Partial	65	<ul style="list-style-type: none"> Include General Operational Report/Dashboard in the Council minutes available on the CRTO website.
Measurement, Reporting and Improvement	15.3 a	No	66	<ul style="list-style-type: none"> Develop a version of the General Operational Report/Dashboard for the public and maintain on the CRTO website.

College Performance Measurement Framework (CPMF) Reporting Tool

December 2020

Introduction 2

 The College Performance Measurement Framework (CPMF)..... 2

 The Proposed CPMF Reporting Tool 7

Part 1: Measurement Domains..... 11

 Domain 1: Governance..... 11

 Domain 2: Resources..... 25

 Domain 3: System partner 28

 Domain 4: Information management 34

 Domain 5: Regulatory policies 38

 Domain 6: Suitability to practice..... 43

 Domain 7: Measurement, reporting, and improvement 64

Part 2: Context Measures 66

INTRODUCTION

THE COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

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

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

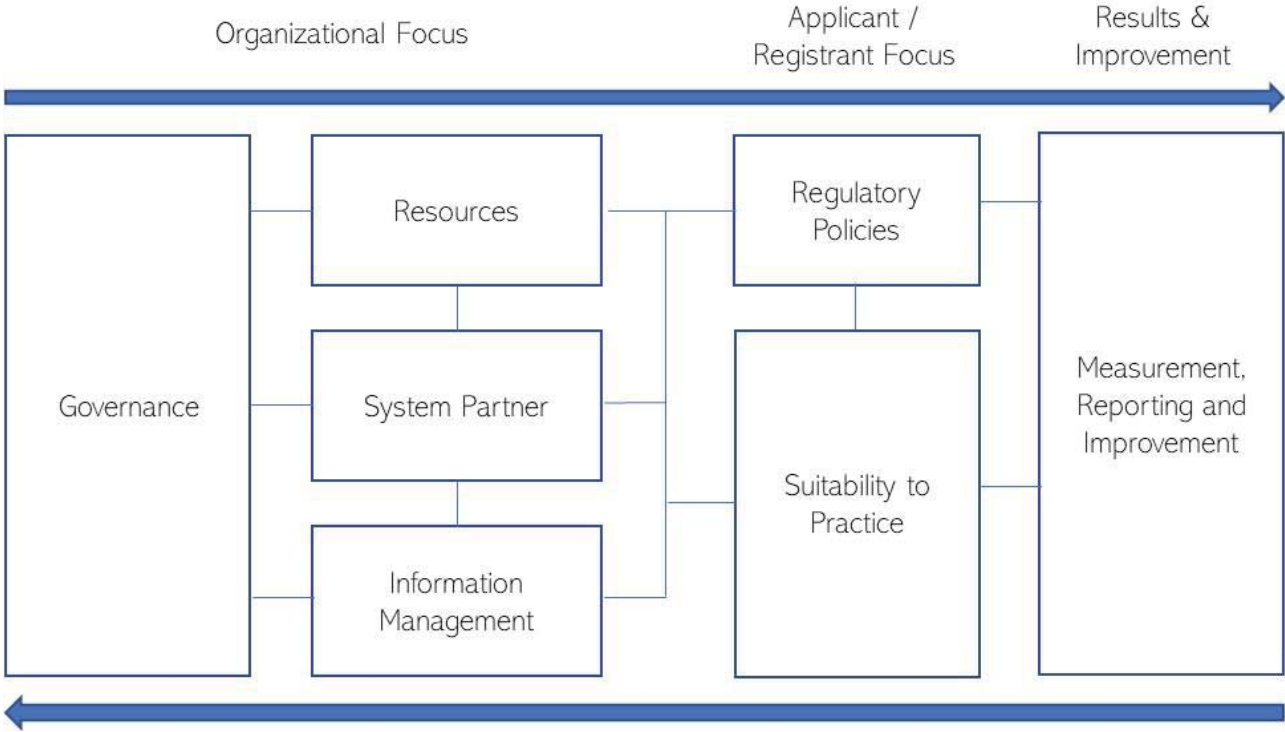
a) Components of the CPMF:

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

b) Measurement domains:

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

Figure 1: CPMF Model for measuring regulatory excellence



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

Table 1: Overview of what the Framework is measuring

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

c) Standards, Measures, Evidence, and Improvement:

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

Example:

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

THE CPMF REPORTING TOOL

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

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

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

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

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

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

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

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

Completing the CPMF Reporting Tool

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

Furthermore,

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

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

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

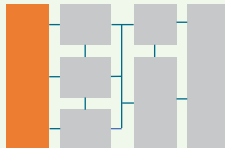
The areas outlined in red in the example below are what Colleges will be asked to complete.

Example:


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

PART 1: MEASUREMENT DOMAINS

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

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

		<p>viii. Have not, within the previous 12 months, been an employee, director, officer or elected member of a professional association (e.g. CSRT, RTSO) or special interest group related to the profession. An "Elected Member" in a professional association would be a position on their executive/board</p> <p>ix. Have not, within the previous 12 months, been an employee, director, officer, or elected member of a working group or committee of an organization which develops or produces “entry to practice” examinations related to the profession</p> <p>x. Have not, within the previous 3 years, been disqualified from sitting as a CROTO Council or Committee member</p> <p>xi. Have not, within the previous 6 years, had their certificate of registration suspended or revoked as a result of a professional misconduct, incompetence or incapacity proceeding</p> <p>xii. Do not have any criminal charges or convictions pending or found against them that would bring the CROTO or the regulatory sector into disrepute</p> <p>xiii. Do not have a social media presence that could bring the CROTO or the regulatory sector into disrepute</p> <p>• Duration of orientation training:</p> <p>1.5 Hrs for the general CROTO orientation. This is provided to both elected members of the profession (Council and Non-Council) and to LGIC-appointed public members of Council.</p> <p>• Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end):</p> <p>Conducted in-person (currently via video call) with the Registrar & CEO</p> <p>• Insert a link to website if training topics are public <i>OR</i> <u>list orientation training topics:</u></p> <p>General Orientation Outline</p> <ul style="list-style-type: none"> • How self-regulation works • Legislative framework under which the CROTO operates • Duty and objects of the College • Role of Council and statutory committees • Current strategic priorities for the CROTO • Current issues being considered by Council and respective committees • How meetings are held, frequency, etc. • Hierarchy of documents used for College business (i.e. regulations, by-laws, policies, standards, etc.) • Roles and responsibilities of Council and Committee members
--	--	---

		<ul style="list-style-type: none">• CRYPTO Staff structure and contact list• Privacy and Confidentiality• Commitment to transparency• How to navigate the CRYPTO intranet and access relevant meeting materials• Document security
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
		<i>Additional comments for clarification (optional):</i> Currently, the nomination criteria and required competencies are not available on our public website – only on the nomination form itself. We intend to include the criteria with the general election information found on the CRYPTO website. The orientation is currently offered in-person and only after an individual has been elected or appointed. We intend to make it available as a stand-alone module that must be completed prior to confirming a nominee’s eligibility. Public members appointed by the LGIC are not required to meet these eligibility criteria. We will continue to offer it post-appointment and prior to attending their first Council meeting. This last year, general regulatory governance training was offered through the Health Professions Regulators of Ontario (HPRO). We offered this to all Council (elected or appointed) and Non-Council Committee members as optional additional training. We’ve had 6 Council members, 2 Public members, and 3 Non-Council Committee members attend. The course content was as follows: <div> HPRO Governance Training for RHPA Col</div>
	b. Statutory Committee candidates have:	The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>

	<div><div>i. met pre-defined competency / suitability criteria, and</div><div>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.</div></div>	<div><div><div><div><div><div></div></div></div><div><div>The competency / suitability criteria are public: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></div></div></div><div><div><i>If yes, please insert link to where they can be found, if not please list criteria:</i></div></div></div><div><div>The criteria are the same as for the general election. Committee members who were elected met the nomination eligibility criteria. Council members who were appointed by the LGIC will not necessarily have met those criteria yet will undergo the same orientation as any elected member. For any individual who is appointed to serve on a committee (to fill a vacancy, for example), must meet the same eligibility criteria as someone seeking election prior to being considered for appointment to the committee.</div><div>Once elected/appointed, the background skills and experience of each member is considered and then aligned with the work of the various committees. For example, if an elected or appointed committee member has a background in education, the work of the registration committee aligns well with that experience.</div><div>When making committee appointments, the Executive Committee considers the following:</div><div><div><div><div><div></div></div></div><div><div>Appendix A</div><div>Committee Member A</div></div></div><div><div><div><div></div></div></div><div><div>Duration of each Statutory Committee orientation training:</div><div>1-3 hrs., depending on the committee and format (in-person orientation is longer than virtual).</div></div><div><div><div><div></div></div></div><div><div>Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end):</div><div>Orientation is typically conducted in-person at the first meeting of the year. In light of the pandemic, orientation has been conducted virtually via video call this past year and is compressed to 1 hr in length.</div></div></div></div></div></div></div>
--	--	--

		<ul style="list-style-type: none">Insert link to website if training topics are public OR list orientation training topics for Statutory Committee: <p>Orientation for the various statutory committees follows a common general outline:</p> <ul style="list-style-type: none">Legislated role of the committeeReview of the current goals and terms of referenceMeeting scheduleAwareness of biasHow to identify and declare a conflict of interestSpecifics of any programs conducted/overseen by the committee (e.g. professional development program under the Quality Assurance Committee, psychometric review report from the credentialling exam conducted by the Canadian Board for Respiratory Care, etc.)Case examples to illustrate common issues faced by the various panels making decisions (e.g. a currency issue in someone applying for registration, a conduct issue when considering a Complaint, etc.) <p>Sexual Abuse Awareness training is added to the orientation for members of the Patient Relations Committee.</p>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional):</i> These criteria will also be made public in 2021.
	c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.	<div>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></div> <ul style="list-style-type: none">Duration of orientation training: 1.5 Hrs for the general CRTO orientation.Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end):

		<p>Conducted in-person (currently via video call) with the Registrar & CEO</p> <ul style="list-style-type: none">• Insert link to website if training topics are public OR list orientation training topics: <p>General Orientation Outline</p> <ul style="list-style-type: none">• How self-regulation works• Legislative framework under which the CROTO operates• Duty and objects of the College• Role of Council and statutory committees• Current strategic priorities for the CROTO• Current issues being considered by Council and respective committees• How meetings are held, frequency, etc.• Hierarchy of documents used for College business (i.e. regulations, by-laws, policies, standards, etc.)• Roles and responsibilities of Council and Committee members• CROTO Staff structure and contact list• Privacy and Confidentiality• Commitment to transparency• How to navigate the CROTO intranet and access relevant meeting materials• Document security• How to submit claim forms for reimbursement from the Public Appointments Secretariat <p>As mentioned in Section 1.1, public members were also offered the opportunity to attend the HPRO Governance Training Workshops. We’ve had 2 public members attend this course in 2020-2021.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
--	--	---

		<i>Additional comments for clarification (optional):</i>
1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <div>i. Council meetings</div> <div>ii. Council</div>	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input checked="" type="checkbox"/>
		<div>• Year when Framework was developed OR last updated:</div> <div>• Insert a link to Framework OR link to Council meeting materials where (updated) Framework is found and was approved: <insert link></div> <div>• Evaluation and assessment results are discussed at public Council meeting: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></div> <div>• If yes, insert link to last Council meeting where the most recent evaluation results have been presented and discussed:</div>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>
	b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input checked="" type="checkbox"/>
		<div>• A third party has been engaged by the College for evaluation of Council effectiveness: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></div> <div><i>If yes, how often over the last five years? <insert number></i></div> <div>• Year of last third-party evaluation: <insert year></div>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></i>


		<i>Additional comments for clarification (optional)</i>
	c. Ongoing training provided to Council has been informed by:	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input checked="" type="checkbox"/>
	i. the outcome of relevant evaluation(s), and/or	<ul style="list-style-type: none">• Insert a link to documents outlining how outcome evaluations and/or needs identified by members have informed Council training;
	ii. the needs identified by Council members.	<ul style="list-style-type: none">• Insert a link to Council meeting materials where this information is found OR• Describe briefly how this has been done for the training provided <u>over the last year</u>.
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional):</i>
Standard 2		
Council decisions are made in the public interest.		
Measure	Required evidence	College response
2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is accessible to the public.	The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> <ul style="list-style-type: none">• Year when Council Code of Conduct and ‘Conflict of Interest’ Policy was implemented OR last evaluated/updated: In use since 2002.• Insert a link to Council Code of Conduct and ‘Conflict or Interest’ Policy OR Council meeting materials where the policy is found and was discussed and approved:


		https://www.crto.on.ca/pdf/Policies/Code_of_Conduct.pdf Additional conflict of interest material can be found in the CRTO By-laws, Article 18.05 to 18.14. https://www.crto.on.ca/pdf/Bylaws/bylaws.pdf
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>
	b. The College enforces cooling off periods ² .	<div>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></div> <div><ul style="list-style-type: none">Cooling off period is enforced through: Conflict of interest policy <input type="checkbox"/> By-law <input checked="" type="checkbox"/> Competency/Suitability criteria <input checked="" type="checkbox"/> Other <please specify>The year that the cooling off period policy was developed OR last evaluated/updated: Last evaluated in 2020 for the upcoming elections and eligibility criteria.How does the college define the cooling off period?<ul style="list-style-type: none">Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced: CRTO By-Laws Section 16.10 https://www.crto.on.ca/pdf/Bylaws/bylaws.pdfinsert a link to Council meeting where cooling of period has been discussed and decided upon; OR</div>

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


		<div>– where not publicly available, please describe briefly cooling off policy:</div> <div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Additional comments for clarification (optional)</div>
	<div>c. The College has a conflict of interest questionnaire that all Council members must complete annually.</div> <div>Additionally:</div> <div><div>i. the completed questionnaires are included as an appendix to each Council meeting package;</div><div>ii. questionnaires include definitions of conflict of interest;</div><div>iii. questionnaires include questions based on areas of risk for conflict of interest</div></div>	<div>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></div> <div><div><div>• The year when conflict of interest the questionnaire was implemented OR last evaluated/updated</div><div>Conflict of interest is addressed annually by having each Council/Committee member complete a record of affiliations. This allows them to identify any organizations or individuals who they have a relationship with which may translate to a conflict. Conflicts of interest for each specific topic at Council or at a committee meeting are appraised at the meeting itself or in preparation for the meeting (for example, if there is a complaint matter being discussed at an ICRC panel, the prospective panel members are asked to declare any conflicts with the member in question prior to being selected for the panel).</div><div>The Record of Affiliations is reviewed and updated annually.</div></div></div>


	<p>identified by Council that are specific to the profession and/or College; and</p> <p>iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u>.</p>	<ul style="list-style-type: none">Member(s) update his or her questionnaire at each Council meeting based on Council agenda items: Always <input checked="" type="checkbox"/>* Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/>Insert a link to most recent Council meeting materials that includes the questionnaire: <p>* Rather than complete a questionnaire each time, the Chair asks at the beginning of each Council meeting if any member has a conflict to declare for any of the items on the agenda. We feel that this approach is nimble and less administratively burdensome. It also allows a Council member the flexibility to declare a conflict at any point in the meeting, should the need arise.</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p> <p><i>We will add a guide document to Council packages defining conflicts of interest and questions aimed at assisting Council members in identifying COI.</i></p>
	<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale (See Appendix A) and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>
		<ul style="list-style-type: none">Describe how the College makes public interest rationale for Council decisions accessible for the public: Each item for decision is presented to Council with a briefing note that contains a decision support tool outlining 9 considerations for Council when debating the item. These considerations go beyond a simple question of whether something is in the public interest and asks if it is related to the practice of Respiratory Therapy, if it falls within the mandate of the CRTO, if it rests in the public interest, etc. The briefing notes are structured to allow the Council members (and any interested members of the public) to form an opinion on those considerations of public interest.Insert a link to meeting materials that include an example of how the College references a public interest rationale:

		<div></div> <div>Item 4.5 - Revised Interpretation of Auth</div> <div>This item was discussed at the March 2020 Council meeting.</div> <div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Additional comments for clarification (if needed)</div>
Standard 3		
The College acts to foster public trust through transparency about decisions made and actions taken.		
Measure	Required evidence	College response
3.1 Council decisions are transparent.	a. Council minutes (once approved) are clearly posted on the College’s website. Attached to the minutes is a status update on implementation of Council decisions to date (e.g. indicate whether decisions have been implemented, and if not, the status of the implementation).	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/>
		<div>• Insert link to webpage where Council minutes are posted:</div> <div>https://www.crto.on.ca/public/about-us/upcoming-meetings/</div>
		If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
		Additional comments for clarification (optional)
		The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/>

	<p>b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information).</p> <ul style="list-style-type: none">i. the meeting date;ii. the rationale for the meeting;iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; andiv. if decisions will be ratified by Council.	<ul style="list-style-type: none">• Insert a link to webpage where Executive Committee minutes / meeting information are posted: <p>The Executive Committee meets roughly 6 times each year. A report from the Chair is always included in the Council packages outlining activities of the committee over the preceding 3 months, including any items meeting the criteria of this standard. An example from September 2020:</p> <div><p>2020-09-25 Council Meeting Minutes - pu</p></div> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p> <p>We feel that the reporting on Exec committee activities is working well, yet we could place the agendas on the website ahead of the meetings. We will, however, explore how to place the agendas for all committees on our website calendar of upcoming events (Council meetings, etc).</p>
	<p>c. Colleges that have a strategic plan and/or strategic objectives post them clearly on the College’s website (where a College does not have a strategic plan, the activities or programs it plans to undertake).</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none">• Insert a link to the College’s latest strategic plan and/or strategic objectives: <p>https://www.crto.on.ca/public/resources-and-links/strategic-planning/</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>

3.2 Information provided by the College is accessible and timely.	a. Notice of Council meeting and relevant materials are posted at least one week in advance.	The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>
	b. Notice of Discipline Hearings are posted at least one week in advance and materials are posted (e.g. allegations referred)	The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>

DOMAIN 2: RESOURCES		
Standard 4		
The College is a responsible steward of its (financial and human) resources.		
Measure	Required evidence	College response
4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	<div>a. The College’s strategic plan (or, where a College does not have a strategic plan, the activities or programs it plans to undertake) has been costed and resources have been allocated accordingly.</div> <div><u>Further clarification:</u> A College’s strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.</div>	<div>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></div>
		<div><div><div>• Insert a link to Council meeting materials that include approved budget OR link to most recent approved budget:</div><div><div>Council Package - website.pdf</div></div></div></div>
		<div><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input type="checkbox"/></div>
		<div><i>Additional comments for clarification (optional)</i></div>

	<div>b. The College:<div><div>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and furthermore, sets out the criteria for using the reserves;</div><div>ii. possesses the level of reserve set out in its “financial reserve policy”.</div></div></div>	<div>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></div> <div>If applicable:<div><div>• Insert a link to “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved:</div><div>• Insert most recent date when “financial reserve policy” has been developed OR reviewed/updated:</div><div>• Has the financial reserve policy been validated by a financial auditor? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></div></div></div> <div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></div> <div><div>Additional comments for clarification (if needed)</div><div>The level of reserves is typically discussed with our auditor during the annual audit, mainly to ensure that they are within an appropriate range for a not-for-profit organization of our size.</div><div>The CRTO also has investment guidelines articulated within its by-laws (Article 9) and further detail in its Investment Policy (see below). Both of these are intended to guide <i>how</i> the reserves are managed...yet we do not have a policy to guide the levels of the reserves. We can amend our policy to include this.</div><div><div></div><div>Policy and Procedure-CP-Investr</div></div></div>
--	--	---

	<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes ensuring that the organization has the workforce it needs to be successful now and, in the future (e.g. processes and procedures for succession planning, as well as current staffing levels to support College operations).</p>	<div>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></div> <div><ul style="list-style-type: none">Insert a date and link to Council meeting materials where the College's Human Resource plan, as it relates to the Operational and Financial plan, was discussed.</div> <div><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i></div> <div><i>Additional comments for clarification (optional)</i> HR succession planning has been addressed yet more as an FYI to Council than a written “plan”. We intend to formalize this as part of a revised operations report to Council in 2021.</div>
--	--	--

DOMAIN 3: SYSTEM PARTNER	
<div>Standard 5</div> <div>The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</div>	
<div>Standard 6</div> <div>The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations.</div>	
<div>Standard 7</div> <div>The College responds in a timely and effective manner to changing public expectations.</div>	
<div>Measure / Required evidence: N/A</div>	College response
	<div>Colleges are requested to provide a narrative that highlights their organization’s best practices for each of the following three standards. An exhaustive list of interactions with every system partner the College engages is not required.</div> <div>Colleges may wish to provide Information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of that dialogue. For the initial reporting cycle, information may be from the recent past, the reporting period, or is related to an ongoing activity (e.g., planned outcomes).</div>

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

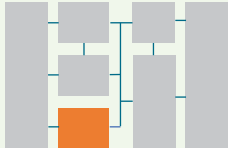
Standard 5 – Aligning Oversight of Profession and Supporting Execution of Mandate





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

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


Standard 6	
Relationships Relating to Public Expectations	
<p>As a backdrop to the information below, we have historically found it difficult to interface effectively with the public (such as for input on standards and practice guidelines, as outreach related to our patient relations program, etc.). Due to the nature of RT practice, patients do not typically “choose” their RT and the vast majority are involved with patients as part of a team (i.e as part of the ICU staff caring for all critically ill patients), as opposed to them facing a choice of sole practitioners to visit for a specific intervention (e.g. a visit to a chiroprapist).</p> <p>As such, we endeavor to stay abreast of changing public expectation through relationships and information sharing with those who do have more ready access to public opinion.</p>	
Organization	Role in Understanding Changing Public Expectations
Citizens’ Advisory Group (CAG)	<ul style="list-style-type: none">Currently administered by the CPSO, the CAG is a member-funded entity (the members being regulatory bodies) which consists of a panel of citizens, selected so as to provide feedback to regulators on any given topic/initiative through the “public lens”The CRTO is currently a member of the CAG.
Office of the Fairness Commissioner	<ul style="list-style-type: none">An organization with a mandate to enforce the application of Fairness legislation as it relates to the registration practices of regulators.The OFC is often the recipient of complaints or concerns brought forward by applicants who trained outside of Canada. In light of that valuable insight into the challenges and expectations of that group, we view this office as both a resource and advisory to guide the development and application of our competency-based assessment and registration practices.
Ontario Home Respiratory Services Association	<ul style="list-style-type: none">This advocacy group for companies providing respiratory-based care in the homecare setting (i.e. home oxygen, CPAP, etc.) is an organization we maintain a relationship with to better assist us in understanding the challenges and concerns of the home care sector.This can be a very helpful way to better understand the changing needs of patients in the home and community setting.
Health Professions Regulators of Ontario (HPRO)	<ul style="list-style-type: none">An organization comprised of the Registrars of al health professions regulators in Ontario, HPRO provides opportunities for networking and developing collaborative relationships, as well as coordinating a number of working groups (e.g. prevention of sexual abuse, diversity and inclusion, Deputy Registrars’ peer group, etc.) and training opportunities (e.g. a series of Regulation 101 videos, discipline hearing training, etc.) for health regulators, their Board members, and their staff.Since all of us interact with members of the public (and even have public appointees on our Council/Board), sharing that information amongst each other is an effective way to stay abreast of developments in the health care system.HPRO maintains a public-facing website and supports a robust communications strategy to better reach and inform Ontarians as to what services are offered by regulatory bodies and how to access them.

Standard 7	
Response to Changing Public Expectations	
The following initiatives have been areas of focus for the CRTO in response to changing public expectations:	
Topic	Activities
Shifting emphasis on care at home	<ul style="list-style-type: none">Working in collaboration with the other RT regulators in Canada, the CRTO was the leading voice advocating for expanded community-based care elements in the current national entry-to-practice competencies framework.
Surfacing Systemic Discrimination	<ul style="list-style-type: none">Recognizing a need to ensure inclusivity and a lack of bias in both our practices and decision-making, all staff at the CRTO worked together over the summer 2020 to gather a range of resources in support of those goals. In addition, we developed a policy review tool that allowed us to specifically identify opportunities to reduce bias an increase inclusivity. This now serves as our policy development tool and as the basis for developing briefing documents for decisions to be made by Council and committees.We began our policy review with staff-focused policies first, seeking to ensure we had our ow house in order before looking outward. Next, we began reviewing member-facing policies such as those relating to registration and quality assurance. Next will be those relating to professional conduct and then to Council itself (we already have sexual abuse training for members of the PRC and anti-bias training for members of the Registration Committee).All staff responsible for developing or contributing to the development of policies in the CRTO were enrolled in a policy development program through the Professional Development Institute of the University of Ottawa. The course will complement the work already underway and will conclude in late October 2020.
Transparency	<ul style="list-style-type: none">Like all health professions regulators in Ontario, the CRTO actively participated in enhancing the transparency of information, processes and decision-making for all regulatory functions. Our public register has expanded information available, we added visual flags to better identify concerns for a reader and, have implemented feedback forms for processes such as complaints and competency assessment to better understand and respond to feedback from those involved.
Governance	<ul style="list-style-type: none">Similarly, we have begun working to strengthen and improve our governance processes, in the interest of providing better decisions for the public we interact with.We provide all decision-making panels with relevant policies and guidelines to support decision-making and provide, where relevant, precedents of decisions made previously in similar circumstances. This aids in promoting consistent decision-making.We expanded the eligibility requirements and candidate information this year for elections for Profession members of Council and Committees. This not only signals to the profession the type of experience and competencies that are preferred (required?) when serving at the CRTO but to hopefully translate to better qualified and prepared individuals running for election.


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

<p>8.1 The College demonstrates how it protects against unauthorized disclosure of information.</p>	<p>a. The College has and uses policies and processes to govern the collection, use, disclosure, and protection of information that is of a personal (both health and non-health) or sensitive nature that it holds</p>	<ul style="list-style-type: none">• Insert a link to policies and processes OR provide brief description of the respective policies and processes. <div data-bbox="1462 285 1524 347"></div> <div data-bbox="1392 354 1596 402"><p>050-Office Security Policy with Appendix A</p></div> <p>The CERTO Office Security Policy outlines the following:</p> <ul style="list-style-type: none">• Storage of sensitive information:• Visitors’ access to sensitive information at office:• Loss of Sensitive Information <p>NOTE: Internal stakeholders are bound by legislation and the CERTO’s confidentiality policy and agreement (CP-Confidentiality-010).</p> <div data-bbox="1462 678 1524 740"></div> <div data-bbox="1392 747 1596 795"><p>Policy CP-Confidentiality-010</p></div> <p>The CERTO Confidentiality Policy permits staff, Council, or non-Council/Committee members to fulfill their roles, while ensuring that the material is disseminated and retained securely.</p> <div data-bbox="1462 915 1524 977"></div> <div data-bbox="1421 984 1564 1032"><p>AD-Privacy-200 policy.pdf</p></div> <p>The CERTO Privacy Policy affords appropriate privacy rights to individuals involved in the CERTO's activities, while still enabling the College to meet its statutory mandate under the <i>RHPA</i>, the <i>Health Professions Procedural Code</i> and the <i>Respiratory Therapy Act</i>.</p> <div data-bbox="1462 1188 1524 1250"></div> <div data-bbox="1421 1256 1564 1305"><p>AD-Privacy-200 procedure.pdf</p></div>
---	---	---



		<p>The CRTO Privacy Procedure defines, among other things:</p> <ul style="list-style-type: none">• Which staff member will fulfill the role of Information Officer• The duties of the Information Officer <p>CRTO IT Security Protocols</p> <p><u>Internal</u></p> <ul style="list-style-type: none">• Each CRTO staff member has their own unique login & password.• The CRTO server is located in a secured area.• VPN is applied to staff cell phones and computers to ensure secure and encrypted connections.• Staff computers are all installed with anti-virus software.• Two-factor authentication is applied to remote access to staff’s office computers.• Firewall protection limits authorized access to only internal users and authorized external users.• Backups of data files are taken every 15 minutes and stored to an off-site location.• Database backups are taken daily and stored to an off-site location.• Security updates and patches are applied regularly.• Only specific staff can access certain files within the CRTO’s database.• all staff offices have locked storage areas, and member paper records are kept in a secured locked area.• Drives on CRTO server are restricted based on access authority to maintain data privacy by limiting access to only the applicable authorized internal staff members. <p><u>External</u></p> <ul style="list-style-type: none">• All CRTO Members have their own unique login & password.• The website's SSL certificate protects sensitive information such as Member’s name, address, password, or credit card number by encrypting the data during transmission from their computer to our web server.• Council and committee material stored in a Member Login portal and only available to those who are authorized.• Material containing sensitive information is password protected before being sent out to Members, committee members, etc.
--	--	--

		<ul style="list-style-type: none">Any patient records containing identifiers (e.g., name, OHIP #, date of birth, address, account information) that must be shared (e.g., with complainants, member(s) or legal counsel) is redacted using Adobe.Sensitive material is identified a confidential, and the recipient is notified of the need to dispose of it appropriately.Any mail sent from the CRTO that contains sensitive information is transmitted via either Purolator or Canada Post with a signature requirement.ICRC investigators & decision writers enter into a privacy agreement with the CRTO and must either can dispose of any sensitive material themselves or are required to send it back to the CRTO.
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
		<i>Additional comments for clarification (optional)</i> For our insurance renewal with HIROC this year, we completed an IT security checklist: <div> Cyber Questionnaire.pdf</div>

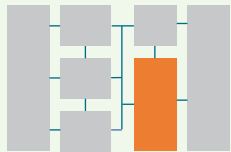
DOMAIN 5: REGULATORY POLICIES			
Standard 9			
Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.			
Measure	Required evidence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

<p>9.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).</p>	<p>a. The College has processes in place for evaluating its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.</p>	<ul style="list-style-type: none">• Insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment OR describe in a few words the College’s evaluation process (e.g. what triggers an evaluation, what steps are being taken, which stakeholders are being engaged in the evaluation and how). PPG_CBPBG Tracking Table.pdf• The attached Professional Practice Guideline (PPG)/Clinical Best Practice Guideline (CBPG) Tracking Table is used to trace the following:<ul style="list-style-type: none">○ When a document was last reviewed○ When a document is due for review○ The status of the document’s review○ Which committee is required to approve it (if applicable)• The Deputy Registrar and Coordinator of Quality Practice are responsible to ensure that all documents are to be reviewed approximately every 5 years (or earlier if required due to legislative or practice standard changes).• The revision of existing documents sometimes requires the input of an expert RT working group; particularly if the revision is substantial and/or deals with a speciality practice area (e.g., the CRTO Standards of Practice, Respiratory Therapists as Anesthesia Assistants Professional Practice Guideline, Infection, Prevention and Control Clinical Best Practice Guideline).<ul style="list-style-type: none">○ Other documents that require only minor edits due to changes in legislation changes are often managed by CRTO staff.• Once draft revisions are completed, the document is presented to the CRTO Council for approval for circulation to all Members and other key stakeholders (e.g., other regulatory bodes)<ul style="list-style-type: none">○ Feedback from the consultation is then incorporated into the revised document and it is subsequently presented to Council again, this time for final approval.
--	--	--

		<ul style="list-style-type: none">• Decisions to create new practice guidelines or revise existing documents are based on the following:<ul style="list-style-type: none">○ Practice questions from Members.○ Feedback received through the CRYPTO Professional Development Program’s Relevant elearning module (completed annually by all CRYPTO Members)○ Changes in legislation/in the practice environment (e.g., recently developed Social Media Guideline)
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>

	<p>b. Provide information on when policies, standards, and practice guidelines have been newly developed or updated, and demonstrate how the College took into account the following components:</p> <ul style="list-style-type: none">i. evidence and data,ii. the risk posed to patients / the public,iii. the current practice environment,iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap)v. expectations of the public, andvi. stakeholder views and feedback.	<div>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></div> <div><ul style="list-style-type: none">For two recent new policies or amendments, either insert a link to document(s) that demonstrate how those components were taken into account in developing or amending the respective policy, standard or practice guideline (including with whom it engaged and how) OR describe it in a few words.<div><p>Interpretation of Authorized Acts PPG.p</p></div><p>Interpretation of Authorized Acts Professional Practice Guideline</p><p>In the most recent (2020) revisions to this practice guideline, data gathered from Member’s practice inquiries and feedback from the consultation indicated there were several issues related to the controlled acts authorized to RTs that were not universally understood. In addition, because these revisions related to controlled acts, there exists an element of risk to the public if they are not carried out in accordance to the relevant legislation. Therefore, additional clarification was added several sections of the document, such as:</p><ul style="list-style-type: none">the differences between the 4th and 5th authorized acts (p.6)the exemptions within the Controlled Acts Regulation to include information on both tracheostomy tube changes and diagnostic ultrasound (pp. 17 – 18)<ul style="list-style-type: none">the matter regarding diagnostic ultrasound was the direct result of a relatively recent legislative change<p>During the consultation period, Members were asked to provide further suggested edits to the draft visions of this document. However, all those who responded to the consultation survey stated that the document was clear and understandable and suggest no further changes.</p><div><p>Registration and Use of Title PPG.pdf</p></div></div>
--	---	--

		<p><u>Registration & Use of Title Professional Practice Guideline</u></p> <ul style="list-style-type: none">• edits where made to the final sentence in the paragraph regarding the role that Professional Practice Guidelines (PPGs) and other CRTO documents play in determine whether the appropriate standards of practice have been met (p.2). This revised paragraph will be place in all CRTO PPGs:<ul style="list-style-type: none">○ “All Members are required to abide by these CRTO publications, and they will be used in determining whether appropriate standards of practice and professional responsibilities have been maintained.”• A link was provided to the newly developed Am I Practising Fact Sheet Fact Sheet. This Fact Sheet was created based on inquiries and ICRC issues that have arisen from Member’s understanding of what constitutes proacting within the scope of practice of Respiratory Therapy. In developing this Fact Sheet, the CRTO reviewed similar document from other health regulatory bodies, including the College of Nurses of Ontario.• the language was clarified regarding Professional Designations, Professional Titles & Job Titles (p. 9). This edit was deemed necessary due to practice inquiries and ICRC issues that have arisen from Member’s understanding of a protected title vs. a job description. It is essential that the public be properly informed regarding an RT’s professional designation.• clarification was provided to enhance Member’s and employer’s understanding regarding the information on the CRTO Public Register & their duty to report matters pertaining to RT practice. (p. 12).
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p>

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

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

		<p><i>Additional comments for clarification (optional)</i></p> <p>The first link above provides candidates with details about the registration requirements and how to meet them. Candidates first need to apply for registration on the CROTO’s website. Staff will verify the information provided and documentation submitted (e.g., copy of passport, citizenship, Canadian Board for Respiratory Care examination [CBRC] result), and then communicate with the applicant on additional information required to complete their application.</p> <p>Education: An applicant for registration must have graduated from an approved respiratory therapy program or have demonstrated through the CROTO assessment process that the applicant has the required entry-to-practice competencies. To verify graduation status, the CROTO only accepts official transcripts that come directly from the institution to ensure authenticity. The verification process includes, ensuring that the applicant is a graduate of an approved respiratory therapy program. If the applicant did not complete an approved respiratory therapy program, they are referred to the Applicants Educated Outside of Canada process.</p> <p>Examination An applicant who wishes to obtain a General Certificate of Registration must have completed the Canadian Board for Respiratory Care (CBRC) examination. To verify the CBRC exam status of an applicant, staff cross references the exam result provided by the applicant against the list provided by CBRC directly.</p> <p>Language Proficiency If an applicant graduated from an approved RT program, we deem that they meet the language fluency requirement (based on the language of the RT program instruction was English or French). Applicants who did not complete an RT program that was in English or French is required to achieve an acceptable score on a CROTO accepted language test.</p> <p>Eligibility to work in Canada An applicant for registration must be a Canadian citizen or a permanent reside of Canada or be authorized under the Immigration and Refugee Protection Act (Canada) to engage in the practice of respiratory therapy. To verify that the applicant meets this requirement, staff will review a copy of a birth certificate, copy of a valid permanent residency card, or a copy of a valid work permit issued under the Canadian Immigration and Refugee Protection Act, 2001.</p> <p>Currency Requirement Applicants must have graduated from their RT programs within the two years immediately preceding the application for registration unless the applicant was practicing respiratory therapy within that two-year period.</p>
--	--	--

		<p>To demonstrate that the applicant meets currency requirements, the CRTO requests applicants to provide employment verification forms from any RT employers within the past 5 years. Candidates are required to fill out section 1 of the form and have the employer(s) submit the completed form to the CRTO directly to ensure authenticity.</p> <p>Suitability to Practice / Good Character An applicant for a certificate of registration must:</p> <ol style="list-style-type: none">1. fully disclose details of any criminal offence of which the applicant has been found guilty, including any offence under the Controlled Drugs and Substances Act (Canada) or the Food and Drugs Act (Canada).2. fully disclose details of every professional misconduct, incompetence, incapacity, or other similar proceeding that they are the subject of and that relates to their registration or licensure in Ontario in another profession or in another jurisdiction in respiratory therapy or another profession.3. fully disclose details of every finding of professional misconduct, incompetence, incapacity or other similar finding that they previously have been the subject of while registered or licensed in Ontario in another profession or in another jurisdiction in respiratory therapy or another profession.4. In addition, the applicant must satisfy the CRTO that their past and present conduct afford reasonable grounds for belief that the applicant,<ol style="list-style-type: none">1. is mentally competent to practise respiratory therapy,2. will practise respiratory therapy with decency, integrity, and honesty and in accordance with the law, and3. will display an appropriately professional attitude. <p>We rely on the applicant’s declaration to determine whether the applicant meets suitability to practice/good character requirements. However, staff will also cross check to see if there are any history on file at the CRTO with respect to the applicant’s conduct/good character. Furthermore, if the applicant held registration with another regulatory body, we request the applicant to complete a registration verification form. The applicant needs to complete section 1 of the form, and the regulatory body needs to complete the remainder of the form and send the information directly to the CRTO. If the CRTO has any questions with</p>
--	--	---

		<p>respect to form, the CRTO will communicate with other regulators in other jurisdiction to secure records of conduct, currency, and compliance information.</p> <p>If the Registrar has concerns about the applicant’s ability to practise respiratory therapy safely and ethically, the application will be referred to the Registration Committee for a review. For more information, please refer to the Assessing Suitability to Practice Policy.</p>
		<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>

	<p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g. how a College determines language proficiency).</p>	<ul style="list-style-type: none">Insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g. how to assess English proficiency, suitability to practice etc.), link to Council meeting materials where these have been discussed and decided upon OR describe in a few words the process and checks that are carried out. <p>Language proficiency The National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB) consists of organizations that have the legislative authority in their province to regulate the practice of respiratory therapy initiated the project “Establishing Pan-Canadian Benchmarks for Language Requirements for Respiratory Therapy” back in 2012. As a result of the project, the NARTRB established the language requirement benchmark for the profession of respiratory therapy. Detail report for the project is found here: https://nartrb.ca/download/2012-language-proficiency-for-respiratory-therapy/.</p> <p>Based on the project, the CRTO developed the Language Proficiency Requirements Policy: https://www.crto.on.ca/pdf/Policies/Language_Proficiency.pdf, which was last amended on May 25, 2012.</p> <p>According to the Registration Regulation (O. Reg. 596/94 PART VIII) an applicant for registration must be able to communicate effectively in English or French in a health care environment. Where the applicant’s first language is not English or French, and their relevant health care instructions was not in English or French, the applicant must demonstrate fluency in either language and provide test scores as specified in the Language Proficiency Requirements Policy.</p> <p>Suitability to Practice To determine an applicant’s suitability to practice, the CRTO has in place a policy known as “Determining Applicants’ Suitability to Practice” policy. This policy was first implemented on December 1, 2011 and it was last revised on December 6, 2019. The link to the policy is found here: https://www.crto.on.ca/pdf/Policies/RG-422.Applicants.Suitability.to.Practice.pdf</p> <p>The Determining Applicants’ Suitability to Practice Policy was developed in accordance with section 53 (1) of the Registration Regulation (O. Reg. 596/94 PART VIII), under the Respiratory Therapy Act, 1991.</p> <ul style="list-style-type: none">Provide the date when the criteria to assess registration requirements was last reviewed and updated. <p>PART VIII of the Respiratory Therapy Act, 1991 list out the registration requirements. It was last amended on March 26, 2014. The CRTO is in the process of reviewing its registration regulation.</p>
--	--	---

