

CERTO

Council Meeting Materials

September 22, 2023



**College of Respiratory
Therapists of Ontario**

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

College of Respiratory Therapists of Ontario