		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>
		The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>

<p>10.2Registrants continuously demonstrate they are competent and practice safely and ethically.</p>	<p>a. Checks are carried out to ensure that currency⁴ and other ongoing requirements are continually met (e.g., good character, etc.).</p>	<ul style="list-style-type: none">• Insert a link to the regulation and/or internal policy document outlining how checks are carried out and what the currency and other requirements include, link to Council meeting materials where documents are found and have been discussed and decided upon OR provide a brief overview: Currency Policy: www.crto.on.ca/pdf/policies/RG_Currency_Policy_410.pdf. Good character policy: www.crto.on.ca/pdf/policies/Good_Character_Policy.pdf Registration Regulation (O. Reg. 596/94 PART VIII): https://www.ontario.ca/laws/regulation/940596#BK9• List the experts / stakeholders who were consulted on currency: A panel of RT managers was asked to identify their expectations of staff to consider them to be current in their practice. During their deliberations they considered variations in hours worked for full-time, part-time and casual staff and then how those hours would be spread over a monthly, yearly, or multi-year period. In the end, they made a recommendation on # of hours required to remain current in practice.• Identify the date when currency requirements were last reviewed and updated: September 21, 2018• Describe how the College monitors that registrants meet currency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done: There is a two-year currency requirement for anyone who is seeking to register with the CRTO or to reinstate an inactive certificate of registration. Existing registrants, who are looking to reinstate their license from inactive, must complete an application for reinstatement. Staff relies on the self-declaration of the applicant to determine whether the applicant meets the currency requirement. In terms of new applicants, to demonstrate that they have met the currency requirements, the applicant need to provide an employment verification form from all respiratory therapy employers within the past five year. The Applicant is required to fill out section 1 of the form, forward it to the employer to complete. The completed form is sent to the CRTO directly from the employer. Applicants who do not meet the two-year currency requirement are referred to a panel of the Registration Committee for consideration, and a guide is presented to the Applicant to assist them in preparing their submission to the Registration Committee for consideration.
---	---	---

		<p>Registration Renewal – Registrants are required to complete their registration renewal with the CROTO annually. As part of the renewal process, they are required to answer conduct related questions. If they answered “yes” to any of the conduct questions the Professional Conduct department will follow-up with the applicant, If the Registrar believes that there are “reasonable and probable grounds” that the RT has committed an act of professional misconduct or is incompetent, a formal investigation may occur. In cases where the Registrar believes that the RT maybe incapacitated, a formal health inquiry may occur to identify any underlying condition(s)/illness(es) that appear to be affecting the RT’s ability to practice safely or ethically.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
10.3Registration practices are transparent, objective, impartial, and fair.	a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none">Insert a link to the most recent assessment report by the OFC OR provide summary of outcome assessment report: https://www.fairnesscommissioner.ca/en/Professions_and_Trades/Pages/College-of-Respiratory-Therapists-of-Ontario.aspxCROTO Website: https://www.croto.on.ca/pdf/Reports/2019.OFC.Report.pdfWhere an action plan was issued, is it: Completed <input type="checkbox"/> In Progress <input type="checkbox"/> Not Started <input type="checkbox"/> No Action Plan Issued <input checked="" type="checkbox"/> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>

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

		<i>Additional comments for clarification (if needed)</i>
--	--	--

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

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

<p>11.2The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation⁵.</p>	<p>a. The College has processes and policies in place outlining:</p> <ul style="list-style-type: none">i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant’s practice;ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type if multiple assessment activities); andiii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	<ul style="list-style-type: none">• List the College’s priority areas of focus for QA assessment and briefly describe how they have been identified OR link to website where this information can be found:• The CRTO Professional Development Program (PDP) is outlined on the CRTO website and is applied using a laddered approach, with the first three components being applied on an ongoing basis, and the final two only being used when remediation is necessary.<ul style="list-style-type: none">1. Relevant e-learning module – is an online module that consists of practice standard changes that have occurred over the past year (e.g., recent regulation changes, new or revised professional practice guidelines, etc.) as well as frequently asked practice questions and topics suggested by Members. RelevantT is completed by all CRTO Members annually.2. Launch RT Jurisprudence Assessment – is an online, web-based, open-book assessment consisting of 60 multiple-choice questions that is completed by all new CRTO Members within 3 months of registration. This includes (recent graduates, individuals who has come from another jurisdiction, and previous Members who have been recently reinstated). The aim of this modules is to ensure all new CRTO has a working knowledge of the standards, guidelines and polices that govern RT practice in Ontario.3. Portfolio Online for Respiratory Therapists (PORTfolio^{OM}) – is submitted by CRTO Members with an Active certificate of registration every 5 years. Member who are inactive are required to keep their PORTfolio up to date but are not required to submit it until their registration returns to Active. The PORTfolio consists of a Self-Assessment, a Learning Log and a Learning Goal. The Self-Assessment portion is designed to assist the Member in identifying their learning needs and the development of a future-directed learning goal. The Learning Log portion provides an easy to access platform for Members to capture their ongoing professional development in real-time. Specially trained RT Peer Assessors evaluate Member’s PORTfolio using a defined set of criteria and conduct one-on- one coaching sessions to assist members who require additional assistance in meeting the requisite criteria.4. Specified Continuing Education or Remediation Program (SCERP) - becomes necessary if a Member has been unable to meet the requisite criteria in either their Launch RT Jurisprudence Assessment or their PORTfolio after being given two attempts. . This
---	---	---

⁵ “Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority. Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

		<p>remediation process is intended to be an educational opportunity for the Member to improve their knowledge, skill and judgment. The form and nature of the SCERP depends on the Member’s learning needs that have been identified during their assessment and often takes the form of a customized, online educational tool that is facilitated by an RT mentor.</p> <p>5. Practice Assessment – may be deemed necessary if, despite undergoing remediation, a Member was still unable to meet the requisite criteria for successful completion of either their Launch RT Jurisprudence Assessment or their PORTfolio.</p> <p>• Is the process taken above for identifying priority areas codified in a policy: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>If yes, please insert link to policy:</i></p> <ul style="list-style-type: none">• Professional Development Program Policy• Launch RT Jurisprudence Assessment Policy• PDP Peer Assessors, Mentors, Practice Assessors & Working Group Members Policy• Deferral of Professional Development Program Requirements Policy <p>• Insert a link to document(s) outlining details of right touch approach and evidence used (e.g. data, literature, expert panel) to inform assessment approach OR describe right touch approach and evidence used:</p> <p>• Provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable): <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i></p> <ul style="list-style-type: none">• <i>Public</i> Yes <input type="checkbox"/> No <input type="checkbox"/>• <i>Employers</i> Yes <input type="checkbox"/> No <input type="checkbox"/>• <i>Registrants</i> Yes <input type="checkbox"/> No <input type="checkbox"/>• <i>other stakeholders</i> Yes <input type="checkbox"/> No <input type="checkbox"/> <p>• Insert link to document that outlines criteria to inform remediation activities OR list criteria:<ul style="list-style-type: none">○ All PDP processes are outlined in the CRO Professional Development Program Policy</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
--	--	--



		<p><i>Additional comments for clarification (optional)</i></p> <p>The newly designed CRTO Professional Development Program (PDP), which was rolled out beginning in 2016, was based on the results of the 2013 QA Program Evaluations, which recommended a revision of:</p> <ul style="list-style-type: none">the Self-Assessment section of the PORTfolio to make it more personally reflective for the Member.both the Learning Log and Learning Goal sections of the PORTfolio so it better reflects the diversity of RT practice.the annual selection criteria to make it more equitable. <p>The overarching goal of our new PDP was to promote optimal professional development (QI approach) rather than solely serving as an audit (QA approach). The new program is grounded in the CRTO’s GROW^{OM} framework, which is designed to both acknowledge and encourage a broad range of professional competencies.</p> <p>In addition, the new CRTO PDP discontinued the previous stratified random selection process for PORTfolio submissions in favour of a 5-year submission cycle for all Members. This eliminate unequal reselection of Members are ensured that all RTs on Ontario would have their PORTfolio evaluated on a regular basis.</p>
11.3The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.	a. The College tracks the results of remediation activities a registrant is directed to undertake as part of its QA Program and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none">Insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR describe the process:<ul style="list-style-type: none">SCERP – once completed, the CRTO Quality Assurance Committee (QAC) may determine that further assessment is necessary. Generally, this will require the Member to repeat the assessment where they were previously unsuccessful. If the individual is subsequently successful, then they may resume their regular participation in the CRTO Professional Development Program.Practice Assessment – if the Member is subsequently unsuccessful, the QAC may direct them to undergo a practice assessment, which may take several different forms as outlined in the CRTO Professional Development Program Policy (p.6).Insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR describe the process:<ul style="list-style-type: none">Following the completion of the SCERP, the QAC will review the report prepared by the individual(s) responsible for implementing and/or overseeing the remediation (SCERP). This report will outline the topics addressed in the SCERP and what the outcome of the process was. At that time, the QAC will determine if a reassessment is required and, if so,


		<p>what form of reassessment would be appropriate to evaluate the Member’s current knowledge, skill, and judgment.</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p>
		<p><i>Additional comments for clarification (if needed)</i></p>
<p>Standard 12</p> <p>The complaints process is accessible and supportive.</p>		
<p>Measure</p>	<p>Required evidence</p>	<p>College response</p>
<p>12.1The College enables and supports anyone who raises a concern about a registrant.</p>	<p>a. The different stages of the complaints process and all relevant supports available to complainants are clearly communicated and set out on the College’s website and are communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy).</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none">Insert a link to the College’s website that describes in an accessible manner for the public the College’s complaints process including, options to resolve a complaint and the potential outcomes associated with the respective options and supports available to the complainant: https://www.crto.on.ca/public/concerns-about-a-respiratory-therapist/Does the College have policies and procedures in place to ensure that all relevant information is received during intake and at each stage of the complaints process: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>Does the College evaluate whether the information provided is clear and useful: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>

		<p><i>Additional comments for clarification (optional)</i></p> <p>The reason for the partially yes answer is that the College processes, although clearly defined with staff, are not clearly captured in policy and procedures. We have policies and procedures in relation to the more general themes of Discipline Hearing, Investigation, HPARB appeals, however smaller items, such as intake process, or decision writing process, etc. are not captured in policies but rather a checklist.</p> <p>The CRTO will continue to assess our current policies and procedures and makes changes or create new documents as required.</p>
	b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>• Insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>)</p> <p>Rate = 81.81% Numerator: 18 Denominator: 22</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p> <p>As the percentages indicate, we did not meet the 90% requirement. In the 4 cases that did not receive contact within 5 business days, they did receive contact within 14 days (10 business days). For 2021, as more staff support has been provided to the professional conduct department, the CRTO is in a good position for our percentage rate to move past the 90% range.</p>
	c. Examples of the activities the College has undertaken in supporting the public during the complaints process.	<p>• List all the support available for public during complaints process:</p> <ol style="list-style-type: none">1. Website page dedicated to providing information about complaint process.2. https://www.crto.on.ca/public/concerns-about-a-respiratory-therapist/3. Website page which contains an easy to submit complaints form.4. https://www.crto.on.ca/public/concerns-about-a-respiratory-therapist/submit-a-concern-form/

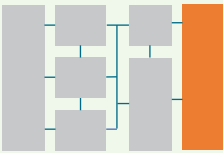

		<div><div><div>5. 24 hour response to any email/phone call regarding complaints process.</div><div>6. Acknowledgement email sent as soon as a complaint is submitted.</div><div>7. Flexibility in the submission of a complaint in unable to complete online form letter, email, and voicemail (which is then converted into audio file and transcribed)</div><div>8. Initial intake phone call to complainant to explain parameters of complaints process, what to expect, and clarification of next steps.</div><div>9. Secondary acknowledgement letter sent to complaint after intake phone call. This letter outlines in writing the next steps in the process, and provides contact information for staff, if more information is required.</div><div>10. Complaints process guide which is sent along with acknowledgement of complaint.</div></div><div><div><div>PDF</div><div></div></div><div>Complaints Process.Public.2019.</div></div><div><div>11.</div><div>12. For sexual abuse allegation cases, funding available for therapy, along with easy to fill out forms to apply for funding.</div></div><div><div>• Most frequently provided supports in CY 2020:</div><div>Generally, for all complaints matters, items 1 to 8 are always used. As the CRTO did not receive any allegations of sexual abuse, item 9 was not used in 2020.</div></div></div> <div><div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></div><div>Additional comments for clarification (optional)</div></div>
12.2All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.	a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case and are supported to participate in the process.	<div>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></div> <div><div>• Insert a link to document(s) outlining how all parties will be kept up to date and support available at the various stages of the process OR provide a brief description:</div><div>No document exists specific to complaint / discipline check-in, however our process is the following:</div><div>Complaint:</div></div>

		<p>i. Once a complaint is submitted, an intake phone call is made to complainant within 10 business days. During phone call, process is explained to complainant, what to expect in next steps, and outline of possible of outcomes is given.</p> <p>ii. Complainant is then sent a formal acknowledgement letter, which again outlines process and next steps. Along with letter, a complaints process guide is provided that speak to the complaints process.</p> <p>iii. Member notice letter is also sent within 14 days of receipt of complaint.</p> <p>iv. Once investigator is assigned, the investigator will contact the complainant as first step. Clarify concerns and generate interview. Complainant is then given opportunity to confirm content of interview and confirm specific allegations.</p> <p>v. Complainant/member is provided staff contact information should they want update or have questions.</p> <p>vi. Member is contacted by investigator to see if the Member would like to be interviewed as part of the investigation.</p> <p>vii. 150 day delay and update letter provided if investigation takes longer than 150 day. This is then repeated every 30 days.</p> <p>viii. Once investigation is completed, complainant/member have opportunity to review final investigation report and provided opportunity to submit a response.</p> <p>Discipline:</p> <p>1.) Notice of ICRC referral to discipline is provided to Member.</p> <p>2.) Member is then consulted regarding the scheduling of a hearing date.</p> <p>3.) Notice of hearing and pre-hearing is provided to Member.</p> <p>4.) Confirming pre-hear date.</p> <p>5.) Pre-hearing conference held.</p> <p>6.) CRTO legal team conducts additional follow-up with Member (as required) prior to hearing.</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>comments for clarification (optional)</i></p> <p>There is a gap between when investigator interviews and confirms allegations with complainant until investigation is completed or delay letter is sent to complainant/member. During this period, a complainant / member is welcomed to seek an update. Going forward, we will attempt to establish a 30 day check-in letter, regardless of if 150days has passed or not.</p>

Standard 13		
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Measure	Required evidence	College response
13.1The College addresses complaints in a right touch manner.	a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<div>• Insert a link to guidance document OR describe briefly the framework and how it is being applied:</div> <div>1.) Initial risk assessment document is consulted while in the intake process by professional conduct staff. Discussion is then done between manager and coordinator.</div> <div>2.) Reasonable & Probable Grounds memo (RPG Form) is submitted to registrar (reports matters only) which summarizes the concerns in report, provides all relevant documents obtained during intake. The RPG form provides a risk assessment checklist for Registrar to consider in deciding appropriate regulatory response.</div> <div> Registrar's Risk Assessment Tools.pd</div> <div>3.) ICRC Panel is provided a disposition worksheet. This document highlights all standards that are applicable to concerns investigated. It also provides a risk assessment matrix with specific questions regarding: severity of harm from member conduct, assessment on competency gap of member, the risk level of the member’s conduct, prior history considerations, member’s accountability to the process and concerns raised.</div> <div>The document further provides a list of possible outcomes, and ranks them in order of the final risk score tallied from above paragraph considerations.</div> <div> ICRC Risk Assessment Tool.pd</div>

		<ul style="list-style-type: none">Provide the year when it was implemented OR evaluated/updated (if applicable): <ol style="list-style-type: none">1.) RPG form was updated in 20202.) ICRC disposition worksheet is reviewed yearly to ensure ease of understanding. ICRC is also provided yearly orientation on how to use the disposition worksheet when rendering a decision.
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>
Standard 14		
The College complaints process is coordinated and integrated.		
Measure	Required evidence	College response
14.1The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).	a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none">Insert a link to policy OR describe briefly the policy: <ol style="list-style-type: none">1.) CRTO has a policy in place in notifying police of concerns noted.<div> CD-140 Reporting to Police.Policy.2015</div>2.) CRTO does not have any further policies. However, if during the course of investigation or during ICRC decision meeting, Facility systems concerns are noted, these concerns are communicated to the Facility via correspondence to the operator of facility.

		<ul style="list-style-type: none">• Provide an overview of whom the College has shared information over the past year and purpose of sharing that information (i.e. general sectors of system partner, such as ‘hospital’, or ‘long-term care home’). <p>Not applicable at this time, none were made.</p>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		<i>Additional comments for clarification (if needed)</i> <p>This is not a common occurrence for our College. We’ll continue to monitor the scenario and potential need for further policy/guidelines should the need arise.</p>

DOMAIN 7: MEASUREMENT, REPORTING, AND IMPROVEMENT		
Standard 15		
The College monitors, reports on, and improves its performance.		
		
Measure	Required evidence	College response
15.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.	a. Outline the College’s KPI’s, including a clear rationale for why each is important.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input checked="" type="checkbox"/>
		<ul style="list-style-type: none">Insert a link to document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), link to Council meeting materials where this information is included OR list KPIs and rationale for selection:
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (if needed)</i> An expanded operational report, including KPIs and an expanded risk register, is in development for 2021.
	b. Council uses performance and risk information to regularly assess the College’s progress against stated strategic objectives and regulatory outcomes.	The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none">Insert a link to last year’s Council meetings materials where Council discussed the College’s progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes: <p>Council materials from March 2020, item 3.1.1.</p> <div><p>Council Package - website.pdf</p></div> <p>Council Minutes from March 2020 https://www.crto.on.ca/pdf/Minutes/2020-03-06_Minutes-public.pdf</p>

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

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

PART 2: CONTEXT MEASURES

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

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

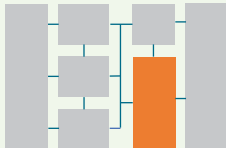
In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: ‘Nil’ and indicate any plans to collect the data in the future.

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

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 11

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



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

☐ Recommended

☐ College methodology

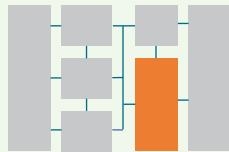
If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)	
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2020*	
Type of QA/QI activity or assessment	#
i. # Members who completed the Relevant elearning module (professional development & peer assessment)	3,556
ii. # Members who were assigned to complete the Launch RT Jurisprudence Assessment (professional development & peer assessment)	230
iii. # Members whose score fell below the Launch RT benchmark & were required to resubmit	34
iv. # Members whose score fell below the Launch RT benchmark after resubmission & were required to undergo a SCERP	0
v. # Members whose score fell below the Launch RT benchmark after the SCERP & were required to undergo a Practice Assessment	0
vi. # Members who submitted their PORTfolio (professional development, self, peer & practice assessment)	596
vii. # Members whose PORTfolio did not meet the criteria for successful completion & were required to undergo a Peer Coaching session	32
viii. # Members required to resubmit their PORTfolio after a Peer Coaching session	0
ix. <Insert QA activity or assessment>	
x. <Insert QA activity or assessment>	

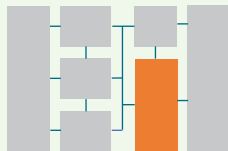
What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g. changing roles and responsibilities, changing public expectations, legislative changes).

The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2020. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 13(a) of Standard 11.

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

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care			
Statistical data collected in accordance with recommended methodology or College own methodology: <input type="checkbox"/> Recommended <input type="checkbox"/> College methodology			
If College methodology, please specify rationale for reporting according to College methodology:			
Context Measure (CM)			
	#	%	
CM 2. Total number of registrants who participated in the QA Program CY 2020	3,556 Relevant 230 Launch RT 596 PORTfolio		What does this information tell us? If a registrant’s knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer him or her to the College’s QA Committee.
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undertake remediation. *	34 Launch RT 32 PORTfolio	14.7% Launch RT 5.4% PORTfolio	The information provided here shows how many registrants who underwent an activity or assessment in CY 2020 as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program.

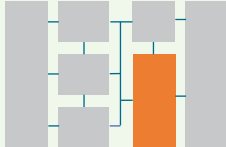
The Relevant module requires only completion and so there is no benchmark score or criteria for successful completion.		
* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)		

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11 The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.			
Statistical data collected in accordance with recommended methodology or College own methodology:		<input type="checkbox"/> Recommended	<input type="checkbox"/> College methodology
If College methodology, please specify rationale for reporting according to College methodology:			
Context Measure (CM)			What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.
CM 4. Outcome of remedial activities in CY 2020*:	#	%	
I. Registrants who demonstrated required knowledge, skills, and judgment following remediation**	66	100%	
II. Registrants still undertaking remediation (i.e. remediation in progress)	0	0%	
Additional comments for clarification (if needed)			
* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)			
** This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2020.			

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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



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

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

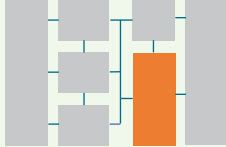
Context Measure (CM)					
CM 5. Distribution of formal complaints* and Registrar’s Investigations by theme in CY 2020	Formal Complaints received†		Registrar Investigations initiated†		<p>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.</p>
Themes:	#	%	#	%	
I. Advertising	0	0			
II. Billing and Fees	0	0			
III. Communication	NR	NR	NR	NR	
IV. Competence / Patient Care	NR	NR	NR	NR	
V. Fraud	0	0	NR	NR	
VI. Professional Conduct & Behaviour	NR	NR	NR	NR	
VII. Record keeping	0	0	NR	NR	
VIII. Sexual Abuse / Harassment / Boundary Violations	0	0	NR	NR	
IX. Unauthorized Practice	0	0	0	0	
X. Other - QAC referral for failure to complete QA obligations	0	0	NR	NR	
Total number of formal complaints and Registrar’s Investigations**		100%		100%	

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

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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



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

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

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

What does this information tell us?

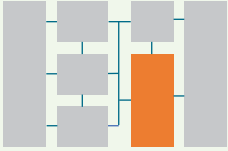
The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s committee that investigates concerns about its registrants.

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

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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



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

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

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

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

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

++

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

What does this information tell us?

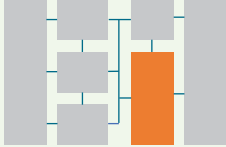
This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar’s Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences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

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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



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

☒ Recommended

☐ College methodology

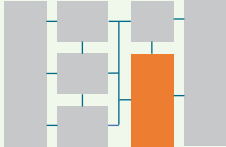
If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)		
CM 11. 90 th Percentile disposal* of:	Days	<div>What does this information tell us?</div> <div>This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.</div>
I. A formal complaint in working days in CY 2020	211	<div>The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.</div>
II. A Registrar’s investigation in working days in CY 2020	225	
<div>* Disposal Complaint: The day where a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).</div> <div>* Disposal Registrar’s Investigation: The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).</div>		
<div>Additional comments for clarification (if needed)</div>		

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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



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

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

Context Measure (CM)	
CM 12. 90th Percentile disposal* of:	Days
I. An uncontested^ discipline hearing in working days in CY 2020	NR (no discipline hearings in 2020)
II. A contested# discipline hearing in working days in CY 2020	NR (no discipline hearings in 2020)

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

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

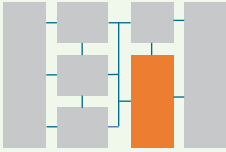
Contested Discipline Hearing: In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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



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

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

Context Measure (CM)	
CM 13. Distribution of Discipline finding by type*	
Type	#
I. Sexual abuse	0
II. Incompetence	0
III. Fail to maintain Standard	0
IV. Improper use of a controlled act	0
V. Conduct unbecoming	0
VI. Dishonourable, disgraceful, unprofessional	0
VII. Offence conviction	0
VIII. Contravene certificate restrictions	0
IX. Findings in another jurisdiction	0
X. Breach of orders and/or undertaking	0
XI. Falsifying records	0
XII. False or misleading document	0
XIII. Contravene relevant Acts	0

What does this information tell us?

This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.

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

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

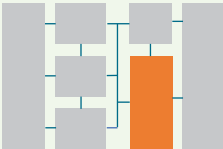
Additional comments for clarification (if needed)

--

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

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



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

☒ Recommended☐ College methodology

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

Context Measure (CM)

CM 14. Distribution of Discipline orders by type*

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

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

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

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

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

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

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

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

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

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

Additional comments for clarification (if needed)

Ontario Ministry of Health
84

79

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

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

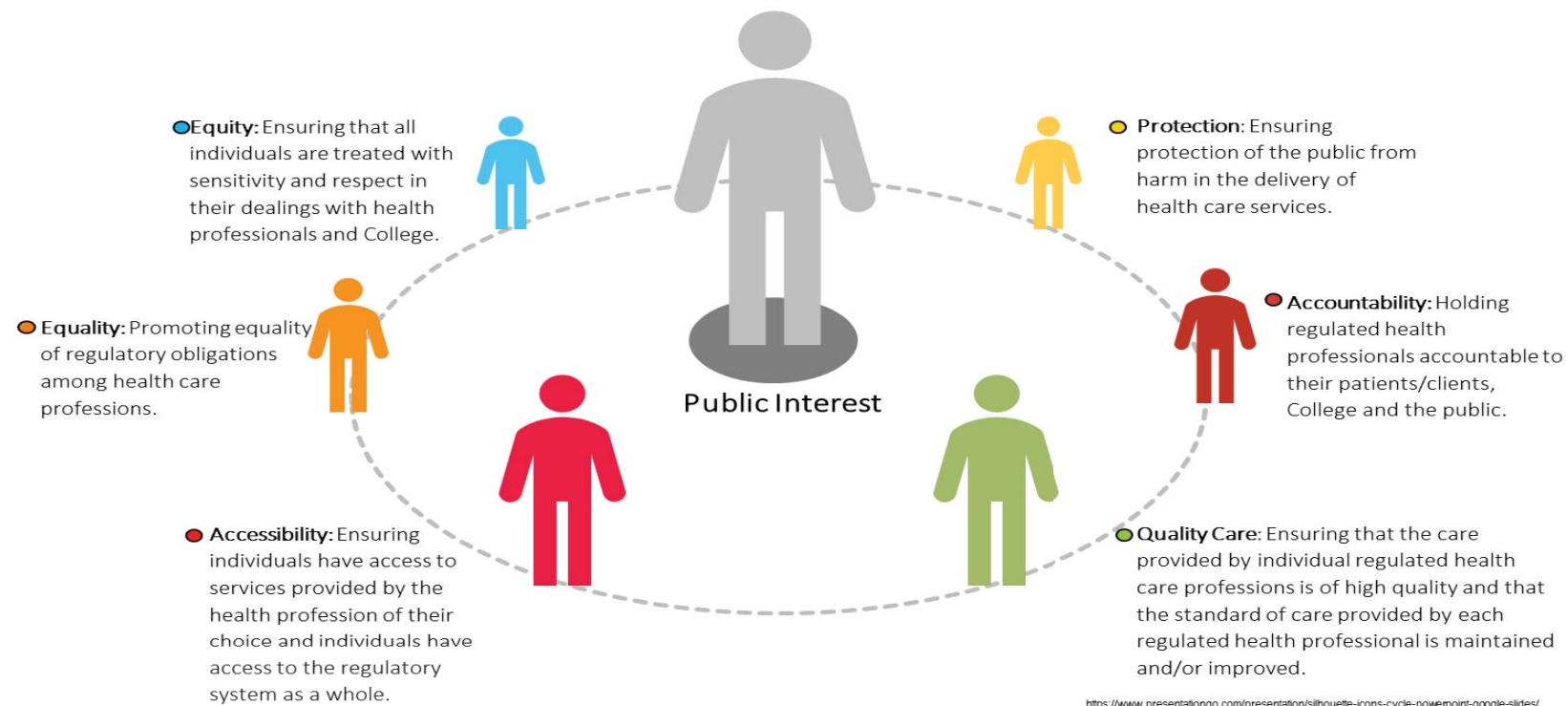
E-mail: RegulatoryProjects@Ontario.ca

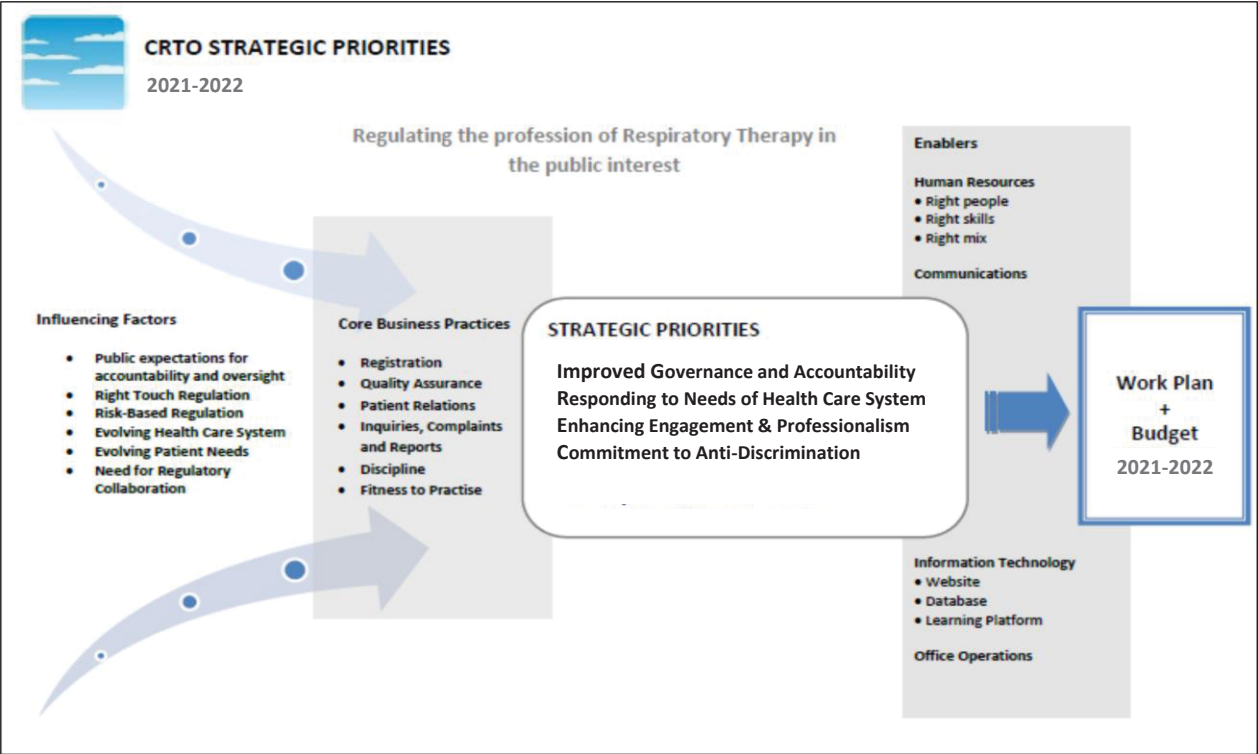
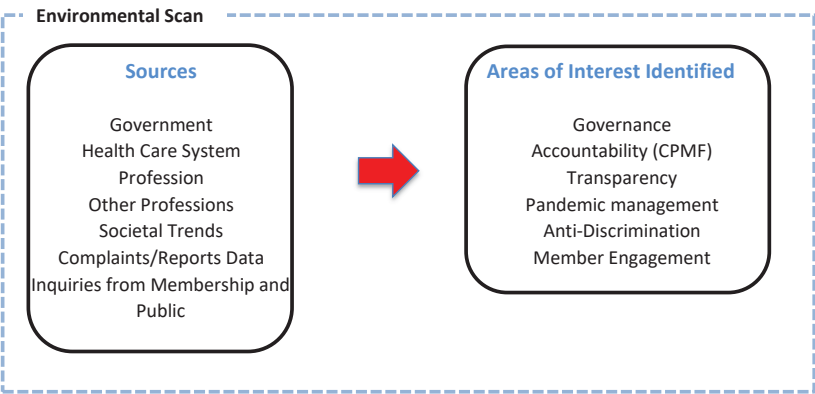
Appendix A: Public Interest

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

PUBLIC INTEREST

in the context of the College Performance Measurement Framework





CRTO Strategic Priorities, Initiatives and Work Plan
2021-2022

Strategic Priority	Initiative	Indicators/Goals	Progress to Date	Status
Improved Governance and Accountability	<p>College Performance Management Framework: Results of Self-Assessment</p> <ul style="list-style-type: none"> Place eligibility criteria for election to Council/Non-Council Committee positions on website (currently found only on the nomination/eligibility form). Offer orientation to the CRTO as an online module to be completed prior to running for election, as part of eligibility criteria. Continue to offer in-person orientation for public appointees and support attendance at the HPRO Governance Workshop 	<ul style="list-style-type: none"> (i) Place eligibility criteria for election to Council/Non-Council Committee positions on website (ii) Develop and online orientation module 		In Progress - Complete - Ongoing
	<ul style="list-style-type: none"> Place eligibility criteria for members elected or appointed to statutory committees on website (currently found only on the nomination/eligibility form). 	<ul style="list-style-type: none"> (i) Place eligibility criteria for members elected or appointed to statutory committees on website 		In Progress
	<ul style="list-style-type: none"> Develop a framework to regularly evaluate the effectiveness of Council and committees, Council and committee meetings, and the performance of Council and committee membership. 	<ul style="list-style-type: none"> (i) Council to conduct a self-assessment every year (ii) Results to be reviewed by Council, with recommendations as required. (iii) Committees to conduct a self-assessment annually 		In Progress
	<ul style="list-style-type: none"> Identify ongoing training needs for Council and committee members, informed by the results of the evaluation. 	<ul style="list-style-type: none"> (i) Conduct a needs assessment for Council and Committee members (ii) Review results of Council and Committee evaluations (iii) Provide relevant training to Council and Committee members 		In Progress
	<ul style="list-style-type: none"> Add a guide document to Council packages defining conflicts of interest and questions aimed at assisting Council members in identifying COI. 	<ul style="list-style-type: none"> (i) Revise Conflict of Interest declaration processes 		In Progress
	<ul style="list-style-type: none"> Develop a comprehensive General Operational Report/Dashboard for Council that will incorporate the status of initiatives and decisions. 	<ul style="list-style-type: none"> (i) Develop an operational report which will include a series of KPIs and a dashboard 		In Progress
	<ul style="list-style-type: none"> Place agendas for Executive Committee meetings on website and continue to report on activities at the Executive Committee in the publicly available materials for each Council meeting Explore placing agendas for all committees on the CRTO online calendar. 	<ul style="list-style-type: none"> (i) Begin placing agendas for Executive Committee meetings on the CRTO website (ii) Review functionality of CRTO online calendar as part of website rebuild to make all committee agendas available online 		In Progress
	<ul style="list-style-type: none"> Develop a policy to define the amounts required in the CRTO financial reserves. This should be reviewed and validated by our auditor. 	<ul style="list-style-type: none"> (i) Develop a Financial Reserves policy (ii) Ensure policy has been reviewed by our auditor 		In Progress
	<ul style="list-style-type: none"> Include an HR element in the General Operational Report/Dashboard to be developed in 2021. 	<ul style="list-style-type: none"> (i) Develop an operational report which will include a series of KPIs and a dashboard 		In Progress

	•Complete an assessment of our practices to identify areas requiring a change in how they are handles in our professional documents (e.g. an item that is currently a checklist may be better as a policy, etc.)	See initiative #17 below - Conduct a complete policy review		In Progress
	•Establish 5 days as an expected response time for inquiries from the public. •Continue to monitor response times.	(i) Amend relevant documents to establish a 5 day response expectation		In Progress
	•Revise and expand the scope of the risk register for the CRTO. •Develop a battery of KPIs based on i) Strategic priorities, ii) Regulatory functions, and iii) Operational practices. Place these in the General Operational Report/Dashboard.	(i) Develop an operational report which will include a series of KPIs and a dashboard		In Progress
	•Include General Operational Report/Dashboard in the Council minutes available on the CRTO website.	(i) Include dashboard and report in Council minutes		In Progress
	•Develop a version of the General Operational Report/Dashboard for the public and maintain on the CRTO website.	(i) Develop a dashboard and place on website		In Progress
Enhancing Engagement and Professionalism				
	•Provide guidance on social media and professionalism	(i) Revise guidelines on use of social media (ii) Review effect on complaints, concerns and reports brought forward relating to social media use		In Progress
	•Revise student strategy	(i) Continue with Education program reps program at Council (ii) Discontinue student PORTfolio to remove confusion around need to be registered.	(i) Education rep program continues and is included in the 2020-2021 budget (ii) Notice went to programs in late spring 2020	(i) Ongoing (ii) Complete
	•Conduct a review of our communications practices	(i) Identification of what was effective and what was not (ii) Identification of communication preferences and needs (iii) Refinement of comms approach - new comms strategy		In Progress
	•Rebuild our website	(i) Increased accessibility and ease in finding material (ii) Mobile-friendly (iii) Integration with our other IT systems (database, PORTfolio, etc.) (iv) Launch of new website		In Progress

Commitment to Anti-Discrimination	•Ensure CROTO policies, procedures and practices are not discriminatory	<ul style="list-style-type: none"> (i) Completion of a review of all CROTO professional documents (policies, procedures, by-laws, etc.) to ensure they are free from discriminatory language (ii) Complete a review of all tools used for decision-making or routine practices (e.g. checklists used for reviewing applications, decision tools for Council) to ensure they are free from discriminatory language or practices (iii) Provide anti-bias training for all Council and Committee members (iv) Participate in sector-related activities relating to anti-discrimination to ensure alignment 		In Progress
Responding to Needs of Health Care System	•Pandemic Response	<ul style="list-style-type: none"> (i) CROTO remains abreast of developments in provincial pandemic response (ii) CROTO issues updated guidance to RTs where required (iii) CROTO completes ongoing appraisal of bed capacity and workforce availability (iv) CROTO assists system partners where appropriate 		In Progress
Additional - Operational Initiatives	•Launch New Online PORTfolio	<ul style="list-style-type: none"> (i) Procure new platform and provider for online PORTfolio (ii) Launch new PORTfolio (iii) Integrate with other PD Program functions (i.e. RelevantT) 		In Progress
	•Conduct a review of our Registration Regulation	<ul style="list-style-type: none"> (i) Completion of a review of current issues by the Registration Committee (ii) Submission of a request for amendments to the MOH 	<ul style="list-style-type: none"> (i) a. The Registration Committee has completed its review and has developed a number of potential amendments b. A preliminary discussion has been held with the MOH. c. Revisions will be proposed to the RC in 2021 for its consideration. (ii) Submission will follow review by RC 	<ul style="list-style-type: none"> (i) In Progress (ii) In Progress
	•Conduct a complete policy review	<ul style="list-style-type: none"> (i) Complete an inventory of policies (ii) Develop a guide for developing and using professional documents (aka policy framework) (iii) Develop a new policy template based on best practices in policy development (iv) Conduct a review of all policies and related professional documents (i.e. procedures, guidelines, etc.) 		In Progress

College of Respiratory Therapists of Ontario
Proposed Budget 2021-2022

				Mar '20 - Jan 21	Budget	Proposed Budget	Comments
						2021-2022	
			Ordinary Income/Expense				
			Income				
			4100 · Registration Application Fees	1,350.00	15,000.00	15,000.00	(\$75x200 applications)
			4200 · Registration & Renewal Fees	2,351,947.50	2,225,000.00	2,340,000.00	170 new members = 55,000, 280 members renewing as inactive=35,000, General renewal fees ~\$ 2,250,000
			4210 · Competency Assessment-Stage1&2	500.00	4,000.00	4,000.00	based on 8 program reviews/BDIs@\$500 ea.
			4211 · Competency Assessment (CSA)	8,250.00	8,250.00	8,500.00	based on 4CSAs (2 we pay for 2 the applicant pays)
			4300 · Penalty Fees	5,812.50	5,000.00	5,000.00	
			4400 · Misc. Revenue	45.00		45.00	
			4600 · Investment Income	7,635.48	38,994.18	11,351.00	
			Total Income	2,375,540.48	2,296,244.18	2,383,896.00	
			Expense				
			5000 · Admin./Operational Expenses				
			5010 · Staff Salaries	945,562.30	1,156,578.79	1,088,650.60	10 staff
			5020 · Staff Benefits	58,051.90	64,400.00	68,033.30	90% of \$70,037 annually + \$500 Health Spending x 10 staff
			5030 · CPP&EI-Employer Contribution	36,196.46	37,543.60	40,555.40	Calculated using a gov't determined formula
			5031 · Staff RSP	23,791.49	34,697.36	32,455.14	3% CRTO portion
			5035 · Employer Health Tax (EHT)	0.00	14,753.29	1,728.69	gov't formula: (Salary - 1M) * 1.95% = EHT amount
			5040 · Staff Training & Development	6,780.00	5,000.00	5,000.00	
			5041 · Staff Personal Education	1,159.46	8,000.00	8,000.00	
			5045 · Staff-Travel & Expense-Misc.	3,016.65	12,500.00	5,000.00	
			5050 · Equipment (Non-Capitalized)	0.00	7,500.00	2,500.00	
			5060 · Rent & Occupancy	192,581.54	212,580.00	215,585.50	\$17,671*10+\$19438*2
			5070 · Equipment Leases & Maintenance	14,028.03	12,488.80	13,876.00	Xerox-\$3011*4, PB\$186.52*4, WL-\$271*4
			5090 · Insurance	5,555.52	5,341.00	6,111.60	10% increase
			5110 · Accounting & Audit	1,582.50	10,000.00	10,000.00	
			5120 · Legal - General	11,360.45	25,000.00	25,000.00	
			5121 · Legal - Investigation&Hearing	4,610.89	25,000.00	20,000.00	incurred by professional conduct
			5130 · Expenses-Investigations&Hearing	5,413.00	22,000.00	25,000.00	relating to a Discipline hearing or FTP hearing expenses
			5131 · Investigation Services	73,084.83	44,800.00	75,000.00	investigating a member or conducting a health inquiry
			5140 · Consulting - General	14,277.04	5,000.00	15,000.00	Policy Review

**College of Respiratory Therapists of Ontario
Proposed Budget 2021-2022**

					Mar '20 - Jan 21	Budget	Proposed Budget	Comments	
					5210 · Telephone/Fax/Internet	12,313.42	9,729.47	13,432.82	
					5220 · Computer Software	36,327.63	10,000.00	20,000.00	Higher Logic (Informz)-\$12,000, Microsoft-\$3,500, Adobe subscriptions-\$1650 US
					5221 · Computer Hardware	7,764.22	4,000.00	4,000.00	
					5223 · Website Hosting	1,045.25	2,000.00	4,154.00	Web hosting - \$1,875.78+tax per year, \$150+tax monthly for Enticity to do back-ups updates to WordPress
					5224 · Website Development	6,198.05	12,000.00	12,000.00	
					5230 · Postage/Courier - General	6,211.46	9,000.00	7,000.00	
					5240 · Printing - General	9,220.03	10,000.00	10,000.00	
					5250 · Translation - General	4,282.70	20,000.00	20,000.00	
					5310 · Office Supplies	7,922.06	7,500.00	7,500.00	
					5320 · Office Maintenance/Upkeep	4,245.92	4,000.00	4,000.00	
					5321 · Office Meeting Expenses	426.93	4,000.00	1,000.00	
					5330 · Bank Account Charges	1,175.14	1,214.23	1,281.97	
					5331 · Paypal Charges	1,234.77	1,232.04	1,347.02	
					5340 · Credit Card Merchant Fees	22,371.05	75,000.00	74,371.05	Feb.-\$52,000
					5350 · Conference Registration Fees	4,802.50	6,000.00	6,500.00	CNAR, CSRT
					5380 · Membership/Subscriptions	26,945.16	21,000.00	21,000.00	HSO,NARTRB,CLEAR,Survey Monkey, CNAR, AARC, APSO
					5381 · Alliance Expenses	47.58	21,000.00	1,000.00	
					5385 · Accreditation Services	0.00	21,500.00	18,000.00	Provincial = \$8500, National = \$9100
					5500 · QA Portfolio Reviewers	18,931.51	25,000.00	20,000.00	
					5516 · QA PORTfolio Annual Fee	39,550.00	30,000.00	39,550.00	PD Keepr + tax
					5518 · QA PORTfolio Dev't	274.59	10,000.00	10,000.00	
					5521 · Competency Assessment-Phase1&2	300.00	4,000.00	4,000.00	Based on 8 projected assessments
					5522 · Competency Assessment-CSA	21,358.06	8,250.00	17,000.00	Based on 4 CSAs
					5523 · Competency Assessment-Train/Dev't	0.00	0.00	3,000.00	
					5524 · QA PORT App. Subscription fee	0.00	13,500.00	0.00	PD Keeper subscription fee
					5545 · Outreach Activities-Travel/Exp.	1,928.90	5,000.00	2,000.00	
					5546 · Communications - General	0.00	4,000.00	3,000.00	
					5547 · Communications - Social Media	0.00	1,500.00	1,500.00	
					5610 · Education Day Expenses	0.00	10,000.00	10,000.00	
					5620 · Data Base Development	7,368.71	80,000.00	50,000.00	
					5623 · Database Annual Software Fee	46,294.97	23,000.00	0.00	

**College of Respiratory Therapists of Ontario
Proposed Budget 2021-2022**

					Mar '20 - Jan 21	Budget	Proposed Budget	Comments	
					5624 · Database Hosting	8,426.31	9,500.00	9,500.00	
					5700 · Unrealized Gain/Loss (investmt)	-2,485.00	0.00	0.00	
					5932 · Student Council Rep.	1,363.64	9,000.00	0.00	
					Total 5000 · Admin./Operational Expenses	1,692,897.62	2,175,108.58	2,053,633.09	
					6000 · Council				
					6010 · Council - Meeting Per Diems	4,550.00	0.00		
					6020 · Council - Prep Time Per Diems	3,450.00	0.00		
					6030 · Council - Travel Time Per Diems	366.21	0.00		
					6040 · Council - Meals	1,216.40	0.00		
					6050 · Council - Accommodation	442.08	0.00		
					6060 · Council - Travel Expense	850.07	0.00		
					6090 · Council - Meeting Room Expense	0.00	0.00		
					6097 · Council-Education/Training Cost	100.00	0.00		
					Total 6000 · Council	10,974.76	30,000.00	12,000.00	4 virtual meetings
					6100 · Executive				
					6110 · Executive - Meeting Per Diems	1,600.00	0.00		
					6120 · Executive - Prep Time Per Diems	550.00	0.00		
					6170 · Executive Telephone	68.72	0.00		
					Total 6100 · Executive	2,218.72	4,750.00	4,200.00	6 virtual half day meetings
					6200 · Registration				
					6210 · Registration-Meeting Per Diems	1,162.50	0.00		
					6220 · Registration-PrepTimePerDiems	2,050.00	0.00		
					6230 · Registration-TravelTimePerDiems	0.00	0.00		
					6240 · Registration - Meals	0.00	0.00		
					6250 · Registration - Accomodation	0.00	0.00		
					6260 · Registration - Travel Expense	0.00	0.00		
					6270 · Registration - Telephone	124.28	0.00		
					6297 · Registration- Educ/Training	0.00	0.00		
					Total 6200 · Registration	3,336.78	15,000.00	11,875.00	2 full day virtual mtg + 13 panels

**College of Respiratory Therapists of Ontario
Proposed Budget 2021-2022**

					Mar '20 - Jan 21	Budget	Proposed Budget	Comments
				6300 · Pat.Rel.				
				6310 · Pat.Rel.-Meeting Per Diems	500.00	0.00		
				6320 · Pat.Rel.-Prep Time Per Diems	850.00	0.00		
				6330 · Pat.Rel.-Travel Time Per Diems	0.00	0.00		
				6340 · Pat.Rel.-Meals	0.00	0.00		
				6350 · Pat.Rel.-Accomodation	0.00	0.00		
				6360 · Pat.Rel.-Travel Expenses	0.00	0.00		
				6370 · Pat.Rel.-Telephone	18.69	0.00		
				Total 6300 · Pat.Rel.	1,368.69	12,000.00	9,000.00	2 full day virtual mtg + 3 teleconf.
				6400 · QA				
				6410 · QA - Meeting Per Diems	775.00	0.00		
				6420 · QA - Prep Time Per Diems	100.00	0.00		
				6430 · QA - Travel Time Per Diems	0.00	0.00		
				6440 · QA - Meals	0.00	0.00		
				6450 · QA - Accommodation	0.00	0.00		
				6460 · QA - Travel Expense	0.00	0.00		
				6470 · QA - Telephone	0.00	0.00		
				Total 6400 · QA	875.00	17,500.00	12,000.00	3 full day virtual mtg + 3 panels
				6500 · ICRC				
				6510 · ICRC-Mtg Per Diems	3,312.50	0.00		
				6520 · ICRC-Prep Time	6,575.00	0.00		
				6530 · ICRC-TravelTime	131.38	0.00		
				6540 · ICRC-Meals	512.06	0.00		
				6550 · ICRC-Accommodation	0.00	0.00		
				6560 · ICRC-Travel Expense	928.32	0.00		
				6570 · ICRC-Telephone	635.33	0.00		
				6597 · ICRC-Educ/Training	0.00	0.00		
				Total 6500 · ICRC	12,094.59	27,100.50	16,000.00	20 teleconferences (4 per teleconf.)

College of Respiratory Therapists of Ontario Proposed Budget 2021-2022

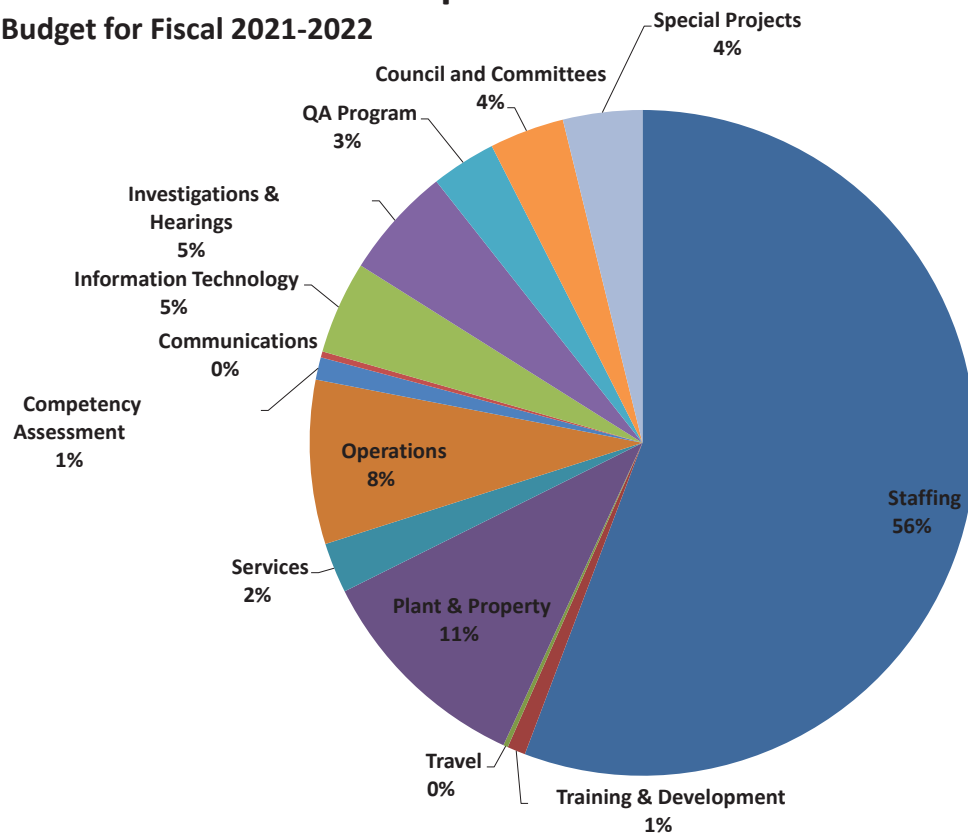
					Mar '20 - Jan 21	Budget	Proposed Budget	Comments				
				6600 · Discipline								
				6697 · Discipline - Training	0.00	0.00	3,400.00					
			Total 6600 · Discipline					0.00	8,570.00	3,400.00	2 Orientation Workshops	
				6700 · Fitness					0.00	0.00	#	
				6797 · Fitness - Training	0.00	0.00	1,700.00					
			Total 6700 · Fitness					0.00	2,718.75	1,700.00	1 Orientation Workshop	
			Total Expense					1,723,766.16	2,292,747.83	2,123,808.09		
Net Ordinary Income					651,774.32	3,496.35	260,087.91					
Other Income/Expense												
	Other Expense											
8000 · Special Projects												
			5555 · Scope of Practice Monitoring					89,094.85	80,000.00	85,000.00		
			Total 8000 · Special Projects					89,094.85	80,000.00	85,000.00		
Net Income					562,679.47	-76,503.65	175,087.91					

CRTO Distribution of Expenses Budget 2021-2022

Category	Annual Budget	% of Total Budget (By Category)
Statutory Functions	2,043,633.09	93%
Staffing	1,231,423.13	56%
Training & Development	19,500.00	1%
Travel	5,000.00	0%
Plant & Property	238,073.10	11%
Services	54,000.00	2%
Operations	175,932.86	8%
Competency Assessment	24,000.00	1%
Communications	6,500.00	0%
Information Technology	99,654.00	5%
Investigations & Hearings	120,000.00	5%
QA Program	69,550.00	3%
Council and Committees	80,175.00	4%
Special Projects	85,000.00	4%
Total Budget	2,208,808.09	100.0%

Distribution of CRTO Expenses

Budget for Fiscal 2021-2022



Budget Category	Line #	Item	Annual Budget	% of Total
Statutory Functions			2,043,633.09	93%
Staffing			1,231,423.13	56%
	5010	Staff Salaries	1,088,650.60	88%
	5030	CPP & EI - Employer Contributions	40,555.40	3%
	5035	Employer Health Tax (EHT)	1,728.69	0%
	5020	Benefits	68,033.30	6%
	5031	Staff RSP - Employer Contributions	32,455.14	3%
Training & Development			19,500.00	1%
	5040	Staff Training & Development	5,000.00	26%
	5041	Staff Personal Education	8,000.00	41%
	5350	Conference Registration Fees	6,500.00	33%
Travel			5,000.00	0%
	5045	Staff Travel & Expenses - Misc.	5,000.00	100%
Plant & Property			238,073.10	11%
	5060	Rent & Occupancy	215,585.50	91%
	5070	Equipment Leases & Maintenance	13,876.00	6%
	5050	Office Equipment	2,500.00	1%
	5090	Insurance	6,111.60	3%
Services			54,000.00	2%
	5110	Accounting & Audit	10,000.00	19%
	5120	Legal - General	25,000.00	46%
	5140	Consulting - General	15,000.00	28%
	5320	Office Maintenance/Upkeep	4,000.00	7%
Operations			175,932.86	8%
	5210	Telephone/Internet	13,432.82	8%
	5230	Postage/Courier	7,000.00	4%
	5240	Printing	10,000.00	6%
	5250	Translation	20,000.00	11%
	5310	Office Supplies	7,500.00	4%
	5321	Office Meeting Expenses	1,000.00	1%
	5330	Bank Account Changes	1,281.97	1%
	5331	PayPal Charges	1,347.02	1%
	5340	Credit Card Merchant Fees	74,371.05	42%
	5380	Memberships/Subscriptions	21,000.00	12%
	5381	NARTRB	1,000.00	1%
	5385	Accreditation Services	18,000.00	10%

Competency Assessment Program		24,000.00	1%
5521	Competency Assessment (Phase 1+2)	4,000.00	17%
5522	Competency Assessment (Phase 3)	17,000.00	71%
5523	Competency Assessment Training/Dev't	3,000.00	13%

Communications		6,500.00	0%
5546	Comms - General	3,000.00	46%
5547	Comms - Social media	1,500.00	23%
5545	Outreach Activities - Travel + Expenses	2,000.00	31%

Information Technology		99,654.00	5%
5220	Computer Software	20,000.00	20%
5221	Computer Hardware	4,000.00	4%
5223	Website Hosting & Maintenance	4,154.00	4%
5224	Website Development	12,000.00	12%
5620	Database Development	50,000.00	50%
5623	Database Annual Software Fees	-	0%
5624	Database Hosting	9,500.00	10%

Investigations & Hearings		120,000.00	5%
5131	Investigation Services	75,000.00	63%
5130	Expenses - I&H	25,000.00	21%
5121	Legal - I&H	20,000.00	17%

QA Program		69,550.00	3%
5500	PORTfolio Reviewers	20,000.00	29%
5516	QA Online PORTfolio Annual Fee	39,550.00	57%
5518	QA PORTfolio Development	10,000.00	14%
5524	QA PORTability App Subscription Fee	-	0%

Council and Committees		80,175.00	4%
5610	Education Day	10,000.00	12%
6000	Council	12,000.00	15%
6100	Executive	4,200.00	5%
6200	Registration	11,875.00	15%
6300	PRC	9,000.00	11%
6400	QAC	12,000.00	15%
6500	ICRC	16,000.00	20%
6600	Discipline	3,400.00	4%
6700	Fitness	1,700.00	2%

Special Projects		85,000.00	4%
5555	Scope of Practice	85,000.00	100%
5932	Student Council Rep Initiative	-	0%



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

Registrar's Report

March 2021

Internal

CURRENT INITIATIVES

Covid-19

The CRTO continues to monitor daily sector stakeholder updates by the MOH Emergency Operations Centre (EOC) and the Critical Care Secretariat of Ontario (CCSO). Our role in a situation such as this is to monitor, be prepared to look at standards and licensing practices in the event of a surge (and an associated impact on the labour pool), and communicate. We've been posting relevant EOC updates as they are released and have a number of relevant links on our website to facilitate access to timely, accurate and reliable information for RTs in Ontario. We're also staying in close contact with other regulatory colleges as well as the RTSO to coordinate our efforts, should this become more significant in Ontario.

Vaccination

Along with all other health professions regulators, we have been asked to assist the 34 public health units in Ontario in communicating vaccine-related information to RTs. This typically consists of instructions on how to make an appointment and where to go to get vaccinated. Janice has also built us a dedicated webpage for us that contains reference material related to vaccinations.

Registration Practices

Following Council's approval of our Emergency Registration Policy, we have registered over 200 additional RTs, many coming from 3rd year students as well as several RTs who were recently retired or Inactive. This added nearly 5% to our total registration numbers, which was a critical buffer when we were planning for surge capacity in the early stages of this pandemic. The emergency registration conditions for expediting registration remains in place although the period for deferral of registration fees has now closed.

Professional Development Program

We had extended the deadline for RTs to submit their professional portfolios this year. With the protracted nature of the pandemic, we have now advised those who were unable to submit by the deadline that they will be deferred to next year. Notifications for the 2021 submissions have been sent out to the membership.

Professional Conduct

We continue to receive complaints and reports during this pandemic and have been managing them in a “business as usual” fashion, despite staff all working remotely. Provincial emergency provisions have granted regulators some leeway in meeting the regular timelines for dealing with complaints. Regardless, we have been endeavouring to continue to adhere to the usual timelines and managing our caseload in a risk-based approach, wherever possible.

General Office matters

All staff have been working remotely since mid-March and we have been holding weekly staff meetings via videoconference. We are expecting to continue to conduct most business office remotely for the next several months and continue to apply practices that allow for business continuity while also being remote (e.g. forwarding calls from office phone to cell phones, etc.).

Policy Development Initiatives

Several staff participated in a policy writing course in late September through the University of Ottawa. We came away with a number of ideas for policy improvement, which has led to the recruitment of a consultant with extensive policy development experience to guide us through a systematic review of all CRTC policies and procedures. Our consultant will begin the work in early December 2020. We have also arranged a follow-up workshop for staff in the winter on Plain Language Writing, again offered through the professional development institute at the University of Ottawa.

Website Redesign

We’re in the middle phases of redeveloping our website, with a general content map in place and now working through a number of technical options for how best to present that material. The main structure is still relevant but since we launched our website in 2013, there have been significant changes in what the expectations for what’s available for and easy to access by the public. This will take us the better part of a year to work through but it’ll be a welcome refresh for our main interface with our stakeholders.

ADMINISTRATION

College Performance Management Framework

The MOH has developed a framework that is intended to take a comprehensive review of a regulatory body's practices and performance. We have completed the first draft of our submission and it is coming forward to Council for discussion. This was very much a team effort that required collectively over 250 hours to complete yet has already provided us with some insights into areas for improvement (and that's really the point of all this). We're looking forward to seeing some of the summary information once the MOH has had the opportunity to review and analyze everyone's reports. Following the discussion at Council, we'll refine the document and submit by the end of March.

HR Services

We have established a relationship with Taylor McMahon HR, a full service boutique HR services firm and now have an agency available to assist with on-boarding, off-boarding, recruitment, and staff/organizational development.

External

National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB)

While all in-person NARTRB meetings have been cancelled, there has been some activity. The item of most interest may be a working group that formed to look at the current evidence in support of using simulation in pre-licensure training. We're hoping to inform future guidelines on what must be performed in a clinical setting vs. a simulated setting for the purposes of demonstrating competency in RT educational programs.

Accreditation Services in Canada

Accreditation Canada and their subsidiary, the Health Standards Organization (HSO), is administering our new accreditation program through their EQual program. Most RT programs in Canada have signed on to the new program, both the NARTRB and the CRTO have signed as clients, and the CRTO will be participating in site visits in Ontario. To date, 4 of the 7 programs in Ontario have undergone an accreditation review since Jan. 2021.

HPRO

FHRCO underwent transformative reforms over the last year and, along with strategic planning, helped to position the organization to best respond to changes in this constantly shifting regulatory landscape. While work continues to finalize the by-laws to reflect the new structure, the 2 key priorities for this year are governance reform and support for reporting for the CPMF. Kevin remains the President of HPRO.

The inaugural board governance training workshop was held in November, with over 100 participants (indicating that there was, indeed, a need). The CRTO sent 10 individuals to the

workshop – a mix of staff, Council and committee members. A second one will be held later this spring.

Canadian Board for Respiratory Care (CBRC)

The CBRC was re-signed as the provider of the national general RT exam again last spring. Many regulators have encouraged the CBRC to pursue greater use of computer-based testing to include gamification, video, and interactive elements. In response, the CBRC has applied for funding through ESDC and the CRTO has written a letter to ESDC in support of that application. They ran the exam on delayed dates this year (approx. 1 month later than normal) and, working closely with Yardstick Assessment Services and ProctorU, the virtual administration was successful. We have since registered many of the graduates who were successful on the exam.

The CBRC AGM was held in November. Julie Brown announced that she would be stepping down as Chair and Meena Kumar will be taking over in that role. John Annear from B and Sheldon Fizzard from Sask were appointed to the Board of Directors.

Canadian Network of Agencies of Regulation (CNAR)

This association for regulatory bodies offered a virtual conference series this year, with nearly 30 sessions offered over 12 weeks, providing a range of continuing education opportunities for regulators across the country. Our staff attended a number of these sessions.

Office of the Fairness Commissioner

Lisa, Denise and Kevin met with Irwin Glasberg, the Ontario Fairness Commissioner and staff for our annual review meeting. We once again received a clean review with no recommendations for improvement. We also received commendations for the work we've done on registration and competency assessment. Job well done for Lisa and Denise, who compiled and submitted our annual report.

Canadian Institute for Health Information

Here's a link to the latest report on Covid-19 cases and deaths in health care workers in Canada: https://www.cihi.ca/en/covid-19-cases-and-deaths-in-health-care-workers-in-canada?utm_medium=email&utm_source=crm&utm_campaign=healthcare-workers-covid-19-cases-and-deaths-in-canada&utm_content=covid-19-cases-and-deaths-in-health-care-workers-in-canada-en&emktg_lang=en&emktg_order=1

College of Respiratory Therapists of Ontario

Balance Sheet Prev Year Comparison

As of January 31, 2021

	Jan 31, 21	Jan 31, 20
ASSETS		
Current Assets		
Chequing/Savings		
1050 · Petty Cash	300.00	300.00
1100 · Bank-CIBC	768,458.98	418,436.67
Total Chequing/Savings	768,758.98	418,736.67
Accounts Receivable		
1200 · Accounts Receivable	30,585.02	-575.00
Total Accounts Receivable	30,585.02	-575.00
Other Current Assets		
1116 · CIBC GIC	493,406.57	495,480.50
1118 · Investment - Wood Gundy	754,214.43	730,274.26
1119 · Investment - Wood Gundy Cash	7,145.90	7,145.90
1190 · Prepaids	54,270.76	48,114.96
Total Other Current Assets	1,309,037.66	1,281,015.62
Total Current Assets	2,108,381.66	1,699,177.29
Fixed Assets		
1310 · Furniture & Equipment	70,655.98	68,393.72
1320 · Computer	31,457.41	31,457.41
1330 · Database	459,127.64	404,260.49
1332 · Mobile App	92,230.40	92,230.40
1340 · Accum.Dep'n-Furniture&Equipment	-67,493.22	-62,857.58
1350 · Accum. Dep'n - Computers	-30,044.79	-28,506.00
1360 · Accum. Dep'n - Database	-331,619.95	-294,823.62
1361 · Accum.Dep'n-Mobile App	-84,433.40	-70,361.17
1370 · Lease improvements	153,875.93	153,875.93
1380 · Accum. Dep'n - Leasehold Improv	-153,875.93	-147,622.51
1500 · Equipment under captial lease	61,001.87	60,700.00
1520 · Accumulated depre'n-capital lea	0.00	-30,350.00
2700 · Obligation under captial lease	-60,850.00	-34,326.79
Total Fixed Assets	140,031.94	142,070.28
TOTAL ASSETS	2,248,413.60	1,841,247.57
LIABILITIES & EQUITY		
Liabilities		
Current Liabilities		
Other Current Liabilities		
2210 · Accrued Liability	69,936.19	190,424.45
2300 · Deferred Revenue - Renewal Fees	510,025.00	437,409.00
Total Other Current Liabilities	579,961.19	627,833.45
Total Current Liabilities	579,961.19	627,833.45
Total Liabilities	579,961.19	627,833.45
Equity		
3110 · Gen. Contingency Reserve Fund	500,000.00	500,000.00
3150 · Reserve for Funding of Therapy	80,000.00	80,000.00

College of Respiratory Therapists of Ontario

Balance Sheet Prev Year Comparison

As of January 31, 2021

	Jan 31, 21	Jan 31, 20
3200 · Accumulated Surplus/Deficit	75,397.94	-336,596.22
3652 · Reserve, Investigations&Hearing	150,000.00	150,000.00
3653 · Special Projects Reserve Fund	300,000.00	345,173.00
3655 · Invested in Furniture&Equipment	0.00	87,242.48
Net Income	563,054.47	387,594.86
Total Equity	1,668,452.41	1,213,414.12
TOTAL LIABILITIES & EQUITY	2,248,413.60	1,841,247.57

College of Respiratory Therapists of Ontario
Income Statement
Budget vs. Actual
March 2020-January 2021

	Mar '20 -Jan' 21	Budget	+/- Budget	% of Budget	Mar '19 -Jan'20
Ordinary Income/Expense					
Income					
4100 · Registration Application Fees	1,350.00	15,000.00	-13,650.00	9.00%	14,790.00
4200 · Registration & Renewal Fees	2,351,947.50	2,225,000.00	126,947.50	105.71%	2,140,285.00
4210 · Competency Assessment-Stage1&2	500.00	4,000.00	-3,500.00	12.50%	5,750.00
4211 · Competency Assessment (CSA)	8,250.00	8,250.00	0.00	100.00%	2,750.00
4300 · Penalty Fees	5,812.50	5,000.00	812.50	116.25%	6,165.00
4400 · Misc. Revenue	45.00				
4600 · Investment Income	7,635.48	38,994.18	-31,358.70	19.58%	26,498.91
Total Income	2,375,540.48	2,296,244.18	79,296.30	103.45%	2,196,238.91
Expense					
5000 · Admin./Operational Expenses					
5010 · Staff Salaries	945,562.30	1,156,578.79	-211,016.49	81.76%	958,048.23
5020 · Staff Benefits	58,051.90	64,400.00	-6,348.10	90.14%	44,905.00
5030 · CPP&EI-Employer Contribution	36,196.46	37,543.60	-1,347.14	96.41%	34,735.31
5031 · Staff RSP	23,791.49	34,697.36	-10,905.87	68.57%	27,779.44
5035 · Employer Health Tax (EHT)	0.00	14,753.29	-14,753.29	0.00%	10,745.57
5040 · Staff Training & Development	6,780.00	5,000.00	1,780.00	135.60%	1,130.00
5041 · Staff Personal Education	1,159.46	8,000.00	-6,840.54	14.49%	2,143.80
5045 · Staff-Travel & Expense-Misc.	3,016.65	12,500.00	-9,483.35	24.13%	11,464.74
5050 · Equipment (Non-Capitalized)	0.00	7,500.00	-7,500.00	0.00%	0.00
5060 · Rent & Occupancy	192,581.54	212,580.00	-19,998.46	90.59%	136,634.24
5070 · Equipment Leases & Maintenance	14,028.03	12,488.80	1,539.23	112.33%	10,116.33
5090 · Insurance	5,555.52	5,341.00	214.52	104.02%	5,233.68
5110 · Accounting & Audit	1,582.50	10,000.00	-8,417.50	15.83%	706.75
5120 · Legal - General	11,360.45	25,000.00	-13,639.55	45.44%	12,150.12
5121 · Legal - Investigation&Hearing	4,610.89	25,000.00	-20,389.11	18.44%	13,183.39
5130 · Expenses-Investigations&Hearing	5,413.00	22,000.00	-16,587.00	24.61%	8,323.28
5131 · Investigation Services	73,084.83	44,800.00	28,284.83	163.14%	31,029.25
5140 · Consulting - General	14,277.04	5,000.00	9,277.04	285.54%	8,386.92
5210 · Telephone/Fax/Internet	12,313.42	9,729.47	2,583.95	126.56%	8,918.68
5220 · Computer Software	36,416.90	10,000.00	26,416.90	364.17%	23,216.51
5221 · Computer Hardware	7,764.22	4,000.00	3,764.22	194.11%	56.50
5223 · Website Hosting	1,045.25	2,000.00	-954.75	52.26%	1,271.25
5224 · Website Development	6,198.05	12,000.00	-5,801.95	51.65%	7,242.98
5230 · Postage/Courier - General	6,211.46	9,000.00	-2,788.54	69.02%	11,933.86
5240 · Printing - General	9,220.03	10,000.00	-779.97	92.20%	9,261.46
5250 · Translation - General	4,282.70	20,000.00	-15,717.30	21.41%	16,739.85
5310 · Office Supplies	7,922.06	7,500.00	422.06	105.63%	7,194.68
5320 · Office Maintenance/Upkeep	4,245.92	4,000.00	245.92	106.15%	3,591.33
5321 · Office Meeting Expenses	426.93	4,000.00	-3,573.07	10.67%	3,369.42

College of Respiratory Therapists of Ontario
Income Statement
Budget vs. Actual
March 2020-January 2021

		Mar '20 -Jan' 21	Budget	+/- Budget	% of Budget	Mar '19 -Jan'20
	5330 · Bank Account Charges	1,175.14	1,214.23	-39.09	96.78%	1,113.04
	5331 · Paypal Charges	1,234.77	1,232.04	2.73	100.22%	1,129.37
	5340 · Credit Card Merchant Fees	22,371.05	75,000.00	-52,628.95	29.83%	20,904.78
	5350 · Conference Registration Fees	4,802.50	6,000.00	-1,197.50	80.04%	4,260.41
	5380 · Membership/Subscriptions	23,766.67	21,000.00	2,766.67	113.18%	16,681.91
	5381 · Alliance Expenses	47.58	21,000.00	-20,952.42	0.23%	20,648.87
	5385 · Accreditation Services	3,089.22	21,500.00	-18,410.78	14.37%	21,165.00
	5500 · QA Portfolio Reviewers	18,931.51	25,000.00	-6,068.49	75.73%	19,012.00
	5516 · QA PORTfolio Annual Fee	39,550.00	30,000.00	9,550.00	131.83%	0.00
	5518 · QA PORTfolio Dev't	274.59	10,000.00	-9,725.41	2.75%	16,950.00
	5521 · Competency Assessment-Phase1&2	300.00	4,000.00	-3,700.00	7.50%	6,095.12
	5522 · Competency Assessment-CSA	21,358.06	8,250.00	13,108.06	258.89%	0.00
	5524 · QA PORT App. Subscription fee	0.00	13,500.00	-13,500.00	0.00%	13,163.94
	5545 · Outreach Activities-Travel/Exp.	1,928.90	5,000.00	-3,071.10	38.58%	2,105.41
	5546 · Communications - General	0.00	4,000.00	-4,000.00	0.00%	0.00
	5547 · Communications - Social Media	0.00	1,500.00	-1,500.00	0.00%	167.49
	5610 · Education Day Expenses	0.00	10,000.00	-10,000.00	0.00%	0.00
	5620 · Data Base Development	7,368.71	80,000.00	-72,631.29	9.21%	89,066.61
	5623 · Database Annual Software Fee	46,294.97	23,000.00	23,294.97	201.28%	20,072.19
	5624 · Database Hosting	8,426.31	9,500.00	-1,073.69	88.70%	8,006.43
	5700 · Unrealized Gain/Loss (investmt)	-2,485.00	0.00	-2,485.00	100.00%	5,747.72
	5932 · Student Council Rep.	1,363.64	9,000.00	-7,636.36	15.15%	5,859.81
	Total 5000 · Admin./Operational Expenses	1,692,897.62	2,175,108.58	-482,210.96	77.83%	1,681,662.67
	6000 · Council					
	6010 · Council - Meeting Per Diems	4,550.00	0.00	4,550.00	100.00%	4,550.00
	6020 · Council - Prep Time Per Diems	3,450.00	0.00	3,450.00	100.00%	4,650.00
	6030 · Council - Travel Time Per Diems	366.21	0.00	366.21	100.00%	1,334.13
	6040 · Council - Meals	1,216.40	0.00	1,216.40	100.00%	4,077.73
	6050 · Council - Accommodation	442.08	0.00	442.08	100.00%	3,340.38
	6060 · Council - Travel Expense	850.07	0.00	850.07	100.00%	3,155.79
	6090 · Council - Meeting Room Expense	0.00	0.00	0.00	0.00%	1,624.37
	6097 · Council-Education/Training Cost	100.00	0.00	100.00	100.00%	1,128.81
	Total 6000 · Council	10,974.76	30,000.00	-19,025.24	36.58%	23,861.21
	6100 · Executive					
	6110 · Executive - Meeting Per Diems	1,600.00	0.00	1,600.00	100.00%	550.00
	6120 · Executive - Prep Time Per Diems	550.00	0.00	550.00	100.00%	550.00
	6170 · Executive Telephone	68.72	0.00	68.72	100.00%	111.56
	Total 6100 · Executive	2,218.72	4,750.00	-2,531.28	46.71%	1,211.56
	6200 · Registration					

College of Respiratory Therapists of Ontario
Income Statement
Budget vs. Actual
March 2020-January 2021

		Mar '20 -Jan' 21	Budget	+/- Budget	% of Budget	Mar '19 -Jan'20
	6210 · Registration-Meeting Per Diems	1,162.50	0.00	1,162.50	100.00%	1,562.50
	6220 · Registration-PrepTimePerDiems	1,875.00	0.00	1,875.00	100.00%	2,100.00
	6230 · Registration-TravelTimePerDiems	0.00	0.00	0.00	0.00%	262.76
	6240 · Registration - Meals	0.00	0.00	0.00	0.00%	776.27
	6250 · Registration - Accomodation	0.00	0.00	0.00	0.00%	448.25
	6260 · Registration - Travel Expense	0.00	0.00	0.00	0.00%	583.78
	6270 · Registration - Telephone	124.28	0.00	124.28	100.00%	202.08
	6297 · Registration- Educ/Training	0.00	0.00	0.00	0.00%	142.58
	Total 6200 · Registration	3,161.78	15,000.00	-11,838.22	21.08%	6,078.22
	6300 · Pat.Rel.					
	6310 · Pat.Rel.-Meeting Per Diems	500.00	0.00	500.00	100.00%	1,000.00
	6320 · Pat.Rel.-Prep Time Per Diems	650.00	0.00	650.00	100.00%	600.00
	6330 · Pat.Rel.-Travel Time Per Diems	0.00	0.00	0.00	0.00%	407.59
	6340 · Pat.Rel.-Meals	0.00	0.00	0.00	0.00%	371.77
	6350 · Pat.Rel.-Accomodation	0.00	0.00	0.00	0.00%	287.11
	6360 · Pat.Rel.-Travel Expenses	0.00	0.00	0.00	0.00%	653.09
	6370 · Pat.Rel.-Telephone	18.69	0.00	18.69	100.00%	84.19
	Total 6300 · Pat.Rel.	1,168.69	12,000.00	-10,831.31	9.74%	3,403.75
	6400 · QA					
	6410 · QA - Meeting Per Diems	775.00	0.00	775.00	100.00%	1,650.00
	6420 · QA - Prep Time Per Diems	100.00	0.00	100.00	100.00%	550.00
	6430 · QA - Travel Time Per Diems	0.00	0.00	0.00	0.00%	360.00
	6440 · QA - Meals	0.00	0.00	0.00	0.00%	512.19
	6450 · QA - Accommodation	0.00	0.00	0.00	0.00%	1,017.48
	6460 · QA - Travel Expense	0.00	0.00	0.00	0.00%	1,405.41
	6470 · QA - Telephone	0.00	0.00	0.00	0.00%	56.50
	Total 6400 · QA	875.00	17,500.00	-16,625.00	5.00%	5,551.58
	6500 · ICRC					
	6510 · ICRC-Mtg Per Diems	3,312.50	0.00	3,312.50	100.00%	3,187.50
	6520 · ICRC-Prep Time	6,575.00	0.00	6,575.00	100.00%	5,150.00
	6530 · ICRC-TravelTime	131.38	0.00	131.38	100.00%	441.73
	6540 · ICRC-Meals	512.06	0.00	512.06	100.00%	
	6550 · ICRC-Accommodation	0.00	0.00	0.00	0.00%	249.65
	6560 · ICRC-Travel Expense	928.32	0.00	928.32	100.00%	156.60
	6570 · ICRC-Telephone	635.33	0.00	635.33	100.00%	411.56
	6597 · ICRC-Educ/Training	0.00	0.00	0.00	0.00%	200.00
	Total 6500 · ICRC	12,094.59	27,100.50	-15,005.91	44.63%	9,797.04
	6600 · Discipline					

College of Respiratory Therapists of Ontario
Income Statement
Budget vs. Actual
March 2020-January 2021

		Mar '20 -Jan' 21	Budget	+/- Budget	% of Budget	Mar '19 -Jan'20
	6620 · Discipline - Training	0.00	0.00	0.00	0.00%	0.00
	Total 6600 · Discipline	0.00	8,570.00	-8,570.00	0.00%	0.00
	6700 · Fitness	0.00	0.00	0.00	0.00%	0.00
	6620 · Discipline - Training	0.00	0.00	0.00	0.00%	0.00
	Total 6700 · Fitness	0.00	2,718.75	-2,718.75	0.00%	0.00
	Total Expense	1,723,391.16	2,292,747.83	-569,356.67	75.17%	1,731,566.03
	Net Ordinary Income	652,149.32	3,496.35	648,652.97	18652.29%	464,672.88
	Other Income/Expense					
	Other Expense					
	8000 · Special Projects					
	5555 · Scope of Practice Monitoring	89,094.85	80,000.00	9,094.85	111.37%	77,078.02
	Total 8000 · Special Projects	89,094.85	80,000.00	9,094.85	111.37%	77,078.02
	Net Income	563,054.47	-76,503.65	639,558.12	-735.98%	387,594.86

CRTO Investment Portfolio - Distribution
January 31, 2021

Investment Category	Term Limitation	Fund Limitation	Minimum Rating	Additional Fund Limitations	Current Investments	Book Value (\$)	Portfolio %
Cash		Unlimited				988,773	54%
					Regular Chequing Account	767,984	42%
					REN HIGH INT SAVINGS	118,471	6%
					CIBC HIGH INT SAVINGS	102,318	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:						838,908	46%
GICs	365 days to 3 years	75%		Total investments in any one bank not to exceed 35% of total portfolio	GIC Holdings		
					HSBC BANK GIC 1.75% 29Ap2021 (1 Yr)	100,000	5%
					HOME TRUST COMPANY 1.18% 28Jn22 (2 Yr)	63,400	3%
					HAVENTREE BANK GIC 2.34% 5Jn21 (1 Yr)	51,000	3%
					CIBC GIC 1.7% 26Ap21 (1 Yr)	494,613	27%
					HAVENTREE BANK GIC .97% 27Oct22 (2 Yr)	47,314	3%
					HOME TRUST COMPANY .9% 27Oct22 (2 Yr)	36,600	2%
					INDUSTRIAL & COMMERCIAL BANK OF CHINA .85% 27Oct22 (2 Yr)	45,981	3%
					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						1,827,681	100%



SECURITY INCOME ANALYSIS (CAD)

As of January 29, 2021

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

Margin

Your Investment Advisor: J B MOORE

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								
Securities Expiring Within a Year								
100,000 HSBC BK CDA 1.75% 30AP21	04/29/2020	100,000.00	100,000.00	0.00			1,313.70	1.00
51,000 HAVENTREE BK GIC CA 7JN21	06/05/2019	51,000.00	52,993.28	1,993.28				1.00
Total Securities Expiring Within a Year		\$ 151,000.00	\$ 152,993.28	\$ 1,993.28			\$ 1,313.70	
High Interest Savings Account								
102,317.800 CIBC HIGH INT SVG A(5002)	04/19/2016	102,317.80	102,317.80	0.00		6,318.35		1.00
118,471.300 REN HIGH INT SVG AC(5000)	11/24/2009	118,471.30	118,471.30	0.00		5,099.77		1.00
Total High Interest Savings Account		\$ 220,789.10	\$ 220,789.10	\$ 0.00		\$ 11,418.12		
Total Cash & Cash Equivalents		\$ 371,789.10	\$ 373,782.38	\$ 1,993.28		\$ 11,418.12	\$ 1,313.70	
SHORT-TERM FIXED INCOME								
Canadian Corporate Paper								
45,981 IND & COMM BK CHIN 31OC22	10/28/2020	45,981.00	46,081.33	100.33				1.00
100,000 CDN WEST CA 9DC23	12/08/2020	100,000.00	100,180.50	180.50				1.00
Total Canadian Corporate Paper		\$ 145,981.00	\$ 146,261.83	\$ 280.83				
Guaranteed Investment Certificate								
63,400 HOME TR CO G 1.18% 30JN22	06/29/2020	63,400.00	63,400.00	0.00			436.57	1.00
47,314 HAVENTREE BK GIC C 31OC22	10/28/2020	47,314.00	47,431.76	117.76				1.00
36,600 HOME TR CO GIC CA 31OC22	10/28/2020	36,600.00	36,684.55	84.55				1.00
100,000 EQTBL BANK GIC CA 11DC23	12/08/2020	100,000.00	100,180.50	180.50				1.00
Total Guaranteed Investment Certificate		\$ 247,314.00	\$ 247,696.81	\$ 382.81			\$ 436.57	
Total Short-Term Fixed Income		\$ 393,295.00	\$ 393,958.64	\$ 663.64			\$ 436.57	
Total		\$ 765,084.10	\$ 767,741.03	\$ 2,656.93		\$ 11,418.12	\$ 1,750.27	

Accrued Interest:	\$ 1,750
Declared and Unpaid Dividends:	
Total Portfolio Value:	\$ 769,491

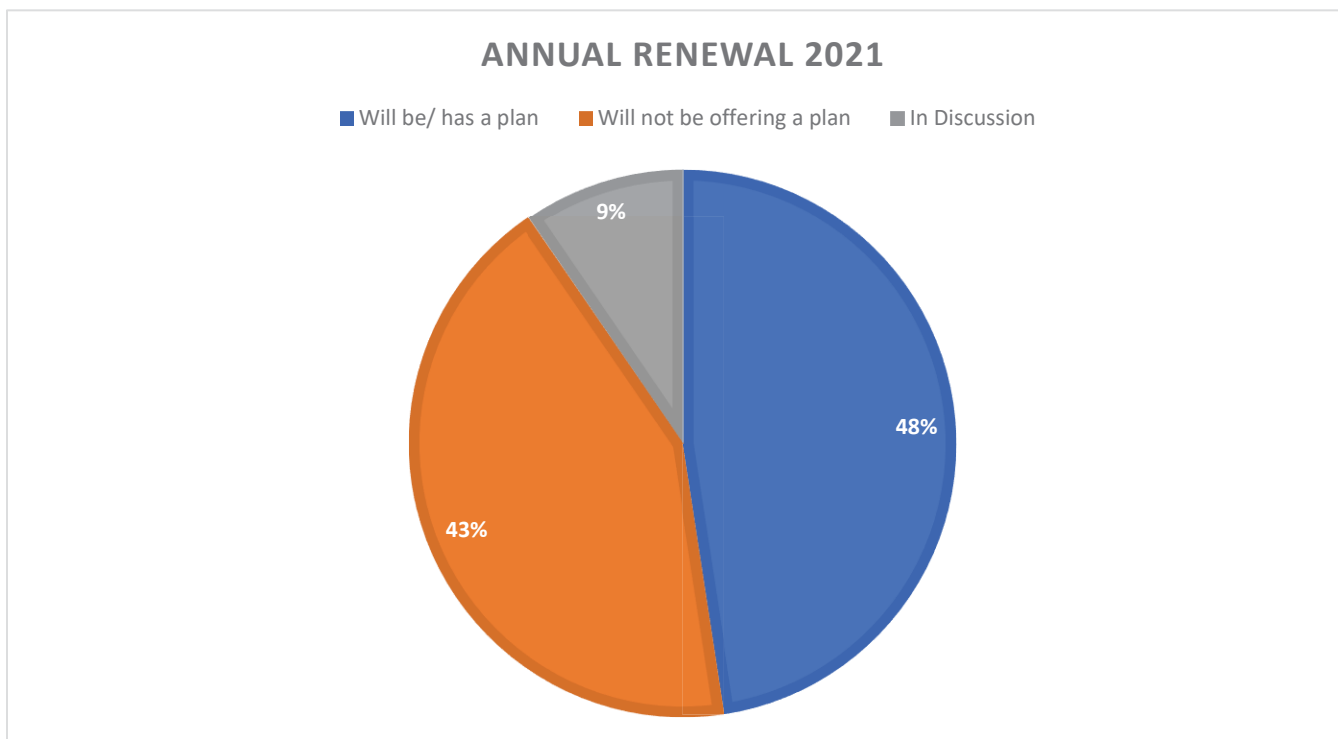
** Where applicable, Unrealized G/L includes accumulated interest. Accumulated interest is included in the "Unit Cost" / "Invested Cost" and in the "Book Value" / "Invested Capital" columns.

This report is not an official record. The information contained in this report is to assist you in managing your investment portfolio recordkeeping and cannot be guaranteed as accurate for income tax purposes. In the event of a discrepancy between this report and your client statement or tax slips, the client statement or tax slip should be considered the official record of your account(s). Please consult your tax advisor for further information. Information contained herein is obtained from sources believed to be reliable, but is not guaranteed. Some positions may be held at other institutions not covered by the Canadian Investor Protection Fund (CIPF). Refer to your official statements to determine which positions are eligible for CIPF protection or held in segregation. Calculations/projections are based on a number of assumptions; actual results may differ. Yields/rates are as of the date of this report unless otherwise noted. Benchmark totals on performance reports do not include dividend values unless the benchmark is a Total Return Index, denoted with a reference to 'TR' or 'Total Return'. CIBC Private Wealth Management consists of services provided by CIBC and certain of its subsidiaries, including CIBC Wood Gundy, a division of CIBC World Markets Inc.

Annual Renewal (Last Year)	Annual Renewal (This Year)		
	Will be/ has a plan	Will not be offering a plan	In Discussion
<ol style="list-style-type: none"> The College of Naturopaths of Ontario - 40% decrease in registration fees in 2020 - unlikely to offer this two years in a row. Ontario College of Teachers (OCT) – Not a fee reduction but a delay in payment College of Medical Radiation and Imaging Technologists of Ontario (CMRITO)- A one-time \$90.00 credit last year. <ul style="list-style-type: none"> Covid fee credit of \$90 to the membership in April 2020. This credit was applied at the time of their annual renewal of registration which is due on the member's birthday. For those who are yet to renew, the fee credit is available in their accounts for when they renew their registration. College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario - Last year, the College extended the renewal fee payment deadline (from April 1 to June 1, 2020), waived all the late fees and introduced a payment plan (members were able to submit their renewal payments in three installments). College of Denturists of Ontario - 50% reduction in fees for 2020-21 as the renewal process started in March 2020 and most Denturists were unable to work for an extended period of time. The annual 	<ol style="list-style-type: none"> Law Society of Ontario (LSO) - Those who meet the eligibility criteria can defer payment their 2021 Annual Fees to 2022 Those who don't qualify for the Deferral Option still have access to the Monthly Pre-Authorized Payment Plan College of Opticians of Ontario - a \$250 (25%) fee reduction for 2021 Royal College of Dental Surgeons of Ontario (RCDSO) - Extended the December 15, 2020 deadline to February 28, 2021 (Fee remains the same and late fee is still applicable) – Not determined for December 15th, 2022 renewal <ul style="list-style-type: none"> Deadline for corporation annual renewals from August 31st (for all members with HPCs) to October 31st. Allowed members to renew their certificates of authorization at the discounted rate of \$175.00 and will not be charging the \$25.00 late fee in this case. College of Psychologists of Ontario – Annual fees remains the same but allow anyone who wishes to have a payment plan to do so. <i>(Tentative)</i> College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO) – Renewal date is October 1st. Extended the deadline for payment December 1st. <u>Fee increase has been canceled</u> for this year. <ul style="list-style-type: none"> Allowed a small number of members to pay in two installments (one installment on December 1st and another installment 	<ol style="list-style-type: none"> Association of Ontario Land Surveyors (AOLS) - They are not allowing any extensions in payments. Had planned to increase in fees for 2021. A by-law was passed to roll that back and maintain the 2020 fees. College of Physiotherapists of Ontario - Did not offer reduced fees for annual renewal (IT structure cannot support payment plan option) Ontario College of Teachers (OCT) – No plan to defer payment this year. College of Medical Radiation and Imaging Technologists of Ontario (CMRITO) – Not planning for this year. Will not be offering \$90 credit like last year. College of Dental Hygienists of Ontario (CDHO) - Not offering any type of COVID-19 relief plans this year Ontario College of Social Workers and Social Service Workers (OCSWSSW) - not reducing its renewal fees for 	<ol style="list-style-type: none"> The College of Naturopaths of Ontario - In discussion (Jan 27) along with any programming that potentially could be offered in 2021 as a relief measure <i>(Did not receive a follow-up email)</i> College of Denturists of Ontario - Renewal process will begin on March 2021, but Council has not yet confirmed the fee structure for 2021.

<p>fees are \$1900+tax usually but were \$950 last year. Also offered a 2- instalment option.</p>	<p>on February 1st). Installments were only allowed <u>on request</u> with a good reason.</p> <p>6. Human Resources Professionals Association (HRPA) - Has RDAP (Renewal Dues Assistance Program) who may require financial assistance due to unemployment, reduced hours/salary, on parental leave, on contract, or retirement.</p> <p>7. College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario - Reduced the 2021-2022 renewal fees for the General Class from \$1,300.00 to \$1,000.00. A one-time reduction. Renewal deadline is April 1, 2021.</p> <p>8. College of Massage Therapists of Ontario (CMTO) - 2021 renewal opened on Oct 2020. Offered a split payment option for General Certificate members. The Renewal fee is 785.00 and <u>split the payment in 2</u>, requiring RMTs to complete the renewal form and pay the first installment of \$392.50 by December 1, 2020 and then pay the second installment by March 1, 2021.</p> <p>- Council will review fee in May for 2022</p> <p>9. College of Veterinarians of Ontario - Modification of the licensure fees will be considered for those veterinarians expressing financial concerns. The licensed member must submit their <u>request in writing and explain the circumstances</u> surrounding their request. These fee modifications may be granted on compassionate grounds.</p> <p>- Anyone inquiring about financial assistance will be offered the following: The licence fee will not be reduced but spread out over two payments.</p>	<p>2021. An extended (unpublished) deadline to January 31 to complete the renewal <u>without a penalty fee</u>. The official renewal deadline was December 31, 2020.</p> <p>Allow payments beyond this deadline without a penalty on a case by case basis provided the member sends a detailed explanation regarding financial hardship.</p> <p>7. Ontario College of Pharmacists (OCP) - Not planning to offer reduced fees or payment plans this year.</p> <p>8. College of Nurses of Ontario – Renewal began. Did not offer a reduced rate or payment plan to members.</p>	
---	---	---	--

	<p>Completion of the renewal form and the 60% licence fee installment is due by November 30, 2020. The remaining 40% licence fee installment is due by February 4, 2021. This option is discussed with veterinarians when inquired over the phone or questions asked about financial assistance.</p> <p>10. College of Kinesiologists of Ontario – Renewal begins on July 1 to August 31. An approval to waive the late membership fee for a 60-day period from the renewal deadline (August 31, 2020 and ending October 31, 2020).</p> <ul style="list-style-type: none"> - Waiving reinstatement fee for registrants who were administratively suspended but applied for reinstatement prior to October 31, 2020 		
--	---	--	--





To: Council

From: CRTO Staff

Date: March 5, 2021

Subject: Revision to the Commitment to Ethical Practice Document

RECOMMENDATION:

It is recommended that Council approve the revised Commitment to Ethical Practice Document for circulation to the membership.

BACKGROUND AND RATIONALE:	CONSIDERATIONS:				
	Disagree ← → Agree				
<p>Practice guidelines, like A Commitment to Ethical Practice PPG, are designed to assist CRTO Members with their understanding of the legislative and regulatory parameters that shape their professional practice.</p> <p>The PPGs are reviewed every 5 years (or sooner, if necessary) and revised as required. After the initial revisions are made and approved by Council, the PPGs are circulated to the membership for their feedback.</p> <p>The last review of A Commitment to Ethical Practice was conducted in 2010; the document was due to be reviewed again in 2015.</p> <p>Staff conducted a detailed review and revision of the documents and drafted amendments for Council's consideration. The draft amendments are as follows:</p> <ul style="list-style-type: none">• Reorganized table of contents as per the following changes (pg 1)• Combined the Introduction and Development paragraphs and edited the content (pg 2)• Edits to Ethical Values Underpinning Practice to become more concise (pg 3)	1. The proposed policy is related to the practice of respiratory therapy.	①	②	③	④
	2. The proposed policy falls within the College's statutory mandate in that it reflects a government directive or the duty, object of the College.	①	②	③	④
	3. The proposed policy is related to the public interest.	①	②	③	④
	4. The proposed policy is supported by the College's strategic plan, mission or goals.	①	②	③	④

A Commitment to Ethical Practice

March 2021

Table of Contents

1. Main section

Guideline Introduction and Development
Acknowledgement
Ethical Values Underpinning Practice
Guiding Principles for Ethical Professional Practice

Commented [KA1]: Title change

Commented [KA2]: Content outdated and removed.

Case Scenarios – Applying the Principles to Practice

Abuse of Patient/Clients
Capable Patient/Client Refusing Plan of Care
Capacity and Consent
Changing Individual Scope of Practice
Conflict of Interest
Disclosure of Patient Safety Incidents
Diversity, Equity, and Inclusion
Duty to Care
End of Life Decision Making
Ending the RT-Patient/Client Relationship
Evidence-Based Medicine
Interprofessional Collaboration
Maintaining Professional Boundaries
Resource Allocation
Substitute Decision Maker
Transfer of Accountability
Social Media

Commented [KA3]: New addition

Steps to Ethical Decision Making

Bloodborne and Other Infectious Pathogens

Commented [KA4]: New addition

2. Glossary

3. References

Note that words and phrases denoted by **bold** lettering can be cross-referenced in the Glossary at the end of the document

Guideline Introduction and Development

Ethical decisions arise daily for Respiratory Therapists (RT) and it is not possible for the **College of Respiratory Therapists of Ontario** (Cрто) or the RT's employer to provide specific guidance for each scenario that a practitioner may encounter. Therefore, it is essential an RT practice within an **ethical framework** that will help guide decision-making when providing care. The Cрто's *A Commitment to Ethical Practice* is a first building block among a series of guidance and support documents aimed at helping practitioners deliberate on the choices that face them and discern the best option available.

The "code of ethics" for the practice of Respiratory Therapy was originally interwoven with the Cрто **Standards of Practice** document, which was first drafted in 1996 and revised in 2004. In 2010, a working group of RTs from various practice settings across the province gathered to revise the Standards of Practice document. Working with a Medical Ethicist, they used current literature and accepted principles and practices to build this distinct guideline for ethical RT practice. The final document was published on the Cрто website in December 2010.

Commented [KA5]: Wording change. Updated last document published date

College of Respiratory Therapists of Ontario (Cрто) publications contain practice parameters and standards that should be considered by all Ontario Registered Respiratory Therapists (RRTs) in the care of their patients/clients and in the practice of the profession. Cрто publications are developed in consultation with professional practice leaders and describe current professional expectations. All Members are required to abide by these Cрто publications. The "A Commitment to Ethical Practice" guideline is to be used in conjunction with the **Regulated Health Professions Act** (RHPA), the **Respiratory Therapy Act** (RTA) as well as all other Cрто Professional Practice Guidelines, Position Statements and Policies. Together, these documents provide a framework for achieving safe, effective, and ethical Respiratory Therapy practice. Although comprehensive, this document is not inclusive, and the failure to specifically identify a practice scenario does not negate the existence of these expectations and responsibilities. It's important to note that all these documents will be used in determining whether appropriate standards of practice and professional responsibilities have been maintained.

This guideline will be reviewed regularly and revised every 5 years at minimum or as required.

Note that words and phrases denoted by **bold** lettering can be cross-referenced in the Glossary at the end of the document.

Acknowledgement

The CROTO wishes to acknowledge the following working group members who assisted in the development of this revision of the CROTO Standards of Practice:

Commitment to Ethical Practice Review 2010

Tony Raso, RRT – William Osler Health Centre, Brampton

Christina Sperling, RRT – St. Michael's Hospital, Toronto

Daniel Fryer, RRT – Windsor Regional Hospital, Windsor (CROTO Registration Committee Member)

Judy Dennis, RRT – Children's Hospital of Eastern Ontario, Ottawa

Joelle Dynes, RRT – VitalAire Healthcare, London

Sue Jones, RRT – Royal Victoria Hospital, Barrie

Lily Yang, RRT – Holland Bloorview Kids Rehabilitation, Toronto

Lorella Piirik, RRT – Thunder Bay Regional Health Sciences Centre, Thunder Bay (CROTO Council Member)

Patrick Nellis, RRT – University Health Network, Toronto

Mary Bayliss, RRT – CROTO Deputy Registrar

Carole Hamp, RRT – CROTO Professional Practice Advisor

The CROTO would gratefully like to acknowledge the assistance of **Kevin Reel** BSc (OT), MSc; Medical Ethicist for Southlake Regional Health Centre & York Central Hospital, Toronto.

In fond memory of Gary Tang RRT.

The CROTO would like to acknowledge Gary's contribution as part of the Standards of Practice working group.

Ethical Values Underpinning Practice

While seldom contemplated explicitly, there are ranges of values that are commonly considered to uphold the practice of healthcare.. Many of these values would be seen as underpinning civil society in general – like honesty, courtesy and respect. Others among them are particularly **relevant** to professional practice – such as compassion, **transparency**, and **accountability**. Most healthcare organizations have an explicit list of values considered most salient for them. Given the lengthy list of values that might be considered relevant, the CROTO has chosen not to specify any particular combination.

Values are such fundamental notions that they do not offer much precision in guiding practice. To attend appropriately to values in day-to-day practice, we need to turn them into something more usefully substantive. Principles are general guides for decision-making and action. They are not precise guides, as rules might be, but rather they leave room for **judgement** based on the specific case at hand. They embody one or more of the values that inform them but work more usefully to keep the values explicit in our decision-making.

Guiding Principles for Ethical Professional Practice

First published in 1979 by philosophers, Tom Beauchamp and James Childress, **The Four Principles of Biomedical Ethics** laid the foundation for ethical decision making in healthcare. It is used today by the CRTO to provide a framework to guide RT practice.

Commented [KA6]: New

The Four Principles (Beauchamp, 2008)

1. **Respect for Autonomy (Free will)**

The obligation to respect the patient's (or their substitute decision-makers) plan of care. This principle requires RTs to:

- ensure that informed consent has been obtained before engaging in any patient intervention
- provide sufficient information to enable the patient to make an informed decision regarding their care
- respect that patient's plan of care, even if that plan differs from that of the healthcare team

2. **Beneficence – to do good**

The obligation to provide care that is beneficial to each patient in each situation. This principle requires RT's to:

- provide services to promote and maintain well-being
- consider each individual circumstance
- deliver services in a manner which is sensitive, empathetic, and collegial

3. **Non-maleficance – avoid doing harm**

The obligation to consider the possible harm of any intervention that is performed. This principle requires RT's to:

- weigh the risk and benefits of a proposed plan of care
- recognize when beneficence and non-maleficance can collide

4. Distribute Resources with Justice – act fairly

The obligation to be fair in distributing benefits, risks and costs. This principle requires RT's to:

- fairly and equally allocate resources and treatments
- triage and set priorities when resources are limited
- ensure that patients/clients in similar situations have access to the same care
- assess the impact of the allocation of resources from one group to another

These four principles are considered to be equally weighted, binding obligations for healthcare professionals. On occasions where two or more of the guiding principles conflict in their application, the task becomes determining which principle should overrule the other. This guidance document utilizes these four principles as the framework for ethical decision making for RT practice.

Commented [KA7]: added

Case Scenarios – Applying the Principles to Practice

The following case examples are used to illustrate how the principles are applied in decision making and behaviour in practice. Each case is explored with reference to the principles, but also with brief discussion of the values underpinning those principles.

RTs are encouraged to use the [Steps to Ethical Decision Making algorithm located on page 26](#) to work through these examples. The algorithm may also prove useful for determining the best possible course of action when confronted with ethical issues that arise as part of a RTs practice. This can be used in conjunction with their organization's established ethical decision-making processes (e.g., Staff Ethicist, Medical Ethics Committee, etc).

Abuse of Patients/Clients

Any abuse of a patient/client is immoral and illegal. It includes but is not limited to types of abuse such as:

- mental/psychological
- verbal/emotional
- physical
- sexual
- financial
- cultural/identity

Commented [KA8]: New and updated

The CRTO is committed to the prevention of all types of abuse that might occur within the RT-patient/client **therapeutic relationship**

A RT is called to perform an arterial blood gas puncture on a patient/client in the emergency department. The patient/client is verbally abusive to the RT and refuses to hold their his arms

A RT is called to perform an arterial blood gas puncture on a patient/client in the emergency department. The patient/client is verbally abusive to the RT and refuses to hold their his arms still. The RT restrains the patient/clients by securing their his hands to the bedrails. Would this be considered to be physical abuse and what other options were available?

The ethical dilemma revolves around respecting autonomy, or the patient/client's free will, which conflicts with the RT's need to do good and avoid doing harm.

Most hospitals have organizational policies regarding patient/client restraints and those must be taken into consideration when choosing a course of action. Generally, healthcare providers cannot use any form of restraint without the patient/ client's consent, except in an emergency in which there is a serious threat of harm to the individual or others, and all other measures have been unsuccessful. One of the risks of restraining the patient him is that it could be considered to be physical abuse because the patient/client has not consented to either the procedure or to being restrained. The RT should refer to their organization's policies on the use of restraints.

Commented [KA9]: Reorganized paragraph

For more information, please see the CRTO *Prevention of Abuse of Patient/clients* Professional Practice Guidelines (PPG) at: <http://www.crto.on.ca/pdf/PPG/abuse.pdf>

Capable Patient/Client Refusing Plan of Care

Patients/ clients are considered **capable** unless proven otherwise. They have the right to refuse any treatment/ procedure being proposed and to revoke any consent previously given to any or all aspects of their plan of care. Sometimes Occasionally, their decisions are not what the healthcare team has determined to be the best course of action. However, the patient/client's wishes must be respected; unless the practitioner has reasonable grounds to determine that patient/client lacks the requisite capacity to consent.

An oxygen discharge assessment is performed and the RT informs a patient/client

that they have qualified for home oxygen, which has been clinically proven to be beneficial for the individual's medical condition. However, the patient/client states that they do not need it and refuses the referral for home oxygen. How should the RT proceed?

The ethical principles involved in this scenario include respect for the patient/client's free will which conflicts with the RTs need to do good. The RT must ensure that the patient/client is fully informed of the risks of their decision but ultimately must respect the capable patient/client's decision. The ordering physician needs to be informed of the individual's decision as well as any other affected parties (e.g., patient/client's nurse). In addition, the conversation with the patient/client should be carefully documented.

For more information on consent and the capacity to consent, please see the CROTO Responsibilities Under Consent Legislation PPG at: <http://www.cрто.on.ca/pdf/PPG/UnderConsent.pdf>

Capacity and Consent

The Health Care Consent Act (HCCA) states consent may be implied or expressed, and a patient/client can revoke his/ her previously expressed consent to treatment at anytime. Consent must be informed, which means that information relating to the treatment must be received and understood by the individual. (HCCA, 1996)

Treatment can occur without the individual's consent only in specific circumstances, such as an emergency. However, reasonable steps must be taken to obtain consent prior to an emergency and no reason(s) should exist for the healthcare team to believe that the patient/client would have not wanted the treatment.

Commented [KA10]: Retitled to fit alphabetically with the topic above

Commented [KA11]: Example has been reworded below

A patient, who had, in the presence of their spouse, previously stated they wished to be a full code changes their mind, and tells only the RT. The patient then arrests before the RT could express this to the healthcare team or the patient's spouse, who verbalizes to proceed with resuscitation. How should the RT proceed?

The ethical principle involved is primarily the respect for the patient/client's free which **must be balanced with the need to do good and do no harm**. The RT is required to honor the patient/client's most recently stated wishes. The patient/client's wishes need to be articulated to the attending healthcare team and the RT should, if at all possible, refrain from participating in any resuscitation efforts. The CROTO *Responsibilities under Consent Legislation* PPG outlines what steps can be taken if the patient/client's expressed wishes are contrary to the family's and/or the healthcare team's plan of care. Prompt and open communication with all affected parties is essential, as is clear and objective documentation.

For more information, please see the CROTO *Responsibilities under Consent Legislation* PPG at: <http://www.croto.on.ca/pdf/PPG/UnderConsent.pdf>

Changing Individual Scope of Practice

The area of practice that a RT regularly works in is considered his/ her "individual scope of practice". It is essential that each RT ensure they are clinically competent to perform his/her duties within this scope safely and effectively. Advances in medicine and changing roles within the workplace require RTs to continually upgrade their knowledge and clinical skills. For example, the acuity level of patients/clients in the hospital setting is rising and this is creating a need for more advance levels of expertise in emergency and critical care. Moreover, all of this is occurring **within** the framework of increasing **financial restraints** for healthcare organizations. This makes it essential for Respiratory Therapists to not only embrace the on-

going evolution of their own practice but to actively take a leadership role in promoting change within the profession as a whole.

A RT who has worked for a number of years exclusively in a diagnostic lab setting is

being told by their employer that they will be redeployed to the ICU due to the pandemic. Whose responsibility is it to ensure that the RT is competent to assume this added responsibility?

The ethical principles involved include the practitioner's need to do good and to avoid doing harm.

There is a shared accountability between the employer and the RT to ensure competency. **Although there is an expectation that the employer provide education to obtain and maintain RT competency, however,** it is ultimately the RT's responsibility to be competent to perform whatever tasks are required of him/ her.

For more information, please see the CRTO Position Statement on *Scope of Practice & Maintenance of Competency* at: <http://cрто.on.ca/pdf/Positions/SOP.pdf>

Conflict of Interest

The CRTO **Conflict of Interest** Professional Practice Guideline (PPG) states that a conflict of interest is created when an RT puts themselves in position where a reasonable person could conclude that he/she is:

- undertaking an activity or
- having a relationship

that effects or influences his/her professional judgment. A conflict of interest may be actual apparent (perceived).^(CRTO, 2005 2014) A good rule of thumb is that if an RT senses that he/she may be in a conflict of interest, he/she likely is.

An RT working in the home care setting visits one of their ~~her~~ patients/clients on a regular basis

to change the individual's tracheostomy tube. As a result of this frequent interaction, they develop a congenial but purely professional relationship. The patient/client passes away after a few years and leaves the RT a large sum of money in ~~their his~~ will. The RT was not aware of this fact until after the patient/client's death and at no point did ~~they she~~ encourage the patient/client to alter ~~their his~~ will. Would it be a conflict of interest for the RT to accept the money?

The ethical principle involved is to act fairly. In this scenario, there may not be an actual conflict, as the RT's care of the patient/client was not likely to have been affected by this financial gift. However, there is a possibility of a perceived conflict of interest and therefore the RT should not accept the money.

An RT works at the only acute care hospital in a small city and on nights, works sole charge. A member of their spouse's family is ventilated in their ICU. Are they permitted to look after them?

The ethical principal is to do good and do no harm. Providing care to a member of one's own family is never an optimal situation and should not be undertaken if other options are available. However, there are times when providing RT services to a family member is unavoidable. If the family member requires the services of a Respiratory Therapist and there is no one else available, then the RRT must act in the best interest of the patient. If they decide to provide care, they need to be sure to document the potential conflict of interest. Also, it is essential that the RRT do everything in their power to transfer care to another RRT or equivalent practitioner as soon as possible and as appropriate.

For more information, please see the CRTO *Conflict of Interest* PPG at:
http://www.crto.on.ca/pdf/PPG/conflict_of_interest.pdf

Disclosure of Patient Safety Incidents

Each RT has an ethical, professional, and legal responsibility to provide full and frank disclosure of all **patient safety incidents, that result**-in harm or **have**-the potential for future harm, as soon as reasonably possible. In addition, amendments to the *Hospital Management* regulation made under the *Public Hospitals Act* now requires healthcare administrators (e.g., hospital administration) to establish a system for ensuring prompt disclosure of every **critical incident** to all affected parties. (O.Reg.423/07, 2007) **Patient safety events are generally classified as near miss, no harm incident, or harmful incident. While all incidents need to be appropriately reviewed to understand the contributory causes and implement future prevention policies, typically, near misses are not disclosed to patients or families.**

A RT on nights is called stat to attend to an infant whose ETT has become separated from the

A RT on nights is called stat to attend to an infant whose ETT has become separated from the 15mm connector. The tube has migrated into the infant's airway and the RT had to use Magill forceps to retrieve it. The infant experiences minimal bleeding and a brief period of desaturation. It was apparent that the RT on days had not secured the ETT properly and this had likely led to the disconnection being obscured until it was too late. Is this a critical incident and what should the RT do regarding the co-worker's error?

The ethical principles involved are to do good and do no harm. The incident outlined in the scenario would likely be determined to be a near miss as the infant was fortunately not significantly harmed. Therefore, disclosure to the patient/client's family may not be required. However, the RT should follow her hospital's established incident reporting processes. It is also important that the issue of improper taping of the ETT be addressed, as it may have led at least in part to the dislodging.

Commented [KA12]:

An RT performed a blood gas on a patient on the stroke unit. When they were finished, they did not put the bed rail up, and as they were preparing the sample to go to the lab, the patient fell onto the floor and broke their hip.

What are the next steps for the RT?

Commented [KA13]: New example

The ethical principles involved are to do good and do no harm. The event outlined in the scenario would be considered a critical incident as the patient was significantly harmed as a direct result of the RT's negligence. The RT should follow her hospital's established incident reporting processes and immediately report this incident. Disclosure to the patient/client's family must occur. Incident's such as this should also serve as opportunities for growth and improvement.

Commented [KA14]: New example

The *Apology Act* seeks to enable healthcare professionals to make an **apology** that cannot be taken into account in any determination of fault or liability in connection with that matter.

(Apology Act, 2009) More information on this act can be found at: http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_09a03_e.htm

Diversity, Equity and Inclusion

Commented [KA15]: New title. Moved to proper alphabetical position

In the healthcare setting, it is both a professional, ethical and legal responsibility that care be provided in a manner that protects and respects the dignity of the patient. RTs must identify, reduce and eliminate inequitable outcomes and power imbalances to provide care to patients/clients with diverse values and beliefs without prejudice. Examples of discrimination included those based on age, gender identity or expression, sexual orientation, culture, race, religion, disability, or medical condition. A practitioner therefore must recognize bias and become competent in providing inclusive and equitable care though the process of gaining a congruent set of behaviours and attitudes.

Commented [KA16]: Updated content

A male RT attending a delivery is told he is not permitted to be in the delivery room because the mother's cultural beliefs prohibits any man other than her husband and the physician from being present. However, the therapist in question is the only RT available to provide any necessary resuscitative care. Should he disregard the mother's request and attend the delivery in the delivery room?

12

The ethical principles involved are respect for free will, balanced with the need to do good and do no harm. Where possible, accommodation should be sought that would honour the mother's wishes, while at the same time ensuring that **safe**, optimal care is provided to her newborn infant. For example, arrangements could be made to have the resuscitation team ready to receive the infant in an adjoining room immediately after delivery.

8 Steps to Cultural Competence for Healthcare Professionals (IWK Health, 2006)

1. Examine your values, behaviours, beliefs and assumptions.
2. Recognize racism and the behaviours that breed racism.
3. Engage in activities that help you to reframe your thinking, allowing you to hear and understand other world views and perspectives.
4. Familiarize yourself with the core cultural elements of the community you serve.
5. Engage patients/ clients to share how their reality is similar to, or different from, what you have learned of their core cultural elements.
6. Learn how other cultures define, name and understand disease and treatment.
7. Develop a relationship of trust with patients/clients and co-workers by interacting with openness, understanding and a willingness to hear different perceptions.
8. Create a welcoming environment that reflects the diverse community that you serve.

A 81 year old patient in the ICU is being discussed by the healthcare team at rounds. A comment is made by the most responsible physician that, without speaking to the family, they will not be treating the patient as aggressively as they would if they were younger, given that "this is normal for an elderly person". Is this a biased opinion?

The ethical principles involved is to act fairly and to good and do no harm. Ontario's **Human Rights Code** outlines the right of every Ontario resident to receive equal treatment with respect to goods, services and facilities without discrimination based on a number of grounds including race, age, colour, sex, sexual orientation, and disability. Respiratory Therapists are therefore required to comply with this Code when providing care to patients/clients. Broadly this means that services are to be provided equally to all regardless of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, family status and/ or disability^(Ont. Human Rights Code, 1990).

Duty to Care

For the purpose of this document, “duty to care” is viewed from primarily an ethical, rather than a legal perspective. The *Ontario Health Plan for an Influenza Pandemic* states that a healthcare worker has “an ethical duty to provide care and respond to suffering.”^(OHPIP, 2008) The University of Toronto Joint Centre for Bioethics 2005 paper *Stand on Guard for Thee* reiterates the ethical duty to care that healthcare professionals owe the public.^(Joint Centre for Bioethics, 2005)

Both documents do acknowledge that the duty to care is contextual and many factors can affect a practitioner's ability to provide optimal patient/client care.

During a pandemic outbreak, several private day care centers close. A RT who works in the emergency department at a large teaching hospital is the single parent of a child who attends one of these day care facilities. The hospital is experiencing a significant increase in visits to the emergency department and several of the hospital's staff RTs are already off sick. What is the best course of action for this particular RT?

The ethical principles are to act fairly, do good and do no harm.

In this circumstance, the RT is required to balance the needs of the RT's patients/clients with the needs of their child. It is not clear that patient/client care would suffer if they did not come into work (e.g., there is other staff who can provide the same care). However, if they were unable to make other babysitting arrangements, the RT would not legally or morally be able to leave their child unattended. Members are encouraged to anticipate and seek to address factors that may interfere with their ability to carry out their professional duties.

During the pandemic, an RT is unwilling to come to work due to his concern that he will contract the illness and bring it home to his elderly father.

Can he refuse to work under the Occupational Health and Safety Act?

Commented [KA17]: New example

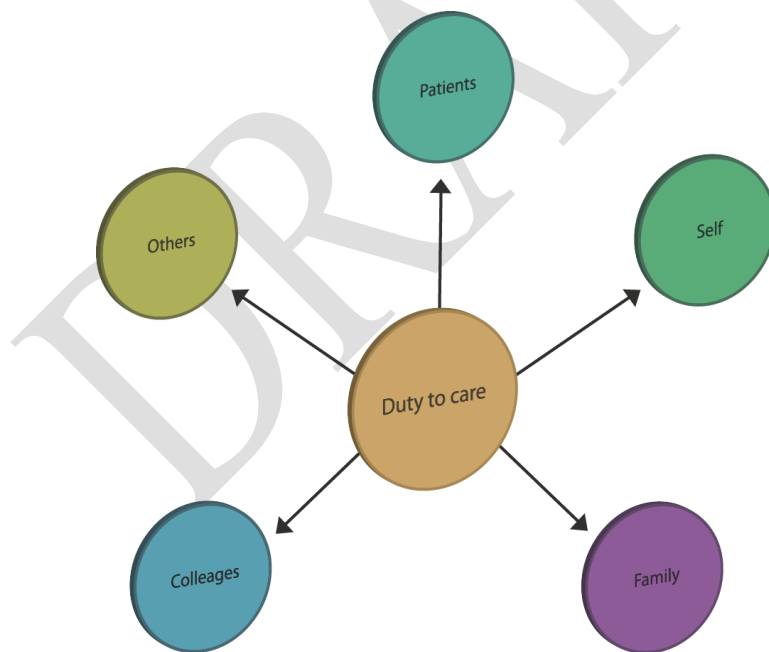
The ethical principles are to act fairly, do good and do no harm

Respiratory Therapists care for patients with respiratory illness every day, and this is inherent in the work that they do. Additionally, an RT's refusal to provide their services could potentially endanger the life, health or safety of these patients. Therefore, in this circumstance, the RT is expected to fulfill the requirements of his job.

At times, multiple obligations can result in conflicting priorities which are quite specific to each individual. Therefore, each RT must ultimately balance his/her own reality with the best interest of their patient/client. When faced with managing conflicting duties, the expectation of the College is that its Members will, to the very best of their abilities, provide ethical, safe and competent patient/client care.

S.43(1) of the *Occupational Health & Safety Act* (1990) delineates under what circumstance certain types of employees can refuse work due to fear of exposure to a hazard. This act clearly articulates that hospital workers do not have a right of refusal to work if:

- if the hazard is inherent in the work the employee does; or
- when the employee's refusal to work would directly endanger the life, health or safety of another person.¹



1. Occupational Health & Safety Act. (1990). *Legislative Assembly of Ontario*.

End of Life Decision Making

The legal rights of the patient/client at the end of his/her life are the minimum ethical requirements. Capable individuals have a right to make their own decisions regarding their medical care. If that capability is called into question, they have the right to have their capacity assessed. The HCCA outlines the process that must be followed if a patient/client is deemed incapable, which includes the appointment of a **Substitute Decision Maker (SDM)**. (HCCA, 1996) It is important to note, however, that the final decision as to the plan of care rests with the patient/client or SDM. Not only is consent to treatment required, it is also necessary for “withdrawing” or “withholding” treatment. (HCCA, 1996)

A newborn infant with severe SMA type 1 is requiring continuous NIPPV. Because the prognosis is grave, the physician in charge of her care has determined it to be “everyone’s best interest” to remove the baby from the BiPAP. However, the parents want the treatment to continue, in the hopes that they can eventually go home. The RT has been asked to remove the BiPAP. How should they proceed?

The ethical principles involved are respect for the patient/client’s free-will which conflicts with the RTs need to do good and do no harm. The parents in this case are the child’s guardians and therefore can make decisions for their child. The healthcare team may have solid medical evidence surrounding long-term survival of this child and quality of life for the family and should share the predicted outcome with the parents. -However, the parents are the guardians and therefore, able to make decisions on behalf of the child. If an agreement on the plan of care cannot be obtained, and if the healthcare team feels that the parent’s decision is not in the child’s best interest, the case should be presented to the **Consent and Capacity Review Board**. In the interim, however, the parent’s decision stands, and the RT should refrain from removing the infant from NIPPV.

For more information, please see the CROTO Responsibilities under Consent Legislation PPG at: <http://www.croto.on.ca/pdf/PPG/UnderConsent.pdf>

Ending the RT-Patient/client Relationship

Sometimes it is necessary for an RT to end the therapeutic relationship with a patient/client. If the services of the RT are being discontinued because the individual no longer requires them, then it is usually a matter of making sure all of the proper documentation is in place and that the patient/client's primary physician has been informed. If, however, the RT is no longer able to provide care to an individual still in need of services, then it is incumbent upon the respiratory therapist to ensure that care has been transferred to the most appropriate person and/or facility.

A patient/client being cared for by a home oxygen company has been formally warned twice that the oxygen will be removed due to safety concerns (i.e., smoking as well as unsafe handling and storage). On a subsequent visit the RT finds the patient smoking in their living room with the grandchildren playing nearby. How should the RT proceed?

The ethical principle involved is primarily the respect for free will, which must be balanced with the need to do good and do no harm. Home care companies generally have explicit policies regarding oxygen and smoking. Failure to abide by this can result in removal of the oxygen for the safety of the patient, their family, and the healthcare team. The RT is required to follow organizational policies and work with the patient's physician to find safe, alternative resolutions. Once the RT is satisfied all requirements have been met, they should remove the oxygen and instruct the patient to proceed to their local hospital. As always, documentation is extremely important.

It is important to note that if an RT is changing employers (e.g., moving from one home oxygen company to another) they should in no way endeavour to entice a patient/client to change companies as well. The therapist should, consider the best interest of the patient/client over his/her own needs

Evidence based and reflective practice

In order to provide the highest level of quality patient care, RT's must apply current and best practice guidelines and research in their clinical practice. -Evidence-based medicine challenges the notion that practitioners should continue to adhere to "accepted" medical practices that have are no longer relevant or validated. Rather, RT's It is an RT's responsibility to demonstrate

professional excellence and practice competently and with integrity, ensuring that they seek opportunities for professional development and life long learning.

Commented [KA18]: New

An internal medicine specialist has ordered an inappropriately high tidal volume (>10 ml/kg) for a patient/client with ARDS and has not written an order to ventilate to ABGs. The hospital has a policy that the NHLBI ARDS Mechanical Ventilation Protocol should be implemented for individuals who meet the inclusion criteria. How should the RT proceed?

The ethical principles involved are to do good and do no harm.

First, the RT is required to act in the patient/client's best interest. If the practitioner has sound reason to question any medical order, then he/she should immediately bring this to the attention of the individual who wrote the order. Sometimes a careful and well-informed explanation on the part of the RT can be enough to have the order changed. If not, then how the RT proceeds will vary depending on how detrimental he/she feels the existing order will potentially be for the patient/client. In this scenario, if the RT was not satisfied with the outcome of the discussion with the ordering physician, then there is usually another level of administration to take his/her concern (e.g., chief of staff, administrator on-call, etc). In the interim, the patient/client should be set on whatever set of parameters that is considered to be safe and everything must be carefully documented. All other staff caring for the patient/client (i.e. bedside nurse), should also be informed.

Interprofessional Collaboration

Interprofessional collaboration (IPC) refers to the positive interaction of two or more healthcare professionals who bring their unique skills and knowledge to assist patients/clients and their families with their health decisions. (EICP, 2005) There exists a large body of research confirming the benefits of IPC for patients/clients, the healthcare professionals, and the healthcare system. Each profession brings their own competency and skill set and working together as a collaborative team provides the opportunity to learn from each other.

The overall goal of IPC is to optimize patients'/clients' access to the skills and competencies of a wide range of health professionals. In certain circumstances, optimal access care is best obtained by ensuring that as many practitioners as possible can provide a given service. In other instances, it is in the best interest of patient/client care to ensure that a select group of "experts" provide a specific service.

The ICU nurses at a community hospital have approached their administration (without consultation with the RT dept.) requesting they be permitted to perform arterial line insertion (a task which up until now has been performed only by the RTs). Without consultation consulting with the ICU nursing dept.) to senior administration. What should have been done to ensure a collaborative process and what outcome would be in the best interest of optimal patient care?

The ethical principles involved are to do good and do no harm, balanced with the need to act fairly. Although the process described in the scenario was definitely a poor example of IPC, an argument could be made for either side having a valid argument in the best interest of the patients/clients. In certain practice settings, having the nurses also insert arterial lines would enhance patient/client's access to the procedure. In other situations, having only the RTs do it would ensure that only the most practiced and skilled practitioner performs the procedure. The outcome is actually less important than the reasons why it was being requested or refuted. The primary concern must always be what is best to ensure optimal patient/client care, as opposed to "turf expansion or protection".

Maintaining Professional Boundaries

The **therapeutic relationship** between an RT and his/her patient/client is one of empathy, trust and respect. It is important to acknowledge that there exists within this relationship an inherent power imbalance. The RT has access to specialized knowledge, and privileged information that the patient/client does not have. The RT also has the ability to advocate on behalf of the patient/client. Therefore, it is essential that RTs respect the relationship they have

with their patient/client through effective communication, patient/client centered care and the maintenance of **professional boundaries**.

In a therapeutic relationship with a patient/client, the best interests of that individual are paramount, unless doing so would endanger the welfare of others. The patient/client's vulnerability places the obligation on the RT to manage the relationship appropriately. Examples that the RT may be crossing professional boundaries in the RT's therapeutic relationship are:

- Disclosing personal problems to a patient/client;
- Accepting gifts from a patient/client that could potentially change the nature of the relationship and influence the level or nature of care; or
- Spending time outside the therapeutic relationship with a patient/client.
- **Becoming "friends" on social media**

Commented [KA19]: New

RTs also have **professional relationships** with all other members of the healthcare team with whom they interact with as they carry out their duties. In some of these relationships, a power imbalance mirrors that in the RT's therapeutic relationship (e.g., staff RT supervising Student RTs, Charge Therapist overseeing newer staff RTs). It is essential for the RT to adhere to the same standard for the maintenance of these professional relationships as they do in their therapeutic relationships.

An RT who works in a sleep lab is asked out on a date by a patient/client who had been assessed in their lab a week earlier. They accept and eventually marry. Has the RT failed to maintain appropriate professional boundaries?

The ethical principle involved is to act fairly. Unfortunately, even when acting fairly, one can be perceived as otherwise. **not acting fairly** (giving preferential treatment, for example). The RT may have violated professional boundaries if the patient/client continued to be cared for at the sleep lab where the RT worked. The only way that a personal relationship would be permissible is if the therapeutic relation had officially ended and this must be clearly documented.

A Registered Respiratory Therapist (RRT), acting in a Clinical Instructor capacity at a teaching hospital, receives a "friend request" on Facebook by a Student RT currently rotating through the hospital. The RRT accepts and they begin an exchange on-line of personal comments and photos. Has the RRT crossed the professional boundaries?

The ethical principle involved is to act fairly. Because an imbalance of power also exists between the staff therapists and students, the RRT is prohibited from engaging in a personal relationship with this individual. This is most definitely a violation of professional boundaries, regardless of the content of the comments and photos.

Resource Allocation

Certain emergencies (e.g., pandemics) as well as financial and human resource constraints make the consideration of how to manage conflicting duties all that more critical for each healthcare professional. Under the extreme pressure that such an event can have on the healthcare system, **surge response strategies** often need to be put into place to ensure that the greatest number of patients/clients benefit from the available resources. In these situations, the basic principles for ethical treatment of patients/clients must remain. However, there sometime needs to be a shift in the focus from what is best for each individual to what will benefit those most in need. Even less urgent situations may necessitate making the best use of limited resources.

A patient/client who has suffered a head injury is being transported from a community hospital to a tertiary care centre. There are 2 RTs on nights at the community hospital and one is being asked to accompany the non-intubated individual on transport. This would leave the other RT to care for the entire hospital alone. What would be the best course of action?

The ethical principles involved are to do good and do no harm, balanced with the need to act fairly. There are a great many variables when determining whether the RT should go out on the transport or remain in hospital. Many facilities have criteria set out in policy in order to assist the RT in establishing priorities in situation such as this. There is no one correct answer and it depends on factors such as the likelihood the patient/client going on transport will not be able to protect his airway, the level of current acuity at the hospital, etc.

Substitute Decision Maker

The HCCA defines capacity as the ability to understand information necessary to make an informed treatment decision, and appreciate the reasonably foreseeable consequences of a decision or lack of a decision ^(HCCA, 1996). As mentioned previously, if a patient/client is determined to be incapable with respect to his/her medical care, a SDM may give or withhold consent on the individual's behalf. It is important to note, however that the SDM is required to honour the patient/client's wishes, if known to be articulated when he/she was capable. If there are no **known capable wishes**, then the SDM must act in the patient/client's best interest.

A 35 year old woman who is suffering from end-stage MS is admitted to the ICU in severe respiratory distress. She is unable to communicate and her prior wishes are not known to the healthcare team. However, the husband, acting in his capacity as SDM, is demanding that his wife be placed on life support. The RT is called to intubate. Is the SDM acting in the patient/client's "best interest" and how should the RT proceed?

The ethical principles involved are to do good and do no harm balanced with the respect for free will. For one thing, it is difficult to determine if the husband is acting in his wife's best interest, as we do not know if she had any prior competent wishes, or what they might have been. Her family physician is someone who may know, as hopefully this is a conversation they would have had, knowing the likely course of her disease. Another consideration is whether her current respiratory distress is the result of something that is curable (e.g., pneumonia) or a result of the disease progression. If at all possible, the RT should try to avoid intubation until such time as it can be established that this is the best interest of the patient/client.

Transfer of Accountability (TOA)

Communication of information between healthcare providers is a fundamental component of patient/client care. According to a study done by the U.S. Joint Commission on Accreditation of Healthcare Organizations in 2003, almost 70% of all sentinel events are caused by breakdown in communication. (Alvarado, K, et al., 2006) It is during the transfer of accountability (sometimes referred to as "transfer of care") that there is the most significant risk of harm to the patient/client.

It is also the times when breaches in patient/client **confidentiality** frequently occur. Not only can information that should be passed on be missed or misunderstood, but it may also be generally inappropriate, or inappropriate for certain personnel to hear. It is essential when disclosing personal health information to remember who is in the patient/client's **circle of care**. This term is not defined in the 2004 *Personal Health Information Protection Act*, but has been generally accepted to be the healthcare providers who deliver care and services for the primary therapeutic benefit of the patient/client. It also covers related activities such as laboratory work and professional or case consultation with other healthcare providers².

Some organizations have implemented a standardized, evidence-based approach to TOA in order to improve the effectiveness and coordination of communication. Some hospital departments have utilized a checklist type format (e.g., code status, infection control requirements, risk concerns) to ensure that nothing important is overlooked during "shift change". The CRO encourages its Members to evaluate their own TOA processes and perhaps customize tools used within their own facility

2. Transfer of Accountability: Transforming Shift Handover to Enhance Patient Safety.

During a verbal report in the staff lounge, a RT reveals to all those present that a patient/client seen in emergency during the previous shift had been brought in following a failed suicide attempt. The door of the lounge are open and nursing staff coming to and from work are passing by in the hallway. In addition, the patient/client is the sister-in-law of the Ultrasound Technician, who happens to be in the staff lounge when report is being given. What ethical values/ principles have been violated and what steps could have been taken to prevent this from happening?

The ethical principles involved are to do good and do no harm. The RT giving report has shown a lack of respect for the dignity to the patient/client in question. Also, the patient/client's confidentiality has been violated, as the information was not disclosed in a manner that prevented those outside the individual's circle of care from being privy to it. Every effort needs to be made to ensure the information shared at handover is accurate, complete and that the risk of inappropriate disclosure of personal health information is minimized.

An RT is currently working part time at one hospital and casual at another. One evening, they needed to leave prior to shift change, in order to arrive on time for their shift at the other facility. If they have gotten permission from their employer to leave early, is it permissible to do so according to the CRO?

Commented [KA20]: New example

The ethical principles involved are to do good and do no harm.

The RT is responsible for providing respiratory care up to the point of the transfer of accountability and must be physically present to provide a verbal report, unless there are other organizational mechanisms in place. This situation has the potential for significant risk (e.g The second RT is delayed in arriving for their shift).

The fact that your employer permits something is only one part of the equation. As a regulated healthcare professional, your ultimate accountability is to your patients

Social Media

Commented [KA21]: New section

Social media can have a positive impact on the healthcare community, including facilitating communication, collaboration, and knowledge distribution. It is important to remember however, that there are potential consequences if the content is interpreted by others as improper or use of these platforms is unprofessional.

Many facilities and companies have policies regarding social media use which often reflect their specific organizational expectations and values. As an individual who is associated with these organizations, it is important to follow these guidelines when conducting themselves in a recorded format.

Respiratory Therapists have a professional and moral obligation to conduct and represent themselves in a manner which maintains and enhances the reputation and perception of the profession to the public, such that trust, and confidence is built and maintained. The CRTO would like to remind RT's that they must comply with the expectations of the profession, including legislative, and use their professional judgement to ensure that their social media posts align with the CRTO's standards of practice and Commitment to Ethical Practice document. Prior to posting, please consider these values:

- **Accountability and integrity:** Your posts may be interpreted as a direct reflection of yourself, your organization, and your profession, and could be potentially damaging to reputations. Your professional and personal lives are intertwined. Reflect on your own intentions and the possible consequences.
- **Professionalism:** As a regulated healthcare worker, your posted content may be received as medical or professional advice. Weigh the risks and benefits of the information you share. You are required to always uphold and maintain a professional image on your social media accounts. Failure to do so could be considered Professional Misconduct. [About the Standards - CRTO Standards of Practice](#)
- **Privacy and confidentiality:** Breaches are often unintentional and inadvertent. Photos and content may hold identifying details that can reveal confidential information surrounding a patient, their family, or the organization. This can have severe consequences to not only yourself, but to the organization under privacy legislation. Confidentiality: [Standard 11 | CRTO Standards of Practice](#)
- **Patient/client boundaries:** avoid dual relationships with patients/families.

- Communicate respectfully! Your online profile should reflect the professional that you are.

For more information on how social media impacts on RT Practice, please refer to the following documents:

Standard 12.7: Communicate electronically and through social media in a manner that respects therapeutic and professional relationships;

Standard 3.6: Refrain from making false, deliberately misleading or offensive statements, contrary to the interests of the public or the honour and dignity of the profession, whether orally or in writing;

Standard 13.26: Behave in a professional manner that presents a positive image of Respiratory Therapy to the community; and

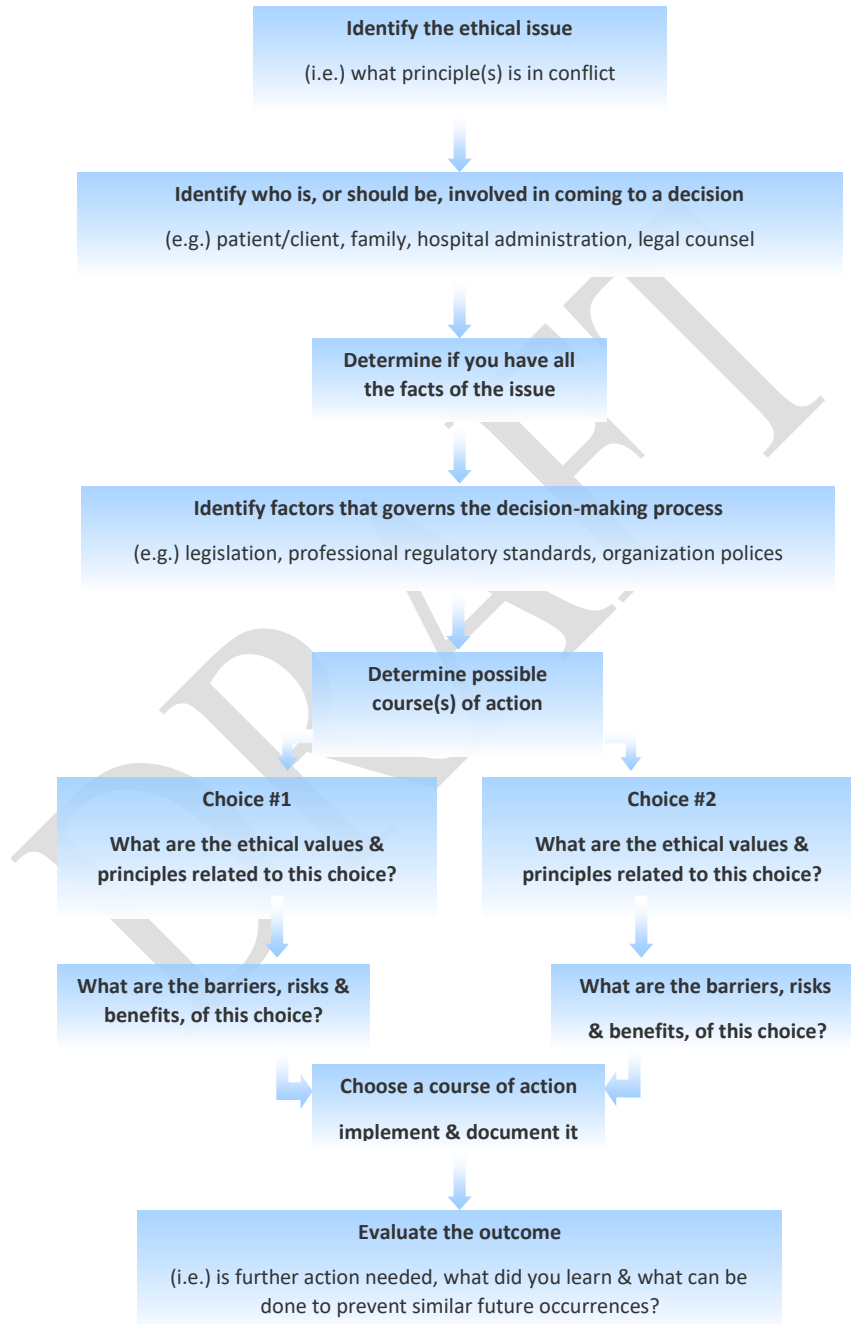
Standard 8.6: refrain from making a representation about a remedy, treatment, device or procedure for which there is no generally accepted scientific or empirical basis

Q: An RT is found to have shared unconventional and unsubstantiated treatment advice for Covid-19, which discussed herbal remedies as a “potential cure”. If this is their personal opinion, and this is posted on their personal social media page, is there a concern?

A: While each person is entitled to their own philosophies and beliefs, as a regulated healthcare professional, there is a moral and professional obligation to be sensitive and cognizant of your audience. An RT is always held to a higher personal and professional standard and the information they post, may be held by others, to be valid and correct. If the information they post is viewed as contrary to Public Health guidelines, they are in violation of the CRTC standards (Standard 8 – Evidence Informed Practice)

DRAFT

Steps to Ethical Decision-Making



Bloodborne and Other Infectious Agents

Respiratory Therapists have an **ethical obligation** to protect the public from any potential transmission of bloodborne pathogens and other infectious diseases. The College encourages all Members to take every possible precaution to prevent transmission of infection from themselves to their patients and others. It is the College's position that :

- Members must be vigilant and rigorously adhere to Routine Practices, Additional Precautions, and the use of Personal Protective Equipment (PPE) when required.^{3, 4, 5}
- Members providing direct patient care are encouraged to keep their immunizations up to date (e.g. Hepatitis, Influenza⁶, measles, mumps, rubella, Tuberculosis, and Varicella).
- Members have an ethical obligation to know their serologic status with respect to bloodborne pathogens such as HIV and Hepatitis, although they are **not** obligated to disclose it to their patients⁷.
- Members have an ethical obligation to know their status with respect to other infectious pathogens such as Tuberculosis and Varicella, although they are **not** obligated to disclose it to their patients.
- Members who are positive for infectious pathogens should seek advice to assist with assessing the risk of transmitting infectious agents to others. The College may provide professional practice advice and links to resources (for example but not limited to, Public Health Ontario's Infectious Diseases Programs and Services), aimed at assisting Members in making safe and ethical decisions regarding their practice.
- Members who are positive for infectious pathogens (especially those who perform high risk, exposure-prone procedures⁸) should take all necessary precautions, including **modifying** their practice if necessary, to prevent transmission to others.

Commented [KA22]: new

#3 See Best Practices for Infection Prevention and Control Programs in Ontario In All Health Care Settings 3rd Edition (PIDEC, 2012) [bp-ipac-hc-settings.pdf \(publichealthontario.ca\)](#)

#4 same as #3

#5 See CRTO's Clinical Best Practice Guideline Infection Control (2016) [Layout 1 \(crto.on.ca\)](#)

#6 Government of Canada. (2016) [Immunization of workers: Canadian Immunization Guide - Canada.ca](#)

#7 For Blood Borne Disease Surveillance Protocol for Ontario Hospitals (2018) [Blood Borne Diseases Protocol \(November 2018\).pdf \(oha.com\)](#)

#8 [Clinical Infectious Diseases, Volume 41, Issue 1, 1 July 2005, Page 136](#) Clinical Infectious Diseases, Volume 41, Issue 1, 1 July 2005, Page 136, <https://doi.org/10.1086/431928>

Commented [KA23]: Footnotes outdated

³ See Best Practices for Infection Prevention and Control Programs in Ontario In All Health Care Settings 3rd Edition (PIDAC, 2012) [click here](#)

⁴ For Public Health Ontario/Provincial Infectious Disease Advisory Committee's (PIDAC) Knowledge Products (2012) [click here](#)

⁵ See CRTO's Clinical Best Practice Guideline Infection Prevention and Control (2011) [click here](#)

⁶ "Annual influenza vaccination should be a condition of continued employment in, or appointment to, a health care organizations" (PIDAC, 2012, p.32)

⁷ For Blood Borne Diseases Surveillance Protocol for Ontario Hospitals : [click here](#)

⁸ For categories of exposure-prone procedures please see: Society for Healthcare Epidemiology of America (SHEA) Guideline for Management of Healthcare Workers Who Are Infected with Hepatitis B Virus, Hepatitis C Virus, and/or Human Immunodeficiency Virus (2010) [click here](#)

Does an RT who is diagnosed with HIV have a duty to report that to their patients?

Commented [KA24]: New question and discussion

The RT does not have a legal obligation to routinely disclose their serologic status to patients to obtain informed consent for a procedure, because healthcare workers have the right to privacy and confidentiality of their own personal medical information. However, from a moral and professional obligation, all efforts must be made to protect the patient from any exposure or harm, potentially even altering their practice.

If a patient is exposed to the RT's blood/bodily fluids at some point during treatment, proper follow-up through their organizational process must occur and the patient be informed of the nature of the exposure. Proper post-exposure testing, and treatment is required, although all attempts to protect the identity of the RT must be made.

Glossary

Accountability

Taking responsibility for decisions and actions, including those undertaken independently and collectively as a member of the healthcare team; accepting the consequences of decisions and actions and acting on the basis of what is in the best interest of the patient/client.

Apology/ Apology Act

An expression of sympathy or regret, a statement that a person is sorry or any other words or actions indicating contrition or commiseration, whether or not the words or actions admit fault or imply an admission of fault or liability in connection with the matter to which the words or actions relate. The 2009 *Apology Act* aims to increase transparent and open communication among health care professionals, patients and the public. ^(Apology Act, 2009)

Autonomy

Recognizing that a patient/client has the right to accept or reject any Respiratory Therapist and any care recommended or ordered.

Circle of Care

The term "circle of care" is not a defined term under the PHIPA or the federal privacy legislation, the *Personal Information and Protection of Electronic Documents Act* (PIPEDA). The term emerged in a series of questions and answers developed by Industry Canada called the *PIPEDA Awareness Raising Tools (PARTs) Initiative for the Health Sector*. There it was defined as follows:

The expression includes the individuals and activities related to the care and treatment of a patient/client. Thus, it covers the healthcare providers who deliver care and services for the primary therapeutic benefit of the patient/client and it covers related activities such as laboratory work and professional or case consultation with other healthcare providers.

Competent/Competency

Having the requisite knowledge, skills and judgement/abilities to perform safely, effectively and ethically and applying that knowledge, skills and judgement/abilities to ensure safe, effective and ethical outcomes for the patient/client.

Confidentiality

In Canada, a healthcare professional owes an ethical and legal duty of confidentiality to his or her patients. However, this right of confidentiality is not absolute. A **health information custodian** may disclose personal health information if they reasonably believe there is a risk of harm [PHIPA s.40(1)].

Consent & Capacity Review Board (CCRB)

An independent body created by the provincial government of Ontario under the Health Care Consent Act.

Conflict of Interest

A conflict of interest exists where a Respiratory Therapist engages in any private or personal business, undertaking or other activity or has a relationship in which,

- the Respiratory Therapist's private or personal interest directly or indirectly conflicts, may conflict or may reasonably be perceived as conflicting with his or her duties or responsibilities as a healthcare professional; and/or
- the Respiratory Therapist's private or personal interest directly or indirectly influences, may influence or may reasonably be perceived as influencing, the exercise of the member's professional duties or responsibilities.

It is important to note that a conflict of interest may be actual or apparent (perceived).

Critical incidents

An unintended event that occurs when a patient/client receives treatment in the hospital that results in death, injury or harm to the patient/client and does not result primarily from the patient/client's underlying medical condition or from a known risk inherent in providing the treatment. (Ont. Reg. 423/07, 2007)

Ethical/ Ethical Framework

Relating to accepted professional standards of conduct; of or relating to principles of right and wrong in behaviour.

Health Care Consent Act (HCCA)

The HCCA outlines the requirement for healthcare professionals who proposes a treatment or plan of care to ensure that they receive informed consent from the patient/client or his/ her substitute decision maker before proceeding.

Health Information Custodian

Defined in *PIHIPA* as "a person or organization who has custody or control of personal health information [PHIPA, s.3(1)]. This is generally the employer.

Healthcare Team

Peers, colleagues, and other healthcare professional (regulated and non-regulated).

Human Rights Code

Respiratory Therapists have a responsibility to understand and respect individuals regardless of differences that may include but are not limited to: race; ancestry; place of origin; colour; ethnic origin; citizenship; creed; sex; sexual orientation; age; marital status; family status or disability. (Ont. Human Rights Code, 1990)

Judgement

Judgement is the cognitive process of reaching a decision or making an observation.

Knowledge

Is a body of information applied directly to the performance of a function.

Known Capable Wishes

The *Health Care Consent Act* (HCCA) refers to “know capable wishes”, which refers to the expressed wishes of a patient/client. This legislation recognizes that any individual, while capable, may express his/ her wishes with respect to treatment decisions that are to be made on his or her behalf in the event that he or she becomes incapable.

Near Misses

These particular occurrences are identified as errors but do not result in harm to the patient/client. Therefore, they may not require disclosure to patients/clients in all cases and is generally dealt with at an organizational level. The aim is to identify the error and seek to correct the reason for its occurrence (e.g., system errors).

Patient/Client

An individual who requires care (and can include or his/her substitute decision maker).

Professional Relationships

Relationship that a healthcare professional engages in with peer and colleagues in order to carry out his/her professional duties.

Regulated Health Professions Act (RHPA)

Legislation passed in 1991 that sets out the general purpose of the regulatory model for health professionals in Ontario. It identifies the 14 controlled acts that are potentially harmful if performed by unqualified persons and sets out the list of which professions will be self governed under the Act.

Relevant

Having significant and demonstrable bearing.

Respiratory Therapist (RT)/ Registered Respiratory Therapist (RRT)

Refers to Graduate (GRT) and Registered Respiratory Therapists (RRT) who have completed an approved course of study and successfully passed the Canadian Board of Respiratory Care (CBRC) examination.

Respiratory Therapy Act (RTA)

Legislation passed in 1991 which outlines, among other things, the scope of practice of the profession of Respiratory Therapy in Ontario and the controlled act that are authorized to RTs.

Substitute Decision Maker (SDM)

Sometimes required to assist with decision-making for a patient/client in hospital who is

considered mentally incapable to make care or treatment decisions. The *Health Care Consent Act* contains a guide to identifying who the legally authorized SDM is, based on hierarchy of people. The highest-ranking person on the hierarchy who is willing and able to make decisions regarding healthcare for the patient/client becomes the SDM. (HCCA, 1996)

Surge response strategies

Utilized to ensure that those most likely to benefit from care will be able to receive it. Examples to strategies are adherence to the triage principles, patient/client and staff reallocation and alterations in standards of care.

Therapeutic Relationship

Relationship that a healthcare professional engages in with patient/client as well as their family members in order to carry out his/her professional duties.

References

1. IWK Health Centre Province of Nova Scotia. (2006). A Cultural Competence Guide for Primary Care Providers in Nova Scotia. Retrieved from: http://www.healthteamnovascotia.ca/cultural_competence/Cultural_Competence_guide_for_Primary_Health_Care_Professionals.pdf.
2. Alvarado, K., Lee, R., Christoffersen, E, Fram, N., Boblin, S., Poole, N., Lucas, J., & Forsyth, S. (2006). Transfer of Accountability: Transforming Shift Handover to Enhance Patient Safety. *Healthcare Quarterly*, 9(Sp), 75 – 79. Retrieved from: <http://www.longwoods.com/product.php?productid=18464&cat=452&page=1>
3. Anderson, J., Deravin, L. (2020). Transfer of Responsibility and Accountability of Patient Care. *Journal of Hospital Administration*, vol 9, no 6. Retrieved from: <http://www.sciedupress.com/journal/index.php/jha/article/view/19657/12128n> (sciedupress.com)
4. Apology Act. (2009). *Legislative Assembly of Ontario*. Retrieved from: [Bill 108, Apology Act, 2009 - Legislative Assembly of Ontario \(ola.org\) http://www.ela.gov.on.ca/html/statutes/english/ela-statutes-09a03-e.htm](http://www.ela.gov.on.ca/html/statutes/english/ela-statutes-09a03-e.htm)
5. Baker, G.R. The Canadian Adverse Events Study: the incidence of adverse events among hospital patients in Canada. *CMAJ*. May 25, 2004; 170 (11).
6. Beauchamp TL, Childress JF. (2008). *Principles of biomedical ethics, 6th ed*. Oxford, England: Oxford University Press.
7. Canadian Medical Association (2018) CMA Code of Ethics and Professionalism. Retrieved from: <https://www.who.int/news/item/27-06-2017-joint-united-nations-statement-on-ending-discrimination-in-health-care-settings> - PD19-03.pdf
8. Canadian Patient Safety Institute. (2011) Canadian Disclosure Guidelines. <https://www.patientsafetyinstitute.ca/en/toolsResources/disclosure/Documents/CPSI%20Canadian%20Disclosure%20Guidelines.pdf>
9. College of Respiratory Therapists of Ontario (CRTO). (2005). (2014) *Conflict of Interest Professional Practice Guideline*.

Commented [KA25]: Document no longer available

Commented [KA26]: New

Commented [KA27]: New link

Commented [KA28]: Updated link

Retrieved from: http://www.crto.on.ca/pdf/PPG/conflict_of_interest.pdf

10. College of Respiratory Therapists of Ontario (CRTO). (2004) (2014). Responsibilities under Consent Legislation Professional Practice Guideline.

Retrieved from: <http://www.crto.on.ca/pdf/PPG/UnderConsent.pdf>

Commented [KA29]: Document updated. Previous addition was 2004

11. College of Respiratory Therapists of Ontario (CRTO). (2019). Communications. Standards of Practice. [Standard 3 | CRTO Standards of Practice](#)
12. College of Respiratory Therapists of Ontario (CRTO). (2019). Confidentiality. Standards of Practice. [Standard 11 | CRTO Standards of Practice](#)

13. College of Respiratory Therapists of Ontario (CRTO) (2019). Professional Boundaries. Standards of Practice. [Standard 12 | CRTO Standards of Practice](#)

14. Denise Sese, MD, Mahwish U. Ahmad, MD, MPH and Prabalini Rajendram, MD Ethical considerations during the COVID-19 pandemic. *Cleveland Clinic Journal of Medicine*. June 2020. Retrieved from: [Ethical considerations during the COVID-19 pandemic | Cleveland Clinic Journal of Medicine \(ccjm.org\)](#)

15. Enhancing Interdisciplinary Collaboration in Primary Care (EICP). (2005). *The Principles and Framework for Interdisciplinary Collaboration in Primary Health Care* Retrieved from: [Enhancing Interdisciplinary Collaboration in Primary Health Care in Canada \(rnao.ca\)](#)

16. Gillon, R. (1994). Education and debate. *British Medical Journal*, 309 (6948), 184-8.

Commented [KA30]: Outdated

17. Gillon R. (1994). Medical ethics: four principles plus attention to scope. *British Medical Journal*, 309(6948), 184-8.

18. Health Care Consent Act (HCCA). (1996). *Legislative Assembly of Ontario*. Retrieved from: http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_96h02_e.htm

19. Health Ethics <https://healthethics.ca/the-duty-to-provide-care/> to Provide Care – Health Ethics

20. Information and Privacy Commissioner. (2009) (2015) Circle of care: sharing person health information for health care purposes.

Retrieved from: <http://www.ipc.on.ca/images/Resources/circle-care.pdf>

Retrieved from: <https://www.ipc.on.ca/wp-content/uploads/Resources/circle-of-care.pdf>

Commented [KA31]: Updated article

21. International Nurse Regulator Collaborative. Social Media Use: Common Expectations for Nurses. (2016, December). Retrieved from: <https://www.cno.org/globalassets/docs/prac/incr-social-media-use-common-expectations-for-nurses.pdf>

19. Joint Commission on Accreditation of Healthcare Organizations (JCAHO). (2003) (2020) Sentinel Event Statistics.

Retrieved from: <http://www.jointcommission.org/SentinelEvents>

Commented [KA32]: Updated link

20. Liddell K, Skopek JM, Palmer S, *et al.* Who gets the ventilator? Important legal rights in a pandemic. *Journal of Medical Ethics* 2020;**46**:421-426.

21. Ministry of Health and Long-Term Care. (2008). *Ontario Health Plan for an Influenza Pandemic*. Chap. 2, 2 – 10.

Retrieved from:

http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/ohpip2/plan_full.pdf

22. Ministry of Health and Long-Term Care (2020). Emergency Planning and Preparedness.

Retrieved from: <http://health.gov.on.ca/en/pro/programs/emb/default.aspx?pro>

Commented [KA33]: Updated link

23. Nyblade, L., Stockton, M.A., Giger, K. *et al.* Stigma in health facilities: why it matters and how we can change it. *BMC Med* **17**, 25 (2019). <https://doi.org/10.1186/s12916-019-1256-2>

24. Occupational Health & Safety Act. (1990). *Legislative Assembly of Ontario*.

Retrieved from: [http://www.e-](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90o01_e.htm)

[laws.gov.on.ca/html/statutes/english/elaws_statutes_90o01_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90o01_e.htm)

25. Ontario Government. (2020). Personal Health Information Protection Act. Retrieved from: <https://www.ontario.ca/laws/statute/04p03>

26. Ontario Health. (2021). Mental Health and Addictions Centre of Excellence
Retrieved from: [Equity, Inclusion, Diversity and Anti-Racism | Ontario Health](#)

- Ont. Human Rights Code. (1990). *Legislative Assembly of Ontario*. R.S.O. 1990, s.1c, H.19. Retrieved from: http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90h19_e.htm

27. Ontario Human Rights Commission. Age Discrimination and Healthcare.
Retrieved from: <https://www.who.int/news/item/27-06-2017-joint-united-nations-statement-on-ending-discrimination-in-health-care-settings-sheet> | [Ontario Human Rights Commission \(ohrc.on.ca\)](#)

28. Ont. Regulation 423/07. (2007). *Legislative Assembly of Ontario*.
Retrieved from: http://www.e-laws.gov.on.ca/html/source/regs/english/2007/elaws_src_regs_r07423_e.htm

29. Public Health Agency of Canada (2019). Guideline on the Prevention of Transmission of Bloodborne Viruses from Infected Healthcare Workers in Healthcare Settings.
Retrieved from: https://www.canada.ca/content/dam/phac-aspc/documents/services/infectious-diseases/nosocomial-occupational-infections/prevention-transmission-bloodborne-viruses-healthcare-workers/guideline_accessible_aug-2-2019.pdf

30. Reach. Beyond Domestic Abuse.
a. Retrieved from: [6 Different Types of Abuse - REACH \(reachma.org\)](#)

31. University of Toronto Joint Centre for Bioethics Pandemic Influenza Working Group. (2005). Stand on guard for thee: ethical considerations in preparedness planning for pandemic influenza. *University of Toronto Joint Centre for Bioethics*.

32. World Health Organization. (2017) Joint United Nations Statement on Ending Discrimination in Healthcare Setting. Retrieved from: [https://www.who.int/news/item/27-06-2017-joint-united-nations-statement-on-ending-discrimination-in-health-care-settingsns-statement-on-ending-discrimination-in-health-care-settings-\(who.int\)](https://www.who.int/news/item/27-06-2017-joint-united-nations-statement-on-ending-discrimination-in-health-care-settingsns-statement-on-ending-discrimination-in-health-care-settings-(who.int))

Commented [KA34]: New

DRAFT

A Commitment to Ethical Practice

September 2010 | March 2021

Commented [KA1]: Update

Table of Contents

1. Main section

Introduction
~~How this guideline for ethical practice was developed~~
Guideline Introduction and Development
~~Acknowledgement~~
Ethical Values Underpinning Practice
Guiding Principles for Ethical Professional Practice

Commented [KA2]: Title change

Commented [KA3]: Content outdated and removed.

Case Scenarios – Applying the Principles to Practice

Abuse of Patient/Clients
Capable Patient/Client Refusing Plan of Care
Capacity and Consent
Changing Individual Scope of Practice
Conflict of Interest
~~Consent & Capacity to Consent~~
Disclosure of ~~Critical Incidents~~ Patient Safety Incidents
Diversity, Equity and Inclusion
Duty to Care
End of Life Decision Making
Ending the RT-Patient/Client Relationship
Evidence-Based Medicine
Interprofessional Collaboration
Maintaining Professional Boundaries
~~Providing Culturally Competent Care~~
Resource Allocation
Substitute Decision Maker
Transfer of Accountability
Social ~~Media~~
Steps to Ethical Decision Making

Commented [KA4]: Changed title to move it up to go with the similar topic of Capable Patient

Commented [KA5]: Updated

Commented [KA6]: New addition

Bloodborne and Other Infectious ~~Pathogens~~

Commented [KA7]: New addition

2. Glossary

3. References

Note that words and phrases denoted by **bold** lettering can be cross-referenced in the Glossary at the end of the document

Introduction-Guideline Introduction and Development

~~Ethical decisions arise for Respiratory Therapists (RT) regularly in daily practice — from simply the choice to see one client before another or to disclose a personal story for the sake of building rapport, to more significant decisions such as discussing with a family the risks and benefits of continuing mechanical ventilation or not.~~

Ethical decisions arise daily for Respiratory Therapists (RT) and it is not possible for the **College of Respiratory Therapists of Ontario (Cрто)** or the RT's employer to provide specific guidance for each scenario that a practitioner may encounter. Therefore, it is essential an RT practice within an **ethical framework** that will help guide decision-making when providing care. The Cрто's *A Commitment to Ethical Practice* is a first building block among a series of guidance and support documents aimed at helping practitioners deliberate on the choices that face them and discern the best option available.

The "code of ethics" for the practice of Respiratory Therapy was originally interwoven with the Cрто **Standards of Practice** document, which was first drafted in 1996 and revised in 2004. In 2010, a working group of RTs from various practice settings across the province gathered to revise the Standards of Practice document. Working with a Medical Ethicist, they used current literature and accepted principles and practices to build this distinct guideline for ethical RT practice. The final document was published on the Cрто website in December 2010.

Commented [KAB]: Wording change. Updated last document published date

College of Respiratory Therapists of Ontario (Cрто) publications contain practice parameters and standards that should be considered by all Ontario Registered Respiratory Therapists (RRTs) in the care of their patients/clients and in the practice of the profession. Cрто publications are developed in consultation with professional practice leaders and describe current professional expectations. All Members are required to abide by these Cрто publications. *The "A Commitment to Ethical Practice" guideline* is to be used in conjunction with the **Regulated Health Professions Act (RHPA)**, the **Respiratory Therapy Act (RTA)** as well as all other Cрто Professional Practice Guidelines, Position Statements and Policies. Together, these documents provide a framework for achieving safe, effective, and ethical Respiratory Therapy practice. Although comprehensive, this document is not inclusive, and the failure to specifically identify a practice scenario does not negate the existence of these expectations and responsibilities. It's important to note that all these documents will be used in determining whether appropriate standards of practice and professional responsibilities have been maintained.

This guideline will be reviewed regularly and revised every 5 years at minimum or as required

Note that words and phrases denoted by **bold** lettering can be cross-referenced in the Glossary at the end of the document.

How this guideline for ethical practice was developed

The “code of ethics” for the practice of Respiratory Therapy was originally interwoven with the CRTC **Standards of Practice** document, which was first drafted in 1996 and revised in 2004. In 2010, a working group of RTs from various practice settings across the province gathered to revise the Standards of Practice document. Working with a Medical Ethicist, they used current literature and accepted principles and practices to build this distinct guideline for ethical RT practice. At that time, it was decided that it was necessary to create a distinct guideline for ethical RT practice. The group also met with a Medical Ethicist to ensure that the content of this guideline was consistent with current literature and generally accepted principles and practices. A draft was circulated to the Membership and other key stakeholders in June of 2010. Review of the drafts and final documents was done by the CRTC Patient Relations, Quality Assurance and Registration Committees. Final approval was given by the College council in September 2010. The final document was published on the CRTC website in December 2010. This guideline will be reviewed regularly and revised every 5 years at minimum or as required.

Commented [KA9]: Joined with Introduction to form one section

Commented [KA10]: Wording change. Updated last document published date

Acknowledgement

The CRTC wishes to acknowledge the following working group members who assisted in the development of this revision of the CRTC Standards of Practice:

Commitment to Ethical Practice Review 2010

Tony Raso, RRT – William Osler Health Centre, Brampton

Christina Sperling, RRT – St. Michael’s Hospital, Toronto

Daniel Fryer, RRT – Windsor Regional Hospital, Windsor (CRTC Registration Committee Member)

Judy Dennis, RRT – Children’s Hospital of Eastern Ontario, Ottawa

Joelle Dynes, RRT – VitalAire Healthcare, London

Sue Jones, RRT – Royal Victoria Hospital, Barrie

Lily Yang, RRT – Holland Bloorview Kids Rehabilitation, Toronto

Lorella Piirik, RRT – Thunder Bay Regional Health Sciences Centre, Thunder Bay (CRTC Council Member)

Patrick Nellis, RRT – University Health Network, Toronto

Mary Bayliss, RRT – CRTO Deputy Registrar
Carole Hamp, RRT – CRTO Professional Practice Advisor

The CRTO would gratefully like to acknowledge the assistance of **Kevin Reel** BSc (OT), MSc;
Medical Ethicist for Southlake Regional Health Centre & York Central Hospital, Toronto.

In fond memory of Gary Tang RRT.

The CRTO would like to acknowledge Gary's contribution
as part of the Standards of Practice working group.

Ethical Values Underpinning Practice

While seldom contemplated explicitly, there are ranges of values that are commonly considered to uphold the practice of healthcare. ~~Values are the most fundamental, non-material things we think of as 'good' in our lives, and particularly our interaction with each other—things such as honesty, courtesy, respect, compassion, and accountability.~~ Many of these values would be seen as underpinning civil society in general – like honesty, courtesy and respect. Others among them are particularly **relevant** to professional practice – such as compassion, **transparency, and accountability**. Most healthcare organizations have an explicit list of values considered most salient for them. Given the lengthy list of values that might be considered relevant, the CRTO has chosen not to specify any particular combination.

Commented [KA11]: Removed

~~To make decisions about ethical care in daily practice, Respiratory Therapists need to be aware of their own values. Specifically, how these values may either align with or sometimes conflict with each other, or with the values of the patient/client and/or the members of their healthcare team. This awareness is essential to managing the moral distress that arises when values conflict at a fundamental level—often without being explicitly expressed. Such conflict can trigger distress within us, or a sense of threat between people. This usually has the effect of raising tension and moral distress. If not attended to, the tension can erode the trust at the heart of therapeutic relationships and moral distress can become moral 'residue'. This residue can linger as a sense of unease and affront for long periods after the situation has somehow been resolved.~~

Commented [KA12]: Need to change

Values are such fundamental notions that they do not offer much precision in guiding practice. In order to attend appropriately to values in day-to-day practice, we need to turn them into something more usefully substantive. Principles are general guides for decision-making and action. They are not precise guides, as rules might be, but rather they leave room for **judgement** based on the specific case at hand. They embody one or more of the values that inform them, but work more usefully to keep the values explicit in our decision-making.

Guiding Principles for Ethical Professional Practice

In order to shape our practice to promote the values we consider 'good' in the world, principles offer a first step in application of those values. The principles expressed here are considered equally weighted, binding obligations on practitioners. However, it is also expected that they, at times will directly conflict with each other. When such conflict arises, the task becomes determining which principle should overrule the other. In these situations, an awareness of the principles and how they relate to each other and the values they promote is essential.

Commented [KA13]: Further in document

First published in 1979 by philosophers, Tom Beauchamp and James Childress, **The Four Principles of Biomedical Ethics** laid the foundation for ethical decision making in healthcare. It is used today by the CRO to provide a framework to guide RT practice.

Commented [KA14]: New

The Four Principles (Beauchamp, 2008)

1. Respect for Autonomy (Free will)

The obligation to respect the patient's (or their substitute decision-makers) plan of care. This principle requires RTs to:

- ensure that informed consent has been obtained before engaging in any patient intervention
- provide sufficient information to enable the patient to make an informed decision regarding their care
- respect that patient's plan of care, even if that plan differs from that of the healthcare team

Autonomy refers to the capacity to think, decide and act on one's own free initiative and it is the ultimate right of all individuals. Respiratory Therapists therefore should do whatever is their power to assist the patient/client to come to their own decision. The RT should consult with their patients/clients and obtain their agreement (consent) before doing things to them. (Gillon, 1994) This requires effective communication which in turn entails both listening and providing the patient/client with the necessary information. Respecting an individual's autonomy requires that a competent individual's right to ultimately determine his/her plan of care is honoured, even if that plan differs from that of the healthcare team.

Commented [KA15]: Will use this further in document. At this point in the document, will just list the four principles. Will break them down, explain and provide examples.

2. Beneficence – to do good

The obligation to provide care that is beneficial to each patient in each situation. This principle requires RT's to:

- provide services to promote and maintain well-being

- consider each individual circumstance
- deliver services in a manner which is sensitive, empathetic, and collegial

Beneficence is the obligation that healthcare professionals have to act in a way that is of benefit to those for whom they care. The Respiratory Therapist's vocation, like all vocations in healthcare, is fundamentally concerned with providing services to promote and maintain well-being. Where this may not be possible, the RT's services are concerned with appropriate support through a dying process. In addition to the services themselves, the manner in which services are delivered can be more or less 'beneficent'—that is, they can demonstrate sensitivity, empathy, collegiality and other 'goods' beyond those of the 'clinical outcome'.

3. Non-malefeasance – avoid doing harm

The obligation to consider the possible harm of any intervention that is performed. This principle requires RT's to:

- weigh the risk and benefits of a proposed plan of care
- recognize when beneficence and non-malefeasance can collide

As most treatments involve some degree of risk or have side effects, it is important to weigh the risk and benefits of a proposed plan of care. The principle of non-malefeasance requires that an RT consider the possible harm that any intervention might do. Non-malefeasance and beneficence can sometimes come into direct conflict with each other. For example, it may be seen as beneficial to sustain someone's life through continuing ventilation or other therapy, but it may simultaneously require the individual to experience continuing pain or discomfort.

4. Distribute Resources with Justice – act fairly

The obligation to be fair in distributing benefits, risks and costs. This principle requires RT's to:

- fairly and equally allocate resources and treatments
- triage and set priorities when resources are limited
- ensure that patients/clients in similar situations have access to the same care
- assess the impact of the allocation of resources from one group to another

In allocating care, the justice principle holds that patient/clients in similar situations should have access to the same care, and that in allocating resources to one group we should assess the impact of this choice on others. The application of distributive justice is required when resources are limited and priorities must be set and care triaged based on need.

These four principles are considered to be equally weighted, binding obligations for healthcare professionals. On occasions where two or more of the guiding principles conflict in their application, the task becomes determining which principle should overrule the other. This guidance document utilizes these four principles as the framework for ethical decision making for RT practice.

Commented [KA16]: added

Scenarios

An assessment is performed, and the RT informs the patient that they qualify for home oxygen funded through the Ontario Assistive Devices Program. The RT knows that supplemental oxygen has been clinically proven to be beneficial for the individual's medical condition. However, the patient refuses the referral for home oxygen.

Commented [KA17]: Remove from here. Used examples under each topic heading to reference back to four ethical principals

A patient/client with severe ischemic cardiomyopathy initially states that he wants life saving measures performed should he deteriorate, and currently has a "full code" status. Just prior to his full cardiac arrest, however, he clearly tells the RT (who is alone in the room with him) that he does not wish to be resuscitated. He states that he understands that he will likely die from his disease and was "just going along with what his wife wanted." The wife enters the room just as the code is called and she wants "everything done." What should the RT have done, both at the time the patient/client disclosed this information and after the code was called?

Case Scenarios – Applying the Principles to Practice

The following case examples are used to illustrate how the principles are applied in decision making and behaviour in practice. Each case is explored with reference to the principles, but also with brief discussion of the values underpinning those principles.

RTs are encouraged to use the [Steps to Ethical Decision Making](#) algorithm located on [page 26](#) to work through these examples. The algorithm may also prove useful for determining the best possible course of action when confronted with ethical issues that arise as part of a RTs practice. This can be used in conjunction with their organization's established ethical decision-making processes (e.g., Staff Ethicist, Medical Ethics Committee, etc).

Abuse of Patients/Clients

Any abuse of a patient/client is unacceptable immoral and illegal. It includes but is not limited to types of abuse such as:

- mental/psychological
- verbal/emotional
- physical
- sexual
- financial
- cultural/identity

emotional/verbal; physical; sexual and financial, psychological, neglect and insensitivity to religious and cultural beliefs. It also includes neglect and insensitivity to religious and cultural beliefs. The CRTO is committed to the prevention of all types of abuse that might occur within the RT-patient/client therapeutic relationship

The ethical dilemma revolves around respecting autonomy, or the patient/client's free will, which conflicts with the RT's need to do good and avoid doing harm.

Most hospitals have organizational policies regarding patient/client restraints and those must be taken into consideration when choosing a course of action. Generally, healthcare providers cannot use any form of restraint without the patient/ client's consent, except in an emergency

A RT is called to perform an arterial blood gas puncture on a patient/client in the emergency department. The patient/client is verbally abusive to the RT and refuses to hold their his arms still. The RT restrains the patient/clients by securing their his hands to the bedrails. Would this be considered to be physical abuse and what other options were available?

in which there is a serious threat of harm to the individual or others, and all other measures have been unsuccessful. The first choice lies in either doing the blood gas or not, and so the issue of how important it is to have these results needs to be explored. If they are considered to

Commented [KA18]: New and updated

Commented [KA19]: Word change

Commented [KA20]: Reorganized paragraph

~~be vital to the patient/client's care, then the choice becomes to sedate the individual or physically restrain him.~~ One of the risks of restraining the patient is that it could be considered to be physical abuse because the patient/client has not consented to either the procedure or to being restrained. The RT should refer to their organization's policies on the use of restraints.

~~Generally, healthcare providers cannot use any form of restraint without the patient/client's consent, except in an emergency situation in which there is a serious threat of harm to the individual or others, and all other measures have been unsuccessful. The RT should refer to their organization's policies on the use of restraints.~~

Commented [KA21]: Moved up to consolidate

For more information, please see the CRTO *Prevention of Abuse of Patient/clients* Professional Practice Guidelines (PPG) at: <http://www.crto.on.ca/pdf/PPG/abuse.pdf>

Capable Patient/Client Refusing Plan of Care

Patients/ clients are considered **capable** unless proven otherwise. They have the right to refuse any treatment/ procedure being proposed and to revoke any consent previously given to any or all aspects of their plan of care. ~~Sometimes~~ **Occasionally**, their decisions are not what the healthcare team has determined to be the best course of action. However, the patient/client's wishes must be respected; unless the practitioner has reasonable grounds to determine that patient/client lacks the requisite capacity to consent.

An oxygen discharge assessment is performed and the RT informs a patient/client

that they ~~she~~ has qualified for home oxygen, which has been clinically proven to be beneficial for the individual's medical condition. However, the patient/client states that ~~they~~ ~~she does~~ do not need it and refuses the referral for home oxygen. How should the RT proceed?

The ethical principles involved in this scenario include respect for the patient/client's free will which conflicts with the RTs need to do good. The RT must ensure that the patient/client is fully informed of the risks of ~~their~~ ~~her~~ decision but ultimately must respect the capable patient/client's decision. The ordering physician needs to be informed of the individual's decision as well as any other affected parties (e.g., patient/client's nurse). In addition, the conversation with the patient/client should be carefully documented.

For more information on consent and the capacity to consent, please see the CRTO Responsibilities Under Consent Legislation PPG at: <http://www.crto.on.ca/pdf/PPG/UnderConsent.pdf>

Consent & Capacity to Consent Capacity and Consent

The Health Care Consent Act (HCCA) states consent may be implied or expressed, and a patient/client can revoke his/ her previously expressed consent to treatment at anytime. Consent must be informed, which means that information relating to the treatment **must be** received and understood by the individual. (HCCA, 1996)

Treatment can occur without the individual's consent only in specific circumstances, such as an emergency. However, reasonable steps must be taken to obtain consent prior to an emergency and no reason(s) should exist for the healthcare team to believe that the patient/client would have not wanted the **treatment**.

Commented [KA22]: Retitled to fit alphabetically with the topic above

Commented [KA23]: Example has been reworded below

A patient, who had, in the presence of their spouse, previously stated they wished to be a full code changes their mind, and tells only the RT. The patient then arrests before the RT could express this to the healthcare team or the patient's spouse, who verbalizes to proceed with resuscitation. How should the RT proceed? A patient/client with severe ischemic cardiomyopathy initially states that they he want life saving measures performed should they he deteriorate, and currently has a "full code" status. Just prior to their his full cardiac arrest, however, the patient he clearly tells the RT (who is alone with the patient in the room with him) that they he does do not wish to be resuscitated. The patient He states that they were just going along with the wishes of their spouse. he understands that he will likely die from his disease and was "just going along with what his wife wanted." The wife The spouse enters the room just as the code is called and she wants "everything done." What should the RT have done, both at the time the patient/client disclosed this information and after the code was called?

The ethical principle involved is primarily the respect for the patient/client's free which **must** ~~will~~ be balanced with the need to do good and do no harm. The RT is required to honor the patient/client's most recently stated wishes. The patient/client's wishes need to be articulated to the attending healthcare team and the RT should, if at all possible, refrain from participating in any resuscitation efforts. The CRTO *Responsibilities under Consent Legislation* PPG outlines what steps can be taken if the patient/client's expressed wishes are contrary to the family's and/or the healthcare team's plan of care. Prompt and open communication with all affected parties is essential, as is clear and objective documentation.

For more information, please see the CRTO *Responsibilities under Consent Legislation* PPG at: <http://www.crto.on.ca/pdf/PPG/UnderConsent.pdf>

Changing Individual Scope of Practice

The area of practice that a RT regularly works in is considered his/ her “individual scope of practice”. It is essential that each RT ensure they are clinically competent to perform his/her duties within this scope safely and effectively. Advances in medicine and changing roles within the workplace require RTs to continually upgrade their knowledge and clinical skills. For example, the acuity level of patients/clients in the hospital setting is rising and this is creating a need for more advance levels of expertise in emergency and critical care. Moreover, all of this is occurring **within** the framework of increasing **financial restraints** pressure for healthcare organizations ~~to be as cost effective as possible~~. This makes it essential for Respiratory Therapists to not only embrace the on-going evolution of their own practice but to actively take a leadership role in promoting change within the profession as a whole.

A RT who has worked for a number of years exclusively in a diagnostic lab setting is being told by their employer that they will be redeployed to the ICU due to the pandemic. required to begin taking some shifts in the ICU. Whose responsibility is it to ensure that the RT is competent to assume this added responsibility?

The ethical principles involved include the practitioner’s need to do good and to avoid doing harm.

There is a shared accountability between the employer and the RT to ensure competency. **Although there is an expectation that the employer provide education to obtain and maintain RT competency,** ~~The employer needs to do whatever is in their power to facilitate the RT obtaining and maintaining the necessary competencies.~~ However, it is ultimately the RT’s responsibility to be competent to perform whatever tasks are required of him/ her.

For more information, please see the CRTO Position Statement on *Scope of Practice & Maintenance of Competency* at: <http://cрто.on.ca/pdf/Positions/SOP.pdf>

Conflict of Interest

The CRTO **Conflict of Interest** Professional Practice Guideline (PPG) states that a conflict of interest is created when an RT puts themselves in position where a reasonable person could conclude that he/she is:

- undertaking an activity or
- having a relationship

that effects or influences his/her professional judgment. A conflict of interest may be actual apparent (perceived).^(CRTO, 2005 2014) A good rule of thumb is that if an RT senses that he/she may be in a conflict of interest, he/she likely is.

An RT working in the home care setting visits one of their her patients/clients on a regular basis to change the individual's tracheostomy tube. As a result of this frequent interaction, they develop a congenial but purely professional relationship. The patient/client passes away after a few years and leaves the RT a large sum of money in their his will. The RT was not aware of this fact until after the patient/client's death and at no point did they she encourage the patient/client to alter their his will. Would it be a conflict of interest for the RT to accept the money?

The ethical principle involved is to act fairly. In this scenario, there may not be an actual conflict, as the RT's care of the patient/client was not likely to have been affected by this financial gift. However, there is a possibility of a perceived conflict of interest and therefore the RT should not accept the money.

An RT works at the only acute care hospital in a small city and on nights, works sole charge. A member of their spouse's family is ventilated in their ICU. Are they permitted to look after them?

The ethical principal is to do good and do no harm. Providing care to a member of one's own family is never an optimal situation and should not be undertaken if other options are available. However, there are times when providing RT services to a family member is unavoidable. If the family member requires the services of a Respiratory Therapist and there is no one else available, then the RRT must act in the best interest of the patient. If they decide to provide care, they need to be sure to document the potential conflict of interest. Also, it is

essential that the RRT do everything in their power to transfer care to another RRT or equivalent practitioner as soon as possible and as appropriate.

For more information, please see the CRTC *Conflict of Interest* PPG at:
http://www.crtc.on.ca/pdf/PPG/conflict_of_interest.pdf

A patient, who had, in the presence of their spouse, previously stated they wished to be a full code changes their mind, and tells only the RT. The patient then arrests before the RT could express this to the healthcare team, or the patient's spouse, who verbalizes to proceed with resuscitation. How should the RT proceed? A patient/client with severe ischemic cardiomyopathy initially states that they he want life saving measures performed should they he deteriorate, and currently has a "full code" status. Just prior to their his full cardiac arrest, however, the patient he clearly tells the RT (who is alone with the patient in the room with him) that they he does do not wish to be resuscitated. The patient He states that they were just going along with the wishes of their spouse. he understands that he will likely die from his disease and was "just going along with what his wife wanted." The wife The spouse enters the room just as the code is called and she wants "everything done." What should the RT have done, both at the time the patient/client disclosed this information and after the

Consent & Capacity to Consent

Capacity and Consent

The Health Care Consent Act (HCCA) states consent may be implied or expressed and a patient/client can revoke his/ her previously expressed consent to treatment at anytime. Consent must be informed, which means that information relating to the treatment has to be received and understood by the individual. (HCCA, 1996)

Treatment can occur without the individual's consent only in specific circumstances, such as an emergency. However, reasonable steps must be taken to obtain consent prior to the

Commented [KA24]: Title changed and moved up in alphabetical order

emergency and no reason(s) should exist for the healthcare team to believe that the patient/client would have not wanted the treatment.

Commented [KA25]: Example has been reworded below

~~The ethical principle involved is primarily the respect for the patient/client's free will which must be balanced with the need to do good and do no harm.~~ The RT is required to honor the patient/client's most recently stated wishes. The patient/client's wishes need to be articulated to the attending healthcare team and the RT should, if at all possible, refrain from participating in any resuscitation efforts. The CRTC *Responsibilities under Consent Legislation* PPG outlines what steps can be taken if the patient/client's expressed wishes are contrary to the family's and/or the healthcare team's plan of care. Prompt and open communication with all affected parties is essential, as is clear and objective documentation.

For more information, please see the CRTC *Responsibilities under Consent Legislation* PPG at: <http://www.crtc.on.ca/pdf/PPG/UnderConsent.pdf>

Disclosure of Patient Safety Critical Incidents

Each RT has an ethical, professional, and legal responsibility to provide full and frank disclosure of all ~~patient safety critical incidents, that resulting in harm or having the potential for future harm, (adverse event)~~ as soon as is reasonably possible. In addition, recent amendments to the *Hospital Management* regulation made under the *Public Hospitals Act* now requires healthcare administrators (e.g., hospital administration) to establish a system for ensuring prompt disclosure of every **critical incident** to all affected parties. ^(O.Reg.423/07, 2007) ~~Patient safety events are generally classified as near miss, no harm incident, or harmful incident. While all incidents need to be appropriately reviewed to understand the contributory causes and implement future prevention policies, typically, near misses are not disclosed to patients or families.~~

Commented [KA26]: Terminology not used currently

It is important to note that it is not considered a critical incident if the event came about not from negligence but because of standard medical care and/or as a result of the patient/client's underlying medical condition. This requirement for disclosure also does not apply to errors that do not harm the patient/client (~~near misses~~).

Commented [KA27]:

A RT on nights is called stat to attend to an infant whose ETT has become separated from the

15mm connector. The tube has migrated into the infant's airway and the RT had to use Magill forceps to retrieve it. The infant experiences minimal bleeding and a brief period of desaturation. It was apparent that the RT on days had not secured the ETT properly and this had likely led to the disconnection being obscured until it was too late. Is this a critical incident and what should the RT do regarding the co-worker's error?

The ethical principles involved are to do good and do no harm. The incident outlined in the scenario would likely be determined to be a near miss as the infant was fortunately not significantly harmed. Therefore, disclosure to the patient/client's family may not be required. However, the RT should follow her hospital's established incident reporting processes. It is also important that the issue of improper taping of the ETT be addressed, as it may have led at least in part to the dislodging.

Commented [KA28]:

An RT performed a blood gas on a patient on the stroke unit. When they were finished, they did not put the bed rail up, and as they were preparing the sample to go to the lab, the patient fell onto the floor and broke their hip.

What are the next steps for the RT?

Commented [KA29]: New example

The ethical principles involved are to do good and do no harm. The event outlined in the scenario would be considered a critical incident as the patient was significantly harmed as a direct result of the RT's negligence. The RT should follow her hospital's established incident reporting processes and immediately report this incident. Disclosure to the patient/client's family must occur. Incident's such as this should also serve as opportunities for growth and improvement.

Commented [KA30]: New example

The *Apology Act* seeks to enable healthcare professionals to make an **apology** that cannot be taken into account in any determination of fault or liability in connection with that matter.

(Apology Act, 2009) More information on this act can be found at: http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_09a03_e.htm

Providing Culturally Competent Care Diversity, Equity and Inclusion

In the healthcare setting, it is both a professional, ethical and legal responsibility that care be provided in a manner that protects and respects the dignity of the patient. ~~cultural competence refers to the ability to provide appropriate and effective medical care to members of various cultural groups.~~ RTs must identify, reduce and eliminate inequitable outcomes and power imbalances to provide care to patients/clients with diverse values and beliefs without prejudice. Examples of discrimination included those based on age, gender identity or expression, sexual orientation, culture, race, religion, disability, or medical condition. A practitioner therefore must recognize bias and become competent in providing inclusive and equitable care through the process of gaining a congruent set of behaviours and attitudes. This progression begins with an awareness of how diversity manifests itself and what impact it has on the provision of healthcare. Providing sensitive, competent care This will allow the RT to provide sensitive, optimal care for all patients/clients and maintain compliance with laws and recommendations.

Commented [KA31]: New title. Moved to proper alphabetical position

Commented [KA32]: Updated content

A male RT attending a delivery is told he is not permitted to be in the delivery room because

the mother's cultural beliefs prohibits any man other than her husband and the physician from being present. However, the therapist in question is the only RT available to provide any necessary resuscitative care. Should he disregard the mother's request and attend the delivery in the delivery room?

The ethical principles involved are respect for free will, balanced with the need to do good and do no harm. Where possible, accommodation should be sought that would honour the mother's wishes, while at the same time ensuring that **safe**, optimal care is provided to her newborn infant. For example, arrangements could be made to have the resuscitation team ready to receive the infant in an adjoining room immediately after delivery.

8 Steps to Cultural Competence for Healthcare Professionals (IWK Health, 2006)

1. Examine your values, behaviours, beliefs and assumptions.
2. Recognize racism and the behaviours that breed racism.
3. Engage in activities that help you to reframe your thinking, allowing you to hear and understand other world views and perspectives.
4. Familiarize yourself with the core cultural elements of the community you serve.
5. Engage patients/ clients to share how their reality is similar to, or different from, what you have learned of their core cultural elements.
6. Learn how other cultures define, name and understand disease and treatment.
7. Develop a relationship of trust with patients/clients and co-workers by interacting with openness, understanding and a willingness to hear different perceptions.
8. Create a welcoming environment that reflects the diverse community that you serve.

A 81 year old patient in the ICU is being discussed by the healthcare team at rounds. A comment is made by the most responsible physician that, without speaking to the family, they will not be treating the patient as aggressively as they would if they were younger, given that "this is normal for an elderly person". Is this a biased opinion?

The ethical principles involved is to act fairly and to good and do no harm. Ontario's *Human Rights Code* outlines the right of every Ontario resident to receive equal treatment with respect to goods, services and facilities without discrimination based on a number of grounds including race, age, colour, sex, sexual orientation, and disability. Respiratory Therapists are therefore required to comply with this Code when providing care to patients/clients. Broadly this means that services are to be provided equally to all regardless of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, family status and/ or disability^(Ont. Human Rights Code,1990).

Ontario Human Rights Code

Ontario's *Human Rights Code* outlines the right of every Ontario resident to receive equal treatment with respect to goods, services and facilities without discrimination based on a number of grounds including race, age, colour, sex, sexual orientation, and disability. Respiratory Therapists are therefore required to comply with this Code when providing care to patients/clients. Broadly this means that services are to be provided equally to all regardless of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, family status and/ or disability^(Ont. Human Rights Code,1990).

Commented [KA33]: Moved up

Duty to Care

For the purpose of this document, “duty to care” is viewed from primarily an ethical, rather than a legal perspective. The *Ontario Health Plan for an Influenza Pandemic* states that a healthcare worker has “an ethical duty to provide care and respond to suffering.” (OHPIP, 2008) The University of Toronto Joint Centre for Bioethics 2005 paper *Stand on Guard for Thee* reiterates the ethical duty to care that healthcare professionals owe the public. (Joint Centre for Bioethics, 2005)

Both documents do acknowledge that. However, both documents do allow that the duty to care

is contextual and a great many factors can affect a practitioner's ability to provide optimal patient/client care.

During a pandemic influenza outbreak, several private day care centers close. A RT who works in the emergency department at a large teaching hospital is the single parent of a child who attends one of these day care facilities. The hospital is experiencing a significant increase in visits to the emergency department and several of the hospital's staff RTs are already off sick. What is the best course of action for this particular RT?

The ethical principles are to act fairly, do good and do no harm.

In this circumstance, the RT is required to balance the needs of the RT's her patients/clients with the needs of **their** her child. It is not clear that patient/client care would suffer if **they** she did not come into work (e.g., there is other staff who can provide the same care). However, if **they were** she was unable to make other babysitting arrangements, the RT she would not legally or morally be able to leave **their** her child unattended. Members are encouraged to anticipate and seek to address factors that may interfere with their ability to carry out their professional duties.

During the pandemic, an RT is unwilling to come to work due to his concern that he will contract the illness and bring it home to his elderly father.

Can he refuse to work under the Occupational Health and Safety Act?

Commented [KA34]: New example

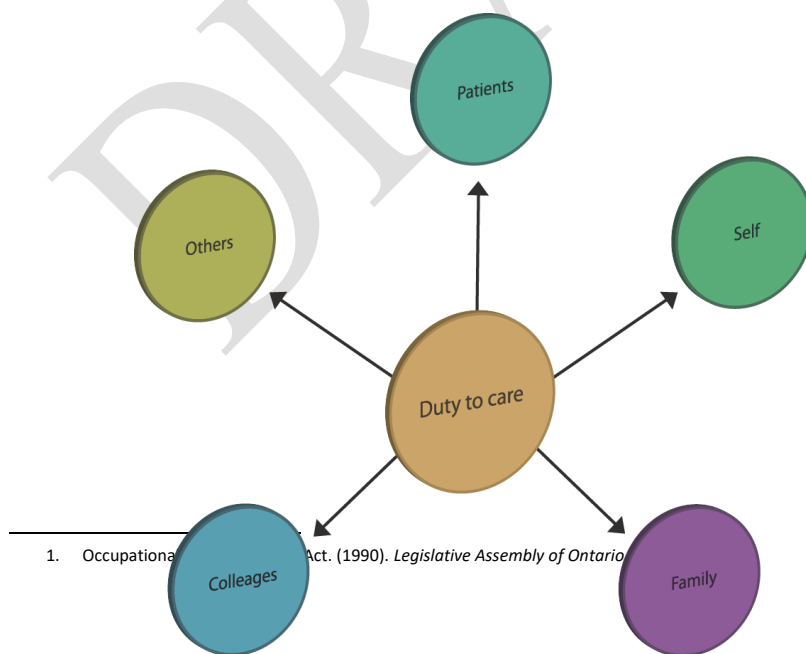
The ethical principles are to act fairly, do good and do no harm

Respiratory Therapists care for patients with respiratory illness every day, and this is inherent in the work that they do. Additionally, an RT's refusal to provide their services could potentially endanger the life, health or safety of these patients. Therefore, in this circumstance, the RT is expected to fulfill the requirements of his job.

At times, these multiple obligations can result in conflicting priorities which are quite specific to each individual. Therefore, each RT must ultimately balance his/her own reality with the best interest of their patient/client. When faced with managing conflicting duties, the expectation of the College is that its Members will, to the very best of their abilities, provide ethical, safe and competent patient/client care.

S.43(1) of the *Occupational Health & Safety Act* (1990) delineates under what circumstance certain types of employees can refuse work due to fear of exposure to a hazard. This act clearly articulates that hospital workers do not have a right of refusal to work if:

- if the hazard is inherent in the work the employee does; or
- when the employee's refusal to work would directly endanger the life, health or safety of another person.¹



1. Occupational Health & Safety Act, (1990). Legislative Assembly of Ontario

End of Life Decision Making

The legal rights of the patient/client at the end of his/her life are the minimum ethical requirements. Capable individuals have a right to make their own decisions regarding their medical care. If that capability is called into question, they have the right to have their capacity assessed. The HCCA outlines the process that must be followed if a patient/client is deemed incapable, which includes the appointment of a **Substitute Decision Maker (SDM)**. (HCCA, 1996) It is important to note, however, that the final decision as to the plan of care rests with the patient/client or SDM. Not only is consent to treatment required, it is also necessary for “withdrawing” or “withholding” treatment. (HCCA, 1996)

A newborn infant with severe SMA type 1 is requiring continuous NIPPV. Because her the prognosis is grave, the physician in charge of her care has determined it to be “everyone’s best interest” to remove her the baby from the BiPAP. However, the parents want the this treatment to continue, in the hopes that she they can eventually go home. The RT has been asked to remove the BiPap. How should he they proceed?

The ethical principles involved are respect for the patient/client’s free-will which conflicts with the RTs need to do good and do no harm. The parents in this case are the child’s guardians and therefore are able to make decisions for their child. The healthcare team may have solid medical evidence surrounding long-term survival of this child and quality of life for the family, and should share the predicted outcome with the parents. probably has very valid concerns as to the infant’s long-term survival and the impact that caring for this child at home might have on the family. The team should be open and frank with the parents as to the predicted outcome. However, the parents are the guardians and therefore, able to make decisions on behalf of the child. If an agreement on the plan of care cannot be obtained, and if the healthcare team feels that the parent’s decision is not in the child’s best interest, the case should be presented to the **Consent and Capacity Review Board**. In the interim, however, the parent’s decision stands and the RT should refrain from removing the infant from NIPPV.

For more information, please see the CROTO Responsibilities under Consent Legislation PPG at: <http://www.croto.on.ca/pdf/PPG/UnderConsent.pdf>

Ending the RT-Patient/client Relationship

Sometimes it is necessary for an RT to end the therapeutic relationship with a patient/client. If the services of the RT are being discontinued because the individual no longer requires them, then it is usually a matter of making sure all of the proper documentation is in place and that the patient/client's primary physician has been informed. If, however, the RT is no longer able to provide care to an individual still in need of services, then it is incumbent upon the respiratory therapist to ensure that care has been transferred to the most appropriate person and/or facility.

A patient/client being cared for by a home oxygen company has been formally warned twice that the oxygen will be removed due to safety concerns (i.e., smoking as well as unsafe handling and storage). On a subsequent visit the RT finds the patient ~~him~~ smoking in their ~~his~~ living room with ~~the his~~ grandchildren playing nearby. How should the RT proceed?

The ethical principle involved is primarily the respect for free will, which must be balanced with the need to do good and do no harm. Home care companies generally have explicit policies regarding oxygen and smoking. Failure to abide by this can result in removal of the oxygen for the safety of the patient, their family, and the healthcare team. The RT is required to follow organizational policies and work with the patient's physician to find safe, alternative resolutions. Once the RT is satisfied all requirements have been met, they should remove the oxygen and instruct the patient to proceed to their local hospital. As always, documentation is extremely important. when preparing to discontinue service. The patient must be provided with removalMost home care companies have policies and procedures around the removal of oxygen from a patient/client's home. These policies should outline how and when the physician responsible for the individual's care is notified regarding the possible removal need to remove of the oxygen from the patient/client's home. The physician may provide direction as

to how to meet the individual's ongoing oxygen needs and all communication with the physician must be documented. The patient/client should sign the initial explanation of the safety requirements and any subsequent safety violation warnings. Once the RT is satisfied that the requirements under his/her employer's policy have been met, the RT should remove the oxygen equipment and advise the patient/client to seek medical attention, as required, at his ~~the~~ local hospital.

It is important to note that if an RT is changing employers (e.g., moving from one home oxygen company to another) they should in no way endeavour to entice a patient/client to change companies as well. The therapist should, consider the best interest of the patient/client over his/her own needs. ~~However, each RT has the right to practice in a safe environment, and the safety of others must be taken into consideration.~~

Evidence based ~~Medicine~~ and reflective practice

In order to provide the highest level of quality patient care, RT's must apply current and best practice guidelines and research in their clinical practice. ~~To provide care that is of the greatest benefit to the patient/client that RTs serve requires the integration of knowledge that comes from the best and most current available research.~~ Evidence-based medicine challenges the notion that practitioners should continue to adhere to "accepted" medical practices that have are ~~no longer relevant or validated~~. Rather, RT's use ~~no basis to support them~~. It is an RT's responsibility to demonstrate professional excellence and practice competently and with integrity, ensuring that ~~they~~ seek opportunities for professional development and life long learning.

~~In order to ensure the application of evidence-based knowledge, it is helpful if the RT is familiar with literature review techniques and is able to utilize the resources at their disposal (e.g., hospital and electronic libraries.) It is also essential that the practitioner regularly reflect on his/her competency needs and seek on going opportunities for professional development.~~

Commented [KA35]: New

An internal medicine specialist has ordered an inappropriately high tidal volume (>10 ml/kg) for a patient/client with ARDS and has not written an order to ventilate to ABGs. The hospital has a policy that the NHLBI ARDS Mechanical Ventilation Protocol should be implemented for individuals who meet the inclusion criteria. How should the RT proceed?

The ethical principles involved are to do good and do no harm.

First, the RT is required to act in the patient/client's best interest. If the practitioner has sound reason to question any medical order, then he/she should immediately bring this to the attention of the individual who wrote the order. Sometimes a careful and well-informed explanation on the part of the RT can be enough to have the order changed. If not, then how the RT proceeds will vary depending on how detrimental he/she feels the existing order will potentially be for the patient/client. In this scenario, if the RT was not satisfied with the outcome of the discussion with the ordering physician, then there is usually another level of administration to take his/her concern (e.g., chief of staff, administrator on-call, etc). In the interim, the patient/client should be set on whatever set of parameters **that** is considered to be safe and everything must be carefully documented. All other staff caring for the patient/client (i.e. bedside nurse), should also be informed.

Interprofessional Collaboration

Interprofessional collaboration (IPC) refers to the positive interaction of two or more healthcare professionals who bring their unique skills and knowledge to assist patients/clients and their families with their health decisions. ^(EICP, 2005) There exists a large body of research confirming the benefits of IPC for patients/clients, the healthcare professionals, and the healthcare system as a whole. **Each profession brings their own competency and skill set, and working together as a collaborative team provides the opportunity to learn from each other.**

The overall goal of IPC is to optimize patients'/clients' access to the skills and competencies of a wide range of health professionals. In certain circumstances, optimal access care is best obtained

by ensuring that as many practitioners as possible can provide a given service. In other instances, it is in the best interest of patient/client care to ensure that a select group of “experts” provide a specific service.

The ICU nurses at a community hospital have approached their administration (without consultation with the RT dept.) requesting they be permitted to perform arterial line insertion (a task which up until now has been performed only by the RTs). Without consultation consulting with the ICU nursing dept.) to senior administration. What should have been done to ensure a collaborative process and what outcome would be in the best interest of optimal patient care?

The ethical principles involved are to do good and do no harm, balanced with the need to act fairly. Although the process described in the scenario was definitely ~~a poor not a good~~ example of IPC, an argument could be made for either side having a valid argument in the best interest of the patients/clients. In certain practice settings, having the nurses also insert arterial lines would enhance patient/client’s access to the procedure. In other situations, having ~~just~~ **only** the RTs do it would ensure that only the most practiced and skilled practitioner performs the procedure. The outcome is actually less important than the reasons why it was being requested or refuted. The primary concern must always be what is best to ensure optimal patient/client care, as opposed to “turf expansion or protection”.

Maintaining Professional Boundaries

The **therapeutic relationship** between an RT and his/her patient/client is one of empathy, trust and respect. It is important to acknowledge that there exists within this relationship an inherent power imbalance. The RT has access to specialized knowledge, **and** privileged

information that the patient/client does not have. The RT also has the ability to advocate on behalf of the patient/client. Therefore, it is essential that RTs respect the relationship they have with their patient/client through effective communication, patient/client centered care and the maintenance of **professional boundaries**.

In a therapeutic relationship with a patient/client, the best interests of that individual are paramount, ~~always comes first~~, unless doing so would endanger the welfare of others. The patient/client's vulnerability places the obligation on the RT to manage the relationship appropriately. Examples that the RT may be crossing professional boundaries in the RT's therapeutic relationship are:

- Disclosing personal problems to a patient/client;
- Accepting gifts from a patient/client that could potentially change the nature of the relationship and influence the level or nature of care; or
- Spending time outside the therapeutic relationship with a patient/client.
- **Becoming "friends" on social media**

Commented [KA36]: New

RTs also have **professional relationships** with all other members of the healthcare team with whom they interact with as they carry out their duties. In some of these relationships, a power imbalance mirrors that in the RT's therapeutic relationship (e.g., staff RT supervising Student RTs, Charge Therapist overseeing newer staff RTs). It is essential for the RT to adhere to the same standard for the maintenance of these professional relationships as they do in their therapeutic relationships.

An RT who works in a sleep lab is asked out on a date by a patient/client who had been assessed in her lab a week earlier. She they accept and eventually marry. Has the RT she failed to maintain appropriate professional boundaries?

The ethical principle involved is to act fairly. Unfortunately, even when acting fairly, one can be perceived as otherwise. **not acting fairly** (giving preferential treatment, for example). The RT ~~could have been considered to~~ **may** have violated professional boundaries if the patient/client continued to be cared for at the sleep lab where the RT worked. The only way that a personal relationship would be permissible is if the therapeutic relation had officially ended and this must be clearly documented.

A Registered Respiratory Therapist (RRT), acting in a Clinical Instructor capacity at a teaching hospital, receives a "friend request" on Facebook by a Student RT currently rotating through the hospital. The RRT accepts and they begin an exchange on-line of personal comments and photos. Has the RRT crossed the professional boundaries?

The ethical principle involved is to act fairly. Because an imbalance of power also exists between the staff therapists and students, the RRT is prohibited from engaging in a personal relationship with this individual. This is most definitely a violation of professional boundaries, regardless of the content of the comments and photos.

Providing Culturally Competent Care Diversity, Equity and Inclusion

In the healthcare setting, it is both a professional, ethical and legal responsibility that care be provided in a manner that protects and respects the dignity of the patient. cultural competence refers to the ability to provide appropriate and effective medical care to members of various cultural groups. RTs must identify, reduce and eliminate inequitable outcomes and power imbalances to provide care to patients/clients with diverse values and beliefs without prejudice. Examples of discrimination included those based on age, gender identity or expression, sexual orientation, culture, race, religion, disability, or medical condition. A practitioner therefore must recognize bias and become competent in providing inclusive and equitable care through the process of gaining a congruent set of behaviours and attitudes. This progression begins with an awareness of the how diversity

Commented [KA37]: Moved up in document

Commented [KA38]: Updated content

A male RT attending a delivery is told he is not permitted to be in the delivery room because

the mother's cultural beliefs prohibits any man other than her husband and the physician from being present. However, the therapist in question is the only RT available to provide any necessary resuscitative care. Should he disregard the mother's request and attend the delivery in the delivery room?

manifests itself and what impact it has on the provision of healthcare. Providing sensitive, competent care This will allow the RT to provide sensitive, optimal care for all patients/clients and maintain compliance with laws and recommendations.

The ethical principles involved are respect for free will, balanced with the need to do good and do no harm. Where possible, accommodation should be sought that would honour the mother's wishes, while at the same time ensuring that **safe**, optimal care is provided to her newborn infant. For example, arrangements could be made to have the resuscitation team ready to receive the infant in an adjoining room immediately after delivery.

8 Steps to Cultural Competence for Healthcare Professionals (HWK Health, 2006)

9. Examine your values, behaviours, beliefs and assumptions.
10. Recognize racism and the behaviours that breed racism.
11. Engage in activities that help you to reframe your thinking, allowing you to hear and understand other world views and perspectives.
12. Familiarize yourself with the core cultural elements of the community you serve.
13. Engage patients/ clients to share how their reality is similar to, or different from, what you have learned of their core cultural elements.
14. Learn how other cultures define, name and understand disease and treatment.
15. Develop a relationship of trust with patients/clients and co-workers by interacting with openness, understanding and a willingness to hear different perceptions.
16. Create a welcoming environment that reflects the diverse community that you serve.

Another example to go in blue text box

A 81-year-old patient in the ICU is being discussed by the healthcare team at rounds. A comment is made by the most responsible physician that, without speaking to the family, they will not be treating the patient as aggressively as they would if they were younger, given that "this is normal for an elderly person". Is this a biased opinion?

The ethical principles involved is to act fairly and to good and do no harm. Ontario's **Human Rights Code** outlines the right of every Ontario resident to receive equal treatment with respect to goods, services and facilities without discrimination based on a number of grounds including race, age, colour, sex, sexual orientation, and disability. Respiratory Therapists are therefore required to comply with this Code when providing care to patients/clients. Broadly this means that services are to be provided equally to all regardless of race, ancestry, place of origin,

colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, family status and/or disability (Ont. Human Rights Code, 1990).

Ontario Human Rights Code

Ontario's **Human Rights Code** outlines the right of every Ontario resident to receive equal treatment with respect to goods, services and facilities without discrimination based on a number of grounds including race, age, colour, sex, sexual orientation, and disability. Respiratory Therapists are therefore required to comply with this Code when providing care to patients/clients. Broadly this means that services are to be provided equally to all regardless of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, family status and/or disability (Ont. Human Rights Code, 1990).

Commented [KA39]: Moved up

Resource Allocation

Certain emergencies (e.g., pandemics) as well as financial and human resource constraints make the consideration of how to manage conflicting duties all that more critical for each healthcare professional. Under the extreme pressure that such an event can have on the healthcare system, **surge response strategies** often need to be put into place to ensure that the greatest number of patients/clients benefit from the available resources. In these situations, the basic principles for ethical treatment of patients/clients must remain. However, there sometime needs to be a shift in the focus from what is best for each individual to what will benefit those most in need. Even less urgent situations may necessitate making the best use of limited resources.

A patient/client who has suffered a head injury is being transported from a community

hospital to a tertiary care centre. There are 2 RTs on nights at the community hospital and one is being asked to accompany the non-intubated individual on transport. This would leave the other RT to care for the entire hospital alone. What would be the best course of action?

The ethical principles involved are to do good and do no harm, balanced with the need to act fairly. There are a great many variables when determining whether the RT should go out on the transport or remain in hospital. Many facilities have criteria set out in policy in order to assist the RT in establishing priorities in situation such as this. There is no one correct answer and it depends on factors such as the likelihood the patient/client going on transport will not be able to protect his airway, the level of current acuity at the hospital, etc.

Substitute Decision Maker

The HCCA defines capacity as the ability to understand information necessary to make an informed treatment decision, and appreciate the reasonably foreseeable consequences of a decision or lack of a decision ^(HCCA, 1996). As mentioned previously, if a patient/client is determined to be incapable with respect to his/her medical care, a SDM may give or withhold consent on the individual's behalf. It is important to note, however that the SDM is required to honour the patient/client's wishes, if known to be articulated when he/she was capable. If there are no **known capable wishes**, then the SDM must act in the patient/client's best interest.

A 35 year old woman who is suffering from end-stage MS is admitted to the ICU in severe respiratory distress. She is unable to communicate and her prior wishes are not known to the healthcare team. However, the husband, acting in his capacity as SDM, is demanding that his wife be placed on life support. The RT is called to intubate. Is the SDM acting in the patient/client's "best interest" and how should the RT proceed?

The ethical principles involved are to do good and do no harm balanced with the respect for free will. For one thing, it is difficult to determine if the husband is acting in his wife's best interest, as we do not know if she had any prior competent wishes, or what they might have been. Her family physician is someone who may know, as hopefully this is a conversation they would have had, knowing the likely course of her disease. Another consideration is whether her current respiratory distress is the result of something that is curable (e.g., pneumonia) or a result of the disease progression. If at all possible, the RT should try to avoid intubation until such time as it can be established that this is the best interest of the patient/client.

Transfer of Accountability (TOA)

Communication of information between healthcare providers is a fundamental component of patient/client care. According to a study done by the U.S. Joint Commission on Accreditation of Healthcare Organizations in 2003, almost 70% of all sentinel events are caused by breakdown in communication. (Alvarado, K, et al., 2006) It is during the transfer of accountability (sometimes referred to as "transfer of care") that there is the most significant risk of harm to the patient/client.

It is also the times when breaches in patient/client **confidentiality** frequently occur. Not only can information that should be passed on be missed or misunderstood, but it may also be generally inappropriate, or inappropriate for certain personnel to hear. It is essential when disclosing personal health information to remember who is in the patient/client's **circle of care**. This term is not defined in the 2004 *Personal Health Information Protection Act*, but has been generally accepted to be the healthcare providers who deliver care and services for the primary therapeutic benefit of the patient/client. It also covers related activities such as laboratory work and professional or case consultation with other healthcare providers².

Some organizations have implemented a standardized, evidence-based approach to TOA in order to improve the effectiveness and coordination of communication. Some hospital departments have utilized a checklist type format (e.g., code status, infection control

2. Transfer of Accountability: Transforming Shift Handover to Enhance Patient Safety.

requirements, risk concerns) to ensure that nothing important is overlooked during “shift change”. The CRTO encourages its Members to evaluate their own TOA processes and perhaps customize tools used within their own facility

During a verbal report in the staff lounge, a RT reveals to all those present that a patient/client

seen in emergency during the previous shift had been brought in following a failed suicide attempt. The door of the lounge are open and nursing staff coming to and from work are passing by in the hallway. In addition, the patient/client is the sister-in-law of the Ultrasound Technician, who happens to be in the staff lounge when report is being given. What ethical values/ principles have been violated and what steps could have been taken to prevent this from happening?

The ethical principles involved are to do good and do no harm. The RT giving report has shown a lack of respect for the dignity to the patient/client in question. Also, the patient/client’s confidentiality has been violated, as the information was not disclosed in a manner that prevented those outside the individual’s circle of care from being privy to it. Every effort needs to be made to ensure the information shared at handover is accurate, complete and that the risk of inappropriate disclosure of personal health information is minimized.

An RT is currently working part time at one hospital and casual at another. One evening, they needed to leave prior to shift change, in order to arrive on time for their shift at the other facility. If they have gotten permission from their employer to leave early, is it permissible to do so according to the CRTO?

Commented [KA40]: New example

The ethical principles involved are to do good and do no harm.

The RT is responsible for providing respiratory care up to the point of the transfer of accountability and must be physically present to provide a verbal report, unless there are other organizational mechanisms in place. This situation has the potential for significant risk (e.g. The second RT is delayed in arriving for their shift).

The fact that your employer permits something is only one part of the equation. As a regulated healthcare professional, your ultimate accountability is to your patients

Social Media

Commented [KA41]: New section

Social media can have a positive impact on the healthcare community, including facilitating communication, collaboration, and knowledge distribution. It is important to remember however, that there are potential consequences if the content is interpreted by others as improper or use of these platforms is unprofessional.

Many facilities and companies have policies regarding social media use which often reflect their specific organizational expectations and values. As an individual who is associated with these organizations, it is important to follow these guidelines when conducting themselves in a recorded format.

Respiratory Therapists have a professional and moral obligation to conduct and represent themselves in a manner which maintains and enhances the reputation and perception of the profession to the public, such that trust, and confidence is built and maintained. The CRTO would like to remind RT's that they must comply with the expectations of the profession, including legislative, and use their professional judgement to ensure that their social media posts align with the CRTO's standards of practice and Commitment to Ethical Practice document. Prior to posting, please consider these values:

- **Accountability and integrity:** Your posts may be interpreted as a direct reflection of yourself, your organization, and your profession, and could be potentially damaging to reputations. Your professional and personal lives are intertwined. Reflect on your own intentions and the possible consequences.
- **Professionalism:** As a regulated healthcare worker, your posted content may be received as medical or professional advice. Weigh the risks and benefits of the information you share. You are required to always uphold and maintain a professional image on your social media accounts. Failure to do so could be considered Professional Misconduct. [About the Standards - CRTO Standards of Practice](#)

- Privacy and confidentiality: Breaches are often unintentional and inadvertent. Photos and content may hold identifying details that can reveal confidential information surrounding a patient, their family, or the organization. This can have severe consequences to not only yourself, but to the organization under privacy legislation. Confidentiality: [Standard 11 | CRYPTO Standards of Practice](#)
- Patient/client boundaries: avoid dual relationships with patients/families.
- Communicate respectfully! Your online profile should reflect the professional that you are.

[For more information on how social media impacts on RT Practice, please refer to the following documents:](#)

Standard 12.7: Communicate electronically and through social media in a manner that respects therapeutic and professional relationships;

Standard 3.6: Refrain from making false, deliberately misleading or offensive statements, contrary to the interests of the public or the honour and dignity of the profession, whether orally or in writing;

Standard 13.26: Behave in a professional manner that presents a positive image of Respiratory Therapy to the community; and

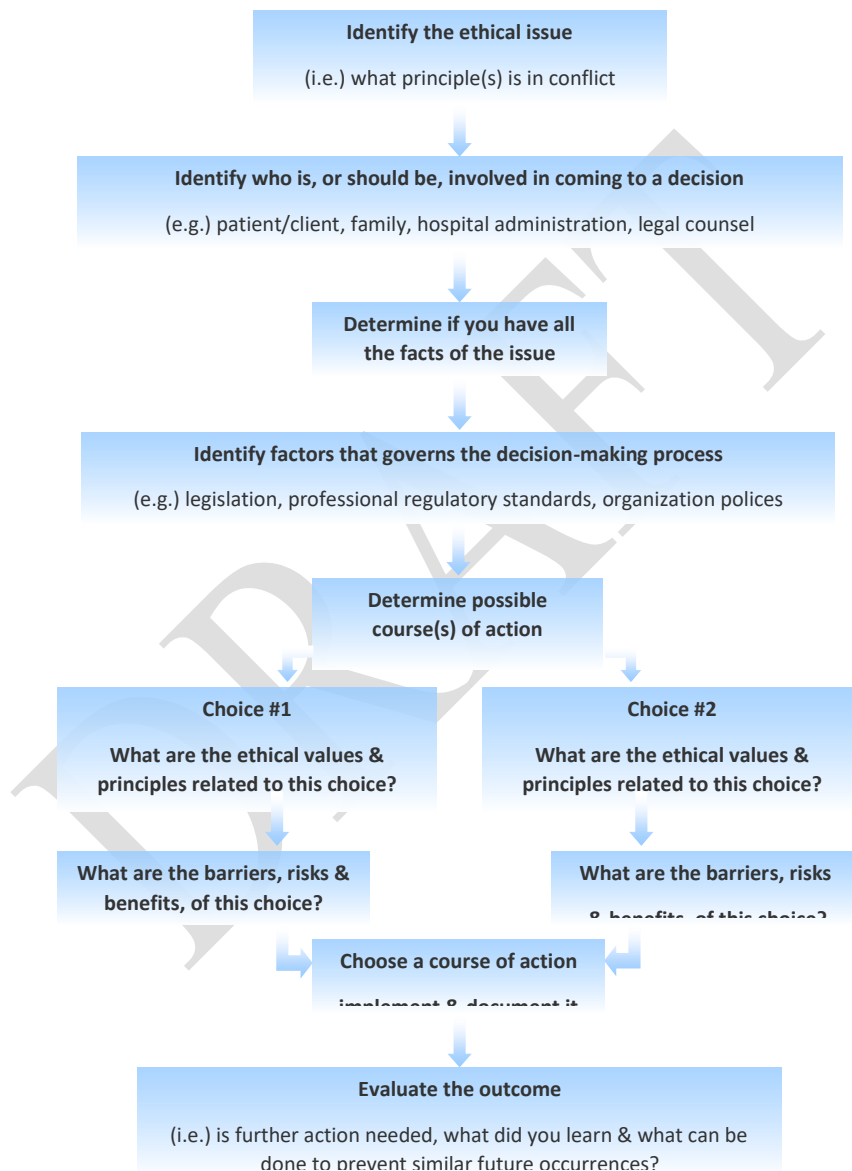
Standard 8.6: refrain from making a representation about a remedy, treatment, device or procedure for which there is no generally accepted scientific or empirical basis

An RT is found to have shared unconventional and unsubstantiated treatment advice for Covid-19, which discussed herbal remedies as a “potential cure”. If this is their personal opinion, and this is posted on their personal social media page, is there a concern?

A: While each person is entitled to their own philosophies and beliefs, as a regulated healthcare professional, there is a moral and professional obligation to be sensitive and cognizant of your audience. An RT is always held to a higher personal and professional standard and the information they post, may be held by others, to be valid and correct. If the information they post is viewed as contrary to Public Health guidelines, they are in violation of the CRYPTO standards (Standard 8 – Evidence Informed Practice)

DRAFT

Steps to Ethical Decision-Making



Bloodborne and Other Infectious Agents

Respiratory Therapists have an **ethical obligation** to protect the public from any potential transmission of bloodborne pathogens and other infectious diseases. The College encourages all Members to take every possible precaution to prevent transmission of infection from themselves to their patients and others. It is the College's position that :

- Members must be vigilant and rigorously adhere to Routine Practices, Additional Precautions, and the use of Personal Protective Equipment (PPE) when required.^{3, 4, 5}
- Members providing direct patient care are encouraged to keep their immunizations up to date (e.g. Hepatitis, Influenza⁶, measles, mumps, rubella, Tuberculosis, and Varicella).
- Members have an ethical obligation to know their serologic status with respect to bloodborne pathogens such as HIV and Hepatitis, although they are **not** obligated to disclose it to their patients⁷.
- Members have an ethical obligation to know their status with respect to other infectious pathogens such as Tuberculosis and Varicella, although they are **not** obligated to disclose it to their patients.
- Members who are positive for infectious pathogens should seek advice to assist with assessing the risk of transmitting infectious agents to others. The College may provide professional practice advice and links to resources (for example but not limited to, Public Health Ontario's Infectious Diseases Programs and Services), aimed at assisting Members in making safe and ethical decisions regarding their practice.
- Members who are positive for infectious pathogens (especially those who perform high risk, exposure-prone procedures⁸) should take all necessary precautions, including **modifying** their practice if necessary, to prevent transmission to others.

Commented [KA42]: new

#3 See Best Practices for Infection Prevention and Control Programs in Ontario In All Health Care Settings 3rd Edition (PIDEC, 2012) [bp-ipac-hc-settings.pdf \(publichealthontario.ca\)](#)

#4 same as #3

#5 See CRTO's Clinical Best Practice Guideline Infection Control (2016) [Layout 1 \(crto.on.ca\)](#)

#6 Government of Canada. (2016) [Immunization of workers: Canadian Immunization Guide - Canada.ca](#)

#7 For Blood Borne Disease Surveillance Protocol for Ontario Hospitals (2018) [Blood Borne Diseases Protocol \(November 2018\).pdf \(oha.com\)](#)

#8 [Clinical Infectious Diseases, Volume 41, Issue 1, 1 July 2005, Page 136](#) Clinical Infectious Diseases, Volume 41, Issue 1, 1 July 2005, Page 136, <https://doi.org/10.1086/431928>

Commented [KA43]: Footnotes outdated

³ See Best Practices for Infection Prevention and Control Programs in Ontario In All Health Care Settings 3rd Edition (PIDAC, 2012) [click here](#)

⁴ For Public Health Ontario/Provincial Infectious Disease Advisory Committee's (PIDAC) Knowledge Products (2012) [click here](#)

⁵ See CRTO's Clinical Best Practice Guideline Infection Prevention and Control (2011) [click here](#)

⁶ "Annual influenza vaccination should be a condition of continued employment in, or appointment to, a health care organizations" (PIDAC, 2012, p.32)

⁷ For Blood Borne Diseases Surveillance Protocol for Ontario Hospitals : [click here](#)

⁸ For categories of exposure-prone procedures please see: Society for Healthcare Epidemiology of America (SHEA) Guideline for Management of Healthcare Workers Who Are Infected with Hepatitis B Virus, Hepatitis C Virus, and/or Human Immunodeficiency Virus (2010) [click here](#)

Does an RT who is diagnosed with HIV have a duty to report that to their patients?

Commented [KA44]: New question and discussion

The RT does not have a legal obligation to routinely disclose their serologic status to patients to obtain informed consent for a procedure, because healthcare workers have the right to privacy and confidentiality of their own personal medical information. However, from a moral and professional obligation, all efforts must be made to protect the patient from any exposure or harm, potentially even altering their practice.

If a patient is exposed to the RT's blood/bodily fluids at some point during treatment, proper follow-up through their organizational process must occur and the patient be informed of the nature of the exposure. Proper post-exposure testing, and treatment is required, although all attempts to protect the identity of the RT must be made.

Glossary

Accountability

Taking responsibility for decisions and actions, including those undertaken independently and collectively as a member of the healthcare team; accepting the consequences of decisions and actions and acting on the basis of what is in the best interest of the patient/client.

Apology/ Apology Act

An expression of sympathy or regret, a statement that a person is sorry or any other words or actions indicating contrition or commiseration, whether or not the words or actions admit fault or imply an admission of fault or liability in connection with the matter to which the words or actions relate. The 2009 *Apology Act* aims to increase transparent and open communication among health care professionals, patients and the public. ^(Apology Act, 2009)

Autonomy

Recognizing that a patient/client has the right to accept or reject any Respiratory Therapist and any care recommended or ordered.

Circle of Care

The term "circle of care" is not a defined term under the PHIPA or the federal privacy legislation, the *Personal Information and Protection of Electronic Documents Act* (PIPEDA). The term emerged in a series of questions and answers developed by Industry Canada called the *PIPEDA Awareness Raising Tools (PARTs) Initiative for the Health Sector*. There it was defined as follows:

The expression includes the individuals and activities related to the care and treatment of a patient/client. Thus, it covers the healthcare providers who deliver care and services for the primary therapeutic benefit of the patient/client and it covers related activities such as laboratory work and professional or case consultation with other healthcare providers.

Competent/Competency

Having the requisite knowledge, skills and judgement/abilities to perform safely, effectively and ethically and applying that knowledge, skills and judgement/abilities to ensure safe, effective and ethical outcomes for the patient/client.

Confidentiality

In Canada, a healthcare professional owes an ethical and legal duty of confidentiality to his or her patients. However, this right of confidentiality is not absolute. A **health information custodian** may disclose personal health information if they reasonably believe there is a risk of harm [PHIPA s.40(1)].

Consent & Capacity Review Board (CCRB)

An independent body created by the provincial government of Ontario under the Health Care Consent Act.

Conflict of Interest

A conflict of interest exists where a Respiratory Therapist engages in any private or personal business, undertaking or other activity or has a relationship in which,

- the Respiratory Therapist's private or personal interest directly or indirectly conflicts, may conflict or may reasonably be perceived as conflicting with his or her duties or responsibilities as a healthcare professional; and/or
- the Respiratory Therapist's private or personal interest directly or indirectly influences, may influence or may reasonably be perceived as influencing, the exercise of the member's professional duties or responsibilities.

It is important to note that a conflict of interest may be actual or apparent (perceived).

Critical incidents

An unintended event that occurs when a patient/client receives treatment in the hospital that results in death, injury or harm to the patient/client and does not result primarily from the patient/client's underlying medical condition or from a known risk inherent in providing the treatment. (Ont. Reg. 423/07, 2007)

Ethical/ Ethical Framework

Relating to accepted professional standards of conduct; of or relating to principles of right and wrong in behaviour.

Health Care Consent Act (HCCA)

The HCCA outlines the requirement for healthcare professionals who proposes a treatment or plan of care to ensure that they receive informed consent from the patient/client or his/ her substitute decision maker before proceeding.

Health Information Custodian

Defined in *PIHIPA* as "a person or organization who has custody or control of personal health information [PHIPA, s.3(1)]. This is generally the employer.

Healthcare Team

Peers, colleagues, and other healthcare professional (regulated and non-regulated).

Human Rights Code

Respiratory Therapists have a responsibility to understand and respect individuals regardless of differences that may include but are not limited to: race; ancestry; place of origin; colour; ethnic origin; citizenship; creed; sex; sexual orientation; age; marital status; family status or disability. (Ont. Human Rights Code, 1990)

Judgement

Judgement is the cognitive process of reaching a decision or making an observation.

Knowledge

Is a body of information applied directly to the performance of a function.

Known Capable Wishes

The *Health Care Consent Act* (HCCA) refers to “know capable wishes”, which refers to the expressed wishes of a patient/client. This legislation recognizes that any individual, while capable, may express his/ her wishes with respect to treatment decisions that are to be made on his or her behalf in the event that he or she becomes incapable.

Near Misses

These particular occurrences are identified as errors but do not result in harm to the patient/client. Therefore, they may not require disclosure to patients/clients in all cases and is generally dealt with at an organizational level. The aim is to identify the error and seek to correct the reason for its occurrence (e.g., system errors).

Patient/Client

An individual who requires care (and can include or his/her substitute decision maker).

Professional Relationships

Relationship that a healthcare professional engages in with peer and colleagues in order to carry out his/her professional duties.

Regulated Health Professions Act (RHPA)

Legislation passed in 1991 that sets out the general purpose of the regulatory model for health professionals in Ontario. It identifies the 14 controlled acts that are potentially harmful if performed by unqualified persons and sets out the list of which professions will be self governed under the Act.

Relevant

Having significant and demonstrable bearing.

Respiratory Therapist (RT)/ Registered Respiratory Therapist (RRT)

Refers to Graduate (GRT) and Registered Respiratory Therapists (RRT) who have completed an approved course of study and successfully passed the Canadian Board of Respiratory Care (CBRC) examination.

Respiratory Therapy Act (RTA)

Legislation passed in 1991 which outlines, among other things, the scope of practice of the profession of Respiratory Therapy in Ontario and the controlled act that are authorized to RTs.

Substitute Decision Maker (SDM)

Sometimes required to assist with decision-making for a patient/client in hospital who is

considered mentally incapable to make care or treatment decisions. The *Health Care Consent Act* contains a guide to identifying who the legally authorized SDM is, based on hierarchy of people. The highest-ranking person on the hierarchy who is willing and able to make decisions regarding healthcare for the patient/client becomes the SDM. (HCCA, 1996)

Surge response strategies

Utilized to ensure that those most likely to benefit from care will be able to receive it. Examples to strategies are adherence to the triage principles, patient/client and staff reallocation and alterations in standards of care.

Therapeutic Relationship

Relationship that a healthcare professional engages in with patient/client as well as their family members in order to carry out his/her professional duties.

References

1. IWK Health Centre Province of Nova Scotia. (2006). A Cultural Competence Guide for Primary Care Providers in Nova Scotia. Retrieved from: http://www.healthteamnovascotia.ca/cultural_competence/Cultural_Competence_guide_for_Primary_Health_Care_Professionals.pdf.
2. Alvarado, K., Lee, R., Christoffersen, E, Fram, N., Boblin, S., Poole, N., Lucas, J., & Forsyth, S. (2006). Transfer of Accountability: Transforming Shift Handover to Enhance Patient Safety. *Healthcare Quarterly*, 9(Sp), 75 – 79. Retrieved from: <http://www.longwoods.com/product.php?productid=18464&cat=452&page=1>
3. Anderson, J., Deravin, L. (2020). Transfer of Responsibility and Accountability of Patient Care. *Journal of Hospital Administration*, vol 9, no 6 Retrieved from: <http://www.sciedupress.com/journal/index.php/jha/article/view/19657/12128n> ([sciedupress.com](http://www.sciedupress.com))
4. Apology Act. (2009). *Legislative Assembly of Ontario*. Retrieved from: [Bill 108, Apology Act, 2009 - Legislative Assembly of Ontario \(ola.org\)](http://www.elaws.gov.on.ca/html/statutes/english/elaws-statutes-09a03-e.htm) <http://www.elaws.gov.on.ca/html/statutes/english/elaws-statutes-09a03-e.htm>
5. Baker, G.R. The Canadian Adverse Events Study: the incidence of adverse events among hospital patients in Canada. *CMAJ*. May 25, 2004; 170 (11).
6. Beauchamp TL, Childress JF. (2008). *Principles of biomedical ethics*, 6th ed. Oxford, England: Oxford University Press.
7. Canadian Medical Association (2018) CMA Code of Ethics and Professionalism. Retrieved from: <https://www.who.int/news/item/27-06-2017-joint-united-nations-statement-on-ending-discrimination-in-health-care-settings> - PD19-03.pdf
8. Canadian Patient Safety Institute. (2011) Canadian Disclosure Guidelines. <https://www.patientsafetyinstitute.ca/en/toolsResources/disclosure/Documents/CPSI%20Canadian%20>

Commented [KA45]: Document no longer available

Commented [KA46]: New

Commented [KA47]: New link

<https://www.patientsafetyinstitute.ca/en/toolsResources/disclosure/Documents/CPSI%20Canadian%20Disclosure%20Guidelines.pdf>

9. College of Respiratory Therapists of Ontario (Certo). (2005). (2014) *Conflict of Interest Professional Practice Guideline*.

Retrieved from: http://www.certo.on.ca/pdf/PPG/conflict_of_interest.pdf

Commented [KA48]: Updated link

10. College of Respiratory Therapists of Ontario (Certo). (2004) (2014). *Responsibilities under Consent Legislation Professional Practice Guideline*.

Retrieved from: <http://www.certo.on.ca/pdf/PPG/UnderConsent.pdf>

Commented [KA49]: Document updated. Previous addition was 2004

11. College of Respiratory Therapists of Ontario (Certo). (2019). Communications. Standards of Practice. [Standard 3 | Certo Standards of Practice](#)

12. College of Respiratory Therapists of Ontario (Certo). (2019). Confidentiality. Standards of Practice. [Standard 11 | Certo Standards of Practice](#)

13. College of Respiratory Therapists of Ontario (Certo) (2019). Professional Boundaries. Standards of Practice. [Standard 12 | Certo Standards of Practice](#)

14. Denise Sese, MD, Mahwish U. Ahmad, MD, MPH and Prabalini Rajendram, MD Ethical considerations during the COVID-19 pandemic. *Cleveland Clinic Journal of Medicine*. June 2020. Retrieved from: [Ethical considerations during the COVID-19 pandemic | Cleveland Clinic Journal of Medicine \(ccjm.org\)](#)

15. Enhancing Interdisciplinary Collaboration in Primary Care (EIPC). (2005). *The Principles and Framework for Interdisciplinary Collaboration in Primary Health Care*

Retrieved from: [Enhancing Interdisciplinary Collaboration in Primary Health Care in Canada \(rnao.ca\)](#)

16. Gillon, R. (1994). Education and debate. *British Medical Journal*, 309 (6948), 184-8.

Commented [KA50]: Outdated

17. Gillon R. (1994). Medical ethics: four principles plus attention to scope. *British Medical Journal*, 309(6948), 184-8.

18. Health Care Consent Act (HCCA). (1996). *Legislative Assembly of Ontario*.

Retrieved from: http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_96h02_e.htm

19. Health Ethics <https://healthethics.ca/the-duty-to-provide-care/> to Provide Care – Health Ethics

20. Information and Privacy Commissioner. (2009) (2015) Circle of care: sharing person health information for health care purposes.

Retrieved from: <http://www.ipc.on.ca/images/Resources/circle-care.pdf>

Retrieved from: <https://www.ipc.on.ca/wp-content/uploads/Resources/circle-of-care.pdf>

Commented [KA51]: Updated article

21. International Nurse Regulator Collaborative. Social Media Use: Common Expectations for Nurses. (2016, December). Retrieved from: <https://www.cno.org/globalassets/docs/prac/incr-social-media-use-common-expectations-for-nurses.pdf>

19. Joint Commission on Accreditation of Healthcare Organizations (JCAHO). (2003) (2020) Sentinel Event Statistics.

Retrieved from: <http://www.jointcommission.org/SentinelEvents>

Commented [KA52]: Updated link

20. Liddell K, Skopek JM, Palmer S, *et al.* Who gets the ventilator? Important legal rights in a pandemic. *Journal of Medical Ethics* 2020;**46**:421-426.

21. Ministry of Health and Long-Term Care. (2008). *Ontario Health Plan for an Influenza Pandemic*. Chap. 2, 2 – 10.

Retrieved from:

http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/ohpip2/plan_full.pdf

22. Ministry of Health and Long-Term Care (2020). Emergency Planning and Preparedness.

Retrieved from: <http://health.gov.on.ca/en/pro/programs/emb/default.aspx?pro>

Commented [KA53]: Updated link

23. Nyblade, L., Stockton, M.A., Giger, K. *et al.* Stigma in health facilities: why it matters and how we can change it. *BMC Med* **17**, 25 (2019). <https://doi.org/10.1186/s12916-019-1256-2>

24. Occupational Health & Safety Act. (1990). *Legislative Assembly of Ontario*.

Retrieved from: http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90o01_e.htm

25. Ontario Government. (2020). Personal Health Information Protection Act. Retrieved from: <https://www.ontario.ca/laws/statute/04p03>

26. Ontario Health. (2021). Mental Health and Addictions Centre of Excellence

Retrieved from: [Equity, Inclusion, Diversity and Anti-Racism | Ontario Health](#)

27. Ont. Human Rights Code. (1990). *Legislative Assembly of Ontario*. R.S.O. 1990, s.1c,

H.19. Retrieved from: http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90h19_e.htm

28. Ontario Human Rights Commission. Age Discrimination and Healthcare.

Retrieved from: <https://www.who.int/news/item/27-06-2017-joint-united-nations-statement-on-ending-discrimination-in-health-care-settingsheet>) | Ontario Human Rights Commission (ohrc.on.ca)

29. Ont. Regulation 423/07. (2007). *Legislative Assembly of Ontario*.

Retrieved from: http://www.e-laws.gov.on.ca/html/source/regs/english/2007/elaws_src_regs_r07423_e.htm

30. Public Health Agency of Canada (2019). Guideline on the Prevention of Transmission of Bloodborne Viruses from Infected Healthcare Workers in Healthcare Settings.

Retrieved from: https://www.canada.ca/content/dam/phac-aspc/documents/services/infectious-diseases/nosocomial-occupational-infections/prevention-transmission-bloodborne-viruses-healthcare-workers/guideline_accessible_aug-2-2019.pdf

31. Reach. Beyond Domestic Abuse.

a. Retrieved from: [6 Different Types of Abuse - REACH \(\[reachma.org\]\(http://reachma.org\)\)](#)

32. University of Toronto Joint Centre for Bioethics Pandemic Influenza Working Group. (2005). Stand on guard for thee: ethical considerations in preparedness planning for pandemic influenza. *University of Toronto Joint Centre for Bioethics*.

Commented [KA54]: New

33. World Health Organization. (2017) Joint United Nations Statement on Ending Discrimination in Healthcare Setting. Retrieved from:
[https://www.who.int/news/item/27-06-2017-joint-united-nations-statement-on-ending-discrimination-in-health-care-settingsns-statement-on-ending-discrimination-in-health care settings \(who.int\)](https://www.who.int/news/item/27-06-2017-joint-united-nations-statement-on-ending-discrimination-in-health-care-settingsns-statement-on-ending-discrimination-in-health-care-settings-(who.int))

DRAFT



To: Council

From: CRTO Staff

Date: March 5, 2021

Subject: New Use of Social Media by Respiratory Therapists PPG

RECOMMENDATION:

It is recommended that Council approve the new The Use of Social Media by Respiratory Therapists (PPG) for circulation to the membership.

BACKGROUND AND RATIONALE:	CONSIDERATIONS:				
	Disagree ← → Agree				
<p>Practice guidelines, like The Use of Social Media PPG, are designed to assist CRTO Members with their understanding of the professional and ethical standards and guidelines that shape their practice.</p> <p>As a new PPG, once approved by Council, and any revisions made, it will be circulated to the membership for their feedback. The PPGs are reviewed every 5 years (or sooner, if necessary) and revised as required.</p> <p>CRTO staff performed a detailed review of relevant literature and resources, and along with the College's standards of practice, developed this new document.</p> <p>Attachments: Draft: The Use of Social Media by Respiratory Therapists PPG</p>	1. The proposed policy is related to the practice of respiratory therapy.	①	②	③	④
	2. The proposed policy falls within the College's statutory mandate in that it reflects a government directive or the duty, object of the College.	①	②	③	④
	3. The proposed policy is related to the public interest.	①	②	③	④
	4. The proposed policy is supported by the College's strategic plan, mission or goals.	①	②	③	④

		Negative	∅	Positive	
	5. The proposed policy impacts on:				
	a) health care system,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	b) patients,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	c) College resources,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	d) College reputation,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	e) legal,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	f) stakeholders, or	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	g) members?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
		Disagree	↔	Agree	
6. The proposed policy is consistent with current College policies/positions.	①	②	③	④	
7. The policy is being proposed to address a particular issue or concern.	①	②	③	④	
8. There are consequences for NOT supporting this policy at this time.	①	②	③	④	
9. After having considered all other alternatives the policy is the most effective solution at this time.	①	②	③	④	

The Use of Social Media by Respiratory Therapists

Professional Practice Guideline

The CRTO recognizes the positive impact that social media can have on the healthcare community, including facilitating communication, collaboration, and knowledge distribution. It is important to remember however, that there are potential consequences if the content is interpreted by others as improper or the use of these platforms is unprofessional.

Many facilities and companies have policies regarding social media use which often reflect their specific organizational expectations and values. As an individual who is associated with these organizations, it is important to follow these guidelines when conducting themselves in a recorded format.

Respiratory Therapists have a professional and moral obligation to conduct and represent themselves in a manner which maintains and enhances the reputation and perception of the profession to the public, such that trust, and confidence is built and maintained. The CRTO would like to remind RT's that they must comply with the expectations of the profession, including legislative, and use their professional judgement to ensure that their social media posts align with the CRTO's standards of practice and Commitment to Ethical Practice document. Prior to posting, please consider these values:

- Accountability and integrity: Your posts may be interpreted as a direct reflection of yourself, your organization, and your profession, and could be potentially damaging to reputations. Your professional and personal lives are intertwined. Reflect on your own intentions and the possible consequences.
- Professionalism: As a regulated healthcare worker, your posted content may be received as medical or professional advice. Weigh the risks and benefits of the information you share. You are required to always uphold and maintain a professional image on your social media accounts. Failure to do so could be considered Professional Misconduct. [About the Standards - CRTO Standards of Practice](#)
- Privacy and confidentiality: Breaches are often unintentional and inadvertent. Photos and content may hold identifying details that can reveal confidential information surrounding a patient, their family, or the organization. This can have severe consequences to not only yourself, but to the organization under privacy legislation. Confidentiality: [Standard 11 | CRTO Standards of Practice](#)
- Patient/client boundaries: avoid dual relationships with patients/families.

- Communicate respectfully! Your online profile should reflect the professional that you are.

For more information on how social media impacts RT Practice, please refer to the following documents:

Standard 12.7: Communicate electronically and through social media in a manner that respects therapeutic and professional relationships;

Standard 3.6: Refrain from making false, deliberately misleading or offensive statements, contrary to the interests of the public or the honour and dignity of the profession, whether orally or in writing;

Standard 13.26: Behave in a professional manner that presents a positive image of Respiratory Therapy to the community; and

Standard 8.6: refrain from making a representation about a remedy, treatment, device or procedure for which there is no generally accepted scientific or empirical basis

For Ontario privacy legislation, please see:

PIHPA: <https://www.ontario.ca/laws/statute/04p03>

Respiratory Therapists hold a position of trust and respect with the public, especially within the current context of a global respiratory pandemic. As such, RT's must not make comments or provide advice that encourage the public to act contrary to public health orders and recommendations.

Q: An RT takes a picture of themselves dressed in a PAPR suit outside of a patient's room in the ICU and posts on their social media page with the #COVID. Is this a concern?

A: Depending on the RT's employer, this may go against their organizational policy with respect to the use of social media while at work. There is also the potential that based on the details of the photo, the location and specific patient room is potentially identifiable. Tagging it with "COVID" not only reveals a specific diagnosis with respect to a facility, but also possibly to the patient. Hash tagging it will distribute that picture far past the "privacy" of the RT's personal social media.

Q: In a heated moment, an RT had posted an angry rant about the working conditions at their facility, including how short staffed they always were and how patient care was affected. The next day, they reflected on this and decided to remove the post from their account. Can they still face repercussions?

A: A healthcare worker must always maintain a professional image on their social media page and refrain from making false, misleading, or offensive comments that are contrary to public interest. Use respectful communication and conflict resolution approaches to discuss, report and resolve workplace issues IN your workplace, NOT online. Furthermore, anything that exists on a server is there forever and can be retrieved and discoverable in a court of law. Your personal status updates and photos, even if marked private, can be shared, and distributed to a wider public by someone in your network.

Q: An RT is found to have shared unconventional and unsubstantiated treatment advice for Covid-19, which discussed herbal remedies as a “potential cure”. If this is their personal opinion, and this is posted on their personal social media page, is there a concern?

A: While each person is entitled to their own philosophies and beliefs, as a regulated healthcare professional, there is a moral and professional obligation to be sensitive and cognizant of your audience. As an RT, you are always held to a higher personal and professional standard and the information you post, may be held by others, to be valid and correct. If the information you post is viewed as contrary to Public Health guidelines, you are in violation of the CRTC standards (Standard 8 – Evidence Informed Practice) Rather, it is expected that your actions and advice remain in line with current Public Health guidelines with respect to vaccines, physical distancing, masks etc.

Q: During the pandemic lockdown, a healthcare worker posts a picture of themselves out at a party with a large group of friends. As a direct violation of a government order, what message is this sending to the public?

A: The message this post sends to the public is contrary to public health orders and recommendations, which as a health professional, is your obligation to promote and support. Everything you post directly links back to your profession and can damage reputations. As a regulated healthcare professional, it is your obligation to behave in a manner which presents a positive image of Respiratory Therapy to the community.

Q: An RN “liked” a friend’s post regarding anti-vaccines during the pandemic. Is there a concern with this behaviour?

A: It is important to remember that “liking”, “commenting” or “sharing” of someone else’s inappropriate or disrespectful post, is similar in nature to posting it yourself. The message can be interpreted that these are also your beliefs and opinions.



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

CRTO Council Meeting Minutes

Scheduled on December 4th, 2020 from 9:00 am to 12:00 pm

Location: Virtual meeting via Zoom Videoconference

Attendance:

Board Members:

Allison Chadwick, RRT - **Chair**
Rhonda Contant, RRT - **Vice Chair**
Andriy Kolos, Public Member
Kim Morris, Public Member
Katherine Lalonde, RRT
Lindsay Martinek, RRT
Michelle Causton, Public Member

Kelly Munoz, RRT
Brad Bedford, Public Member
Yvette Wong, Public Member
Jeff Dionne, RRT
Jody Saarvala, RRT
Jeff Earnshaw, RRT

Staff:

Kevin Taylor, RRT, Registrar & CEO
Carole Hamp, RRT, Deputy Registrar
Amelia Ma, Manager Finance & Office
Janice Carson-Golden, Manager of
Communications
Temeka Tadesse, IT & Database Specialist
Lisa Ng, Manager of Registration

Shaf Rahman, Manager of Professional Conduct
Sophia Rose, Coordinator of Professional
Conduct
Denise Steele, Coordinator Professional
Programs

Guests:

Tracy Bradley, RRT
Laura Dahmann, RRT
Ginette Greffe-Laliberté, RRT
Bruno Tassone, RRT
Christa Krause, RRT

Regrets:

1.0: INTRODUCTION AND GUESTS

The meeting was called to order at 9:00am. Kevin Taylor, Registrar & CEO, welcomed Council, Staff and guests to the meeting.

2.0: EXECUTIVE COMMITTEE ELECTIONS

Kevin Taylor, Registrar & CEO 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 Registrar declared the following Council members as acclaimed to the Executive Committee for a one-year term:

President	Allison Chadwick RRT
Vice President	Rhonda Contant, RRT
Members	Michelle Causton, Public Member
	Lindsay Martinek, RRT
	Yvette Wong, Public Member

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

3.0: APPROVAL OF COUNCIL AGENDA

Council reviewed the agenda for December 4th, 2020.

A new item, Item 8.2 Council Vacancy - District 5 was added to the agenda.

Motion # 1 MOVED BY Lindsay Martinek, RRT, and SECONDED BY Rhonda Contant, RRT, to recommend that Council approve the Meeting Agenda for December 4th, 2020.

MOTION # 1 CARRIED.

4.0: OPERATIONAL & ADMINISTRATIVE ISSUES

4.1 REGISTRAR + STAFF ACTIVITY REPORT

Kevin Taylor, Registrar & CEO, reported on general CRTO activities and initiatives.

Key Initiatives:

- The CRTO continues to monitor daily stakeholder updates by the Ministry of Health (MOH) Emergency Operations Centre (EOC) and the Critical Care Secretariat of Ontario (CCSO). The role of the CRTO is to be prepared to review our standards and licensing practices in the event of a surge due to the COVID-19 pandemic. The CRTO continues to update the membership on information relevant to RTs in Ontario.
- The deferral of registration fees during the Emergency Registration period is now closed.
- The deadline for Professional PORTfolio completion was extended for RTs, and those that were unable to submit by the deadline were granted a deferral to the following year. Notifications for the 2021 submission have been sent out to the membership.
- The CRTO continued to receive complaints and reports during the pandemic. Although the provincial emergency orders allow the CRTO flexibility with meeting timelines, CRTO staff continue to manage the caseload in a timely fashion.

4.2 FINANCIAL STATEMENTS

Council reviewed the financial statements as of October 30, 2020.

4.3 INVESTMENT PORTFOLIO

Council reviewed the Investment Portfolio as of October 30, 2020.

4.4 MEMBERSHIP STATISTICS

Lisa Ng, Manager of Registration presented to Council the membership statistics. The total membership reported was **3,772**. The CRTO received **166** applications for registration from March 1, 2020 to November 24, 2020. Out of the total number of applications received, **155** are graduates of an Ontario RT program, **28** are graduates from other provinces, and **13** are graduates from outside of Canada.

5.0: CONSENT AGENDA ITEMS

5.1 MINUTES FROM SEPTEMBER 25TH, 2020

Council reviewed the Minutes from September 25th, 2020 and no changes were made.

5.2 EXECUTIVE COMMITTEE REPORT

(Submitted by Allison Chadwick, RRT, Chair)

The Executive Committee addressed 3 issues since the September 2020 Council meeting.

The Executive Committee:

- Reviewed applications for Non-Council Committee vacancies in Districts 4 and 6 and subsequently appointed Ron Southwell and Ginny Martins for District 4, as well as Laura Dahmann for District 6,
- Made the following committee appointments:
 - Andriy Kolos – ICRC, Discipline and Fitness to Practise Committees, and
- Developed a draft Council agenda for the meeting on December 04, 2020.

5.3 REGISTRATION COMMITTEE REPORT

(Submitted by Christa Krause, RRT, Chair)

Since the last Council meeting, the Registration Committee held two panel meetings on the following dates:

- October 23, 2020
- December 2, 2020

Referral Summary

Reason for Referral	Decision
Two applications were referred due to currency requirements.	<p>In the first application, the Panel decided to issue a General Certificate of Registration with terms, conditions and limitations (including direct supervision requirements).</p> <p>In the second application, the Panel decided to issue a General Certificate of Registration with terms, conditions and limitations (including general supervision requirements), and a letter of warning reminding the applicant about being registered prior to practicing respiratory therapy.</p>
Two applications were referred to consider whether or not it is in the public interest to approve the applications based on their entry-to-practice assessment results. Both Applicants had completed all three stages of the assessment.	<p>In the first application, the Panel decided to issue a Graduate Certificate of Registration with terms, conditions and limitations (including direct supervision for the management of neonatal and pediatric patients, and the management of an anesthesia gas machine).</p>

	In the second application, the Panel decided to refuse to issue a certificate of registration. The Panel recommends that in order to meet the CRTO's registration requirements, the Applicant needs to complete an approved remediation plan. The Panel recommends that the Applicant contact CRTO staff to discuss their remediation options.
One application was referred to ratify the Registrar's offer to issue a General Certificate of Registration with terms, conditions and limitations.	To issue a General Certificate of Registration with terms, conditions and limitations (including direct supervision to perform any of the controlled acts and in performing tracheostomy tube changes).

5.4 QUALITY ASSURANCE COMMITTEE REPORT

(Submitted by Rhonda Contant, RRT, Chair)

There have been no meetings of the Quality Assurance Committee (QAC) since the last Council meeting. The following is a summary of the activities related to the QAC that have been ongoing since our last Council meeting:

2021 Relevant Learning Module

Preparation is underway for the 2021 Relevant Learning module that will focus on the following:

- Documentation, with a focus on electronic documentation
- Delegations & medical directives as they pertain to diagnostic ultrasound
- Telepractice
- Social media

2021 Portfolio Submissions

869 letters and emails have been sent to all those who will be submitting their Portfolio in 2021, and we have begun recruiting for additional Portfolio Peer Assessors.

2021 Launch RT Jurisprudence Assessment

Preparation is underway for the 2021 Launch RT Jurisprudence Assessment.

ICRC SCERP due to Non-Compliance with the PDP

Three new Members were non-compliant with the PDP, in that they did not submit their Launch RT Jurisprudence Assessment. One has since successfully completed the module, and one has resigned. That leaves one member referred to a panel of the QA committee, which will be meeting on December 7th. At that time, the panel will be reviewing a number of Portfolio deferral requests for 2021.

5.5 PATIENT RELATIONS COMMITTEE REPORT

(Submitted by Michelle Causton, Chair)

Since the last Council meeting, the Patient Relations Committee (PRC) has met once via a Zoom meeting (November 26, 2020) and the following is an overview of the key issues that were discussed at that time:

PRC Goals and Terms of Reference

The committee discussed how to ensure that the Terms of Reference provide sufficient guidance to the committee. Before addressing specific deliverables, the committee wants to review both the mandate and the responsibilities to ensure they are clear and actionable. The committee agreed to discuss this in more detail in the new year.

Indigenous Focus

The committee agrees this is an important issue and feels it could be broadened to include other diversity issues. Wabano Center (<https://wabano.com/>) was recommended as a source for indigenous training. Support staff has agreed to explore training and educational options in order to provide the committee with some recommendations.

Social Media

The PRC considers RT's role in maintaining good public relations. The committee discussed recent events and articles in the media around regulated health professionals whose conduct on social media was considered unacceptable. Discussion focused on ways to support, guide and educate members. The CRTO provides a wealth of information and the committee discussed how to best ensure members understood their role in representing the profession.

The committee will review the updated Ethics document at the next meeting.

In order to ensure continuity PRC recommends that as many current members as possible stay on the committee for the coming year.

The committee is planning to have an additional meeting early in the New Year with the sole purpose of reviewing the Goals and Terms of Reference.

5.6 INQUIRES, COMPLAINTS AND REPORTS COMMITTEE (ICRC)

(Submitted by Allison Chadwick, RRT, Chair)

ICRC Deliberations:

Since the last Council meeting the ICRC held six ICRC Panel meetings, 1 via teleconference, and 5 of them via Zoom.

Teleconference Meeting:

- 1.) The first meeting was to render a decision on an investigation relating to an Employer Report alleging that the Member offered a patient a treatment plan that was not in the best interest of the patient. Further, that the Member was untruthful to the Facility when questioned about the incident. The Panel found information to support the allegations and ordered that the Member

to complete a Specified Continuing Education or Remediation Program ("SCERP") related to professionalism and documentation (with additional focus specific to documenting disagreements with the plan of care). Further the Member is to complete an Essay on the importance of accurate and honest communication with the healthcare team, and how it relates to patient safety.

Zoom Meetings:

- 2.) The second meeting was to render a decision on an investigation relating to an Employer Report in which the Member was alleged to have failed to complete ventilator checks on wheelchair ventilators. Further, the Member falsified documentation by indicating that they had conducted the ventilator checks. The Panel found information to support the allegations and ordered that the Member to; attend before the Panel for an oral caution, successfully complete a Specified Continuing Education or Remediation Program ("SCERP") related to professionalism and documentation, and enter into an Agreement with the CRTO requiring the Member's practice be monitored for a period of one year. In the Agreement the Member's supervisor will provide performance appraisals to the CRTO regarding the Member's ability to complete their duties and provide audit results of the Member's documentation.

The third meeting was to render a decision on an investigation relating to an Employer Report in which the Member engaged in rude and unprofessional conversations with other members of the health care team. Further, it was alleged that the Member breached an existing agreement with the CRTO, in which they agreed to refrain from engaging in conduct that could be viewed as rude and unprofessional. The Panel found information to support the allegations and ordered the Member to; attend before the Panel for an oral caution, successfully complete a specified continuing education or remediation program ("SCERP") related to ethics and professionalism known as ProBE.

5.8 DISCIPLINE COMMITTEE

(Submitted by Allison Chadwick RRT, Chair)

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

5.9 FITNESS TO PRACTISE COMMITTEE

(Submitted by Allison Chadwick, RRT, Chair)

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.

Motion # 2 MOVED BY Michelle Causton and SECONDED BY Kim Morris, to recommend that Council approve all consent agenda items.

MOTION # 2 CARRIED

6.0 COMMITTEE ITEMS ARISING

6.1 EXECUTIVE COMMITTEE ITEMS

- No items for this meeting.

6.2 REGISTRATION COMMITTEE ITEMS

- No items for this meeting.

6.3 QUALITY ASSURANCE COMMITTEE ITEMS

- No items for this meeting.

6.4 PATIENT RELATIONS COMMITTEE ITEMS

- No items for this meeting.

6.5 INQUIRES COMPLAINTS AND REPORTS COMMITTEE ITEMS

- No items for this meeting.

6.6 DISCIPLINE & FITNESS TO PRACTISE COMMITTEES ITEMS

- No items for this meeting.

7.0 LEGISLATIVE AND POLICY ISSUES:

7.1 COUNCIL MEETING DATES 2021 - 2022

Council reviewed a schedule of potential CRTO Council meeting dates for 2021. The approved dates will be posted on the CRTO website.

Motion # 3 MOVED BY Lindsay Martinek, RRT, and SECONDED BY Jody Saarvala, RRT, to recommend that Council approve the proposed Council meeting dates for 2021.

MOTION # 3 CARRIED

8.0: OTHER BUSINESS

8.1 FEES FOR 2021 – 2022

Kevin Taylor, Registrar & CEO recommended to Council that fees for 2021 not be increased.

Motion # 4 MOVED BY Allison Chadwick, RRT, and SECONDED BY Lindsay Martinek, RRT, to recommend that Council not increase the fees for 2021 and reconsider this decision in December 2021.

MOTION # 4 CARRIED

8.2 COUNCIL VACANCY – DISTRICT 5

Kevin Taylor, Registrar & CEO briefed Council on the vacancy for a Council position in District 5. Council was presented with the following options:

1. Council could leave the vacancy vacant for one year;
2. CRTC staff could hold an Election;
3. Council could call for applications or appoint someone into the position.

Motion # 5 MOVED BY Rhonda Contant, RRT, and SECONDED BY Kim Morris, to recommend that Council leave District 5 vacant for the duration of one year in that there are an adequate number of current Council members and that the next election in District 5 will occur in the fall 2021.

MOTION # 5 CARRIED

9.0: NEXT MEETING

Next Council Meeting:

Friday, March 5, 2021 from 09:00 to 13:00 hrs.

Location:

Virtual meeting held via ZOOM Conference

10: ADJOURNMENT

Adjournment

MOTION # 6 MOVED BY Allison Chadwick, RRT and SECONDED BY Lindsay Martinek, RRT to adjourn the Council Meeting.


MOTION # 6 CARRIED.

The December 4th, 2020 Council Meeting adjourned at 11:22am.

CRTO MEMBERSHIP STATISTICS

for Council March 5, 2021

Report generated February 24, 2021



	At last Council	1 year ago	5 years ago	
Membership	Feb 2021	Nov 2020	Feb 2020	Feb. 2016
Total members	3747	3772	3683	3379
General Class	3501	3497	3390	3151
Graduate Class	20	30	43	8
Limited Class	5	5	5	6
Inactive Class	221	240	245	214
Status Changes	Mar 2020 - Feb 2021	Mar 2020 - Nov 2020	Mar 2019 - Feb 2020	Mar 2015 - Feb 2016
Resigned	114	74	93	59
Retired	51	27	49	23
Moved out of Ontario	30	16	18	22
Working in other profession	17	14	23	7
Personal/Other Reasons	16	17	3	7
Undertaking	0	0	0	0
Suspended	17	15	9	33
due to non-payment of fees	16	14	7	31
due to disciplinary decisions	1	1	0	2
other reasons	0	0	2	0
Revoked	5	5	15	31
due to non-payment of fees	2	2	11	25
due to disciplinary decisions	0	0	0	1
due to expiration of Grad Certs	3	3	4	5
Reinstated	24	22	11	14
from resigned	16	18	6	3
from suspended	2	1	2	9
from revoked	6	3	3	2
New Applications	Mar 2020 - Feb 2021	Mar 2020 - Nov 2020	Mar 2019 - Feb 2020	Mar 2015 - Feb 2016
Applications Received	226	181	224	202
Ontario Graduates	188	154	195	193
Other Canadian Grads	21	14	14	5
USA Graduates	5	5	6	1
International Graduates	12	8	9	3



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

EXECUTIVE COMMITTEE CHAIR'S REPORT TO COUNCIL

Dec. 04, 2020 to March 04, 2021

The Executive Committee has met 3 times since the December 2020 Council meeting.

The Executive Committee:

- Made a number of committee appointments following the elections last fall as well as in response to the end of Michelle Causton's term as a public appointee;
- Developed a draft Council agenda for the meeting on March 05, 2021;
- Conducted a preliminary review of the CPMF report;
- Reviewed and made recommendations related to proposed strategic priorities for 2021-2022; and,
- Reviewed the draft budget for fiscal 2021-2022.

Respectfully submitted,

Ally Chadwick RRT, Chair



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

**REGISTRATION COMMITTEE
CHAIR'S REPORT TO COUNCIL
December 3, 2020 – March 4, 2021**

Since the last Council meeting, the Registration Committee met twice via video conference on the following dates:

- January 6, 2021
- February 18, 2021

Referral Summary

Reason for Referral	Decision
Five applications were referred due to currency requirements.	<p>One application was reviewed on January 6, 2021, the Panel decided to issue a General Certificate of Registration with terms, conditions, and limitations (including general supervision requirements).</p> <p>Four applications were reviewed on February 18, 2021. In three of the applications, the panel decided to issue a General Certificate of Registration with terms, conditions, and limitations (including direct supervision requirements). On the fourth, the panel decided to refuse to issue a certificate of registration.</p>
One application was referred for a request to change the terms, conditions and limitations imposed on a General Certificate of Registration.	<p>One application was reviewed on February 18, 2021, the panel decided to approve the Member's request to change the terms, conditions and limitations currently imposed on their General Certificate of Registration to allow the Member to perform administration of inhaled medications, and non-invasive positive pressure ventilation without supervision.</p>

February 18, 2021 Meeting Report

- **Annual Registration Committee Training** – Richard Steinecke joined the Registration Committee for the annual orientation and training session, and made a presentation focused on decision making, dealing with special considerations, and issues related to human rights and anti-discrimination.
- **Registration Committee Goals and Terms of Reference** – The Registration Committee reviewed the list of Goals and Terms of Reference. No updates were made to the Goals and Terms of Reference.
- **Internationally Educated Health Professions** – The Registration Committee conducted a detailed step-by-step review of the assessment process. The Committee continues to monitor the entry-to-practice assessment. Currently, there are 19 open files. To date, the CRTC has conducted 41 interviews and 15 clinical skills assessments (CSAs).
- **2021 Registration Renewal** – Staff provided an update on the 2021/2022 registration renewal. The annual period for renewal of registration starts on the first week of January, and the deadline is on February 28, 2021.
- **Approval of Canadian Respiratory Therapy Programs** – The Committee reviewed the list of approved Respiratory Therapy programs and their accreditation status with Accreditation Canada. The Registration Committee recommends that Council approve the 2021 approved program list based on the listed programs' accreditation status.
- **Certification Programs for Prescribed Procedures Below the Dermis** – The Committee reviewed and subsequently approved an Intraosseous Needle Insertion Certification Package submitted by Mackenzie Health.

Respectfully submitted,

Christa Krause, RRT (Chair)



QUALITY ASSURANCE COMMITTEE

CHAIR'S REPORT TO COUNCIL

December 3, 2020 – March 4, 2021

Since the last Council meeting, there was a panel meeting of the Quality Assurance Committee (QAC) on February 4, 2021. The following is a summary of that meeting, as well as the activities related to the QAC that have been ongoing since our last Council meeting:

2021 RelevantT elearning Module

The 2021 RelevantT elearning module was developed on the new PDKeepr platform and is due to be complete by February 28, 2021. As of the date this report was drafted (Feb. 22nd), 2,179 CRTO Members had completed the RelevantT module.

2021 PORTfolio Submissions

819 Members are currently assigned to submit their PORTfolio in 2021. Due to the ongoing pandemic, the deadline has again been extended to June 1st. In addition, the CRTO has notified these Members that if they do not submit their PORTfolio by the extended deadline, they will automatically be deferred to 2022.

2021 Launch RT Jurisprudence Assessment

The 2021 Launch RT Jurisprudence Assessment has been moved to the new PDKeepr platform, with the first batch of Members completing it in February.

Referral to the CRTO Entry to Practice Assessment Process

The CRTO recently registered a Member who had initially graduated from a U.S RT program and applied to become an RT in Ontario in Sept. 2019. At that time, because he did not graduate from an accredited program, he was referred to the IEHP assessment. He completed the Program Review and Behavioral Descriptive Interview before withdrawing from the assessment process and becoming registered with the College and Association of Respiratory Therapists of Alberta (CARTA). Shortly after becoming registered in Alberta, he applied to and was registered with the CRTO. At this point, he was referred to a panel of the QAC.

According to the CRTO's [Quality Assurance Regulation \[O.Reg. 379/21 -36\(2\)\(b\)\]](#), a Member may be selected to undergo a practice assessment based on criteria specified by the QAC. One such criterion defined in the CRTO's [Professional Development Policy](#) is that Members who have not graduated from an [approved Canadian program](#) shall be required to complete a Practice Assessment as outlined in the CRTO's [Entry-to-Practice Competency Assessment Policy](#). Therefore, at the February 4th meeting, the QAC panel determined that the Member should undergo the final phase of the ETP Assessment, the Clinical Skills Assessment, as soon as it can be arranged.

Respectfully submitted,
Rhonda Contant, RRT (Chair)



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

PATIENT RELATIONS COMMITTEE CHAIR'S REPORT TO COUNCIL

December 04, 2020 to March 04, 2021

Since the last Council meeting, the Patient Relations Committee (PRC) has met twice once via a Zoom meeting (January 21, 2021) and once electronically via email (February 2, 2021). The following is an overview of the key issues that were discussed at that time:

PRC Goals and Terms of Reference

The committee met to review and revise 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 6.4.1 of the agenda.

Respectfully submitted,
Michelle Causton (*Chair*)



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

INQUIRIES, COMPLAINTS & REPORTS COMMITTEE CHAIR'S REPORT TO COUNCIL

December 4, 2020 to March 5, 2021

ICRC Meetings:

Since the last Council meeting the ICRC has held one meeting. The purpose of the meeting was to hold an annual ICRC orientation for all members of ICRC.

The meeting consisted of a presentation from Julie Maciura, Managing Partner at Steinecke, Maciura LeBlanc (SML). Ms. Maciura's presentation consisted of an overview of administrative law principals, the mandate and powers of the ICRC, applicable legislation, and factors to consider when reviewing a matter that is before the ICRC.

In addition, CRTO staff conducted a presentation which included a review of the varying responsibilities of the ICRC, how to review documentation provided to the ICRC, the steps taken prior to when the matter is brought before the ICRC, and an overview of the procedural approaches involved when making a decision on a matter before the ICRC.

New Matters:

Since the last Council meeting, the CRTO received seven new matters. Six of the new matters were Employer Reports, while the remaining item was an anonymous submission from the public.

The specific areas of concern regarding the seven new matter are the following:

- One Employer Report alleged that the member violated the personal boundaries/inappropriate physical contact of a patient. This matter is currently under investigation.
- Two Employer Reports alleged that the members failed to wear appropriate personal protective equipment as required under Facility COVID 19 safety protocols. The matter is currently under review.



- One Employer Report alleged unprofessional behaviour by a Member towards a patient and their family. The matter is currently under review.
- One Employer Report alleged unprofessional behaviour by a Member towards other staff at the Facility. The matter is currently under review.
- One Employer Report alleged fraudulent behaviour by a Member by falsifying ventilator check records. This matter is currently under review.
- The anonymous submission was regarding concerns about a Member making inappropriate social media posts regarding the current government guidelines on COVID 19 measures. This matter was addressed and concluded.

Respectfully submitted,
Jeff Earnshaw, RRT - Chair



**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

**DISCIPLINE COMMITTEE
CHAIR'S REPORT TO COUNCIL**
December 4, 2020 to March 5, 2021

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

Respectfully submitted,

Lindsay Martinek, RRT, Chair
Discipline Committee



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

FITNESS TO PRACTISE COMMITTEE CHAIR'S REPORT TO COUNCIL

December 4, 2020 to March 5, 2021

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, Chair
Fitness to Practise Committee



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

To: Council
From: Registration Committee
Date: March 5, 2021
Subject: Approval of Canadian Respiratory Therapy Programs

RECOMMENDATION:

To recommend that Council approve the Respiratory Therapy Programs for 2021 based on the programs' accreditation status with Accreditation Canada.

Background / Rationale		
<p>The CRTO is responsible for setting Respiratory Therapy entry to practice requirements in Ontario. The Registration Regulation sets out the requirements for registration with the CRTO, including the requirement that an applicant must:</p> <p style="padding-left: 40px;"><i>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;</i></p> <p>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. The Approval of Canadian Education Programs Policy sets out the criteria used by the Registration Committee to recommend approval of RT programs for the purpose of clause 55(2) (a) of the Registration Regulation.</p> <p>At their February 18, 2021 meeting, members of the Registration Committee reviewed programs currently accredited by Accreditation Canada.</p> <p>The following are attached:</p> <ul style="list-style-type: none">- Approval of Canadian Education Programs Policy- Approval of Canadian Education Program Procedure- List of RT Programs and their statuses as published on the Accreditation Canada website.		
Key Questions / Discussion (please provide a summary of discussion where applicable)	Yes	No
1. Problem Identification: <ul style="list-style-type: none">a. Do we fully understand the context of the problem?b. Is the proposed activity related to the profession of respiratory therapy?c. Is the proposed activity plan aligned with the CRTO's strategic		

directions and statutory mandate?		
Discussion:		
Key Questions / Discussion (please provide a summary of discussion where applicable)	Yes	No
2. Outcome Focused: a. Is the proposed activity in the public interest? b. Is the proposed activity consistent with current policies / positions? c. Will the solution be clearly understood and transparent to stakeholders?		
Discussion:		
Key Questions / Discussion (please provide a summary of discussion where applicable)	Yes	No
3. Risk Management a. Does the proposed activity address a risk not currently being managed by other means? b. Are there risks to intervening? <i>Consider impact on public, profession, CRTO's reputation</i> c. Are there risks to not intervening? <i>Consider impact on public, profession, CRTO's reputation</i>		
Discussion:		
Key Questions / Discussion (please provide a summary of discussion where applicable)	Yes	No
4. Impact Assessment a. Will the proposed activity have an impact on the CRTO's resources (positive or negative)? <i>Consider costs vs benefit</i>		
Discussion:		

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



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 “CRTC”) 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 CRTC 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 CRTC 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 CRTC’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.

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

List of educational programs (accredited and registered)

Last updated: February 5, 2021

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](#)
- [Electroneurophysiology](#)
- [Magnetic resonance](#)
- [Medical laboratory assistant](#)
- [Medical laboratory technology](#)
- [Nuclear medicine](#)
- [Optician](#)
- [Orthoptics](#)
- [Paramedicine](#)
- [Physician assistant](#)
- [Radiation therapy](#)
- [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	2022/03/31
Southern Alberta Institute of Technology	Calgary	Respiratory Therapy	Accredited	2021/06/31

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	2021/09/30

New Brunswick



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	2021/06/30

Ontario

Accreditation client	City	Educational program	Status	Expiry
-------------------------	------	---------------------	--------	--------



Algonquin College of Applied Arts and Technology	Ottawa	Respiratory Therapy	Accredited	2021/06/30
Canadore College	North Bay	Respiratory Therapy	Accredited	2021/03/31
Collège La Cité	Ottawa	Thérapie Respiratoire	Accredited	2021/07/31
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	2021/12/31
St. Clair College	Windsor	Respiratory Therapy	Accredited	2021/06/30
The Michener Institute of Education at UHN	Toronto	Respiratory Therapy	Accredited	2022/03/31

Quebec



Cégep de l'Outaouais	Gatineau	Techniques d'inhalothérapie	Accredited	2022/04/30
Collège de Rosemont	Montreal	Techniques d'inhalothérapie	Accredited with condition	2021/12/31
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

[Contact Us](#)

[Terms of Service](#)

[Privacy Policy](#)



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

To: Council
From: Patient Relations Committee
Date: March 5, 2021
Subject: Item 6.4.1 – PRC Terms of Reference and Action Plan

RECOMMENDATION:

It is recommended that Council approve the changes to the PRC Terms of Reference and Action Plan as presented.

Background / Rationale

The PRC Goals & Terms were reviewed by the Committee at its January 21, 2021 and February 2, 2021 meetings.

The document was reviewed & revised to more accurately reflect the committee's intention; to align with existing policies, by-laws and operational reality; and to add clarity.

Changes and rationale are as follows:

Under 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.

Updated to consistently indicate the regulations that guide and constrain this committee.

Under RESONSIBILITES

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].

Reordered and added references to the relevant RHPA sections. The four responsibilities are those required by statute. As well, the heading was changed to read RESPONSIBILITIES **AND OPPORTUNITIES**.

ADDED: RELATED POLICIES to serve as a reference.

Under 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.

In the first instance, "fiscal year" was changed to "year" referencing the committee's operating cycle. The second reference is correct as the Annual Report of activities follows the fiscal year (12-months ending in February.)

Under 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 CRO By-Law section 30.09.

Updated to add meetings held with reference to the By-Law for clarity.

Under QUORUM

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

Updated for clarity and consistency

ADDED: RECORDS RETENTION

This is often part of a committee's terms of reference.

Under 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.

Broadened training and removed "semi-annual" portion which sometimes left new committee members without training.

GOALS / ACTION PLAN

The GOALS were replaced by ACTION PLAN and put at the end as a template. Each year the committee chair, with input from the committee, will add items as necessary and prepare a basic time line (2021 Action Plan attached).

Note: the previous goals and terms of reference are provided for comparison and are not part of the proposed changes.

Key Questions / Discussion (please provide a summary of discussion where applicable)	Yes	No
1. Problem Identification: a) Do we fully understand the context of the problem? b) Is the proposed activity related to the profession of respiratory therapy? c) Is the proposed activity plan aligned with the CRTO's strategic directions and statutory mandate?		
Discussion: 		
Key Questions / Discussion (please provide a summary of discussion where applicable)	Yes	No
2. Outcome Focused: a) Is the proposed activity in the public interest? b) Is the proposed activity consistent with current policies / positions? c) Will the solution be clearly understood and transparent to stakeholders?		
Discussion: 		
Key Questions / Discussion (please provide a summary of discussion where applicable)	Yes	No
3. Risk Management a) Does the proposed activity address a risk not currently being managed by other means? b) Are there risks to intervening? <i>Consider impact on public, profession, CRTO's reputation</i> c) Are there risks to not intervening? <i>Consider impact on public, profession, CRTO's reputation</i>		
Discussion: 		

Key Questions / Discussion (please provide a summary of discussion where applicable)	Yes	No
4. Impact Assessment a) Will the proposed activity have an impact on the CRTO's resources (positive or negative)? <i>Consider costs vs benefit</i>		
Discussion: 		

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:
September 20, 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 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:

- 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)
- Communications Policy (PR-General Communications-104)

MEMBERSHIP:

As per paragraph 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.

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 CRO By-Law section 30.09.

QUORUM:

A Quorum shall consist of a majority of the voting members of the Committee, at least one 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 CRO'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 transparency, 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.		
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.		
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.		
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 Communicatiosn-104) and Procedure.	Committee will review documents and recommend changes if necessary.		
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 2021

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.	May 2021	
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.	February 2021	
2. Advise Council on opportunities to enhance patient relations through training and awareness on issues of transparency, 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.	February 2021 For this committee, council and staff – determine what is available	

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.	May 2021	
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.	May 2021	
c. Review Funding for Supportive Measures (Patient/Client) (PR-Funding-103) and Procedure.	Committee will review documents and recommend changes if necessary.	May 2021	
d. Review Funding for Supportive Measures (Non-Patient/Client) (PR-Funding-103.5) and Procedure.	Committee will review documents and recommend changes if necessary.	May 2021	
e. Review the Communications Policy (PR-General Communicatiosn-104) and Procedure.	Committee will review documents and recommend changes if necessary.	May 2021	
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.	November 2021 for December council or more frequently as needed.	

Meetings:

January phone or video to approve revised terms of reference and action plan template

March / April

May / June

September / October [if needed]

November [important for budget considerations]

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Title: **Goals and Terms of Reference
Patient Relations Committee**

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

Date originally approved:
April 26, 2005

Date last revision approved:
September 20, 2019

GOALS	Start Date	Completion Date	Frequency
1. Monitor the public and student sections of the CRTO website to promote engagement and improve accessibility. <ul style="list-style-type: none"> Seek feedback from the Student Representatives on Council regarding the student section of the CRTO website. Discuss ways of determining public engagement and accessibility. 	September 2019 June 2019	June 2020 Fall 2019	Annually As Required
2. Monitor and review the use of CRTO communication tools (Twitter™, LinkedIn™, CRTO website, eBulletins, Behind The Scenes (BTS) videos, etc.).	June 2019	June 2020	Annually
3. Conduct a review of the "Abuse Awareness & Prevention" professional practice guideline (PPG). <ul style="list-style-type: none"> Review and update links and statistics referenced in the Abuse Awareness & Prevention PPG. Develop a section in the Abuse Awareness and Prevention PPG to include diversity. 	June 2019 June 2019	June 2020 20 June 2020	Annually As Required
4. Conduct a review of the PRC policies <ul style="list-style-type: none"> Communications Policy 	TBD	July 2022	Every 5 years or as Required

GOALS		Start Date	Completion Date	Frequency
	<ul style="list-style-type: none"> Electronic Media Policy CRTO Social Media Terms of Use Policy Funding for Therapy Policy 			

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, implement and evaluate a patient relations program, in accordance with the *Regulated Health Professions Act 1991*, the *Respiratory Therapy Act 1991*, *Protecting Patients Act*, the by-laws, policies and the standards of the CRTO and any other directives as deemed necessary by the Council.

RESPONSIBILITIES:

- Ensure measures are in place to raise awareness, provide support and prevent sexual abuse of patients by:
 - Provide information to the public on the CRTO Sexual Abuse Program.
 - Provide education and guidelines for Members to increase awareness of the boundaries that must exist between Members and the patients/public.
 - Provide training to PRC Members and CRTO staff on sexual abuse.
- Ensure measures are in place to raise awareness and provide support to be sensitive of diversity.
- Ensure that decisions are made in the public interest.
- Build and maintain public trust and transparency.
- Increase public awareness of the role of self-regulation and Respiratory Therapy.
- Enhance collaboration with other health profession colleges, key stakeholders, Members and the public.

MEMBERSHIP:

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; and
- At least two (2) Non-Council Committee members.

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 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, subject to budget approval.

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:

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.

TRAINING:

Members of the Patient Relations Committee will receive, on a semi-annual basis, training on:

- the topic of prevention & awareness of sexual abuse.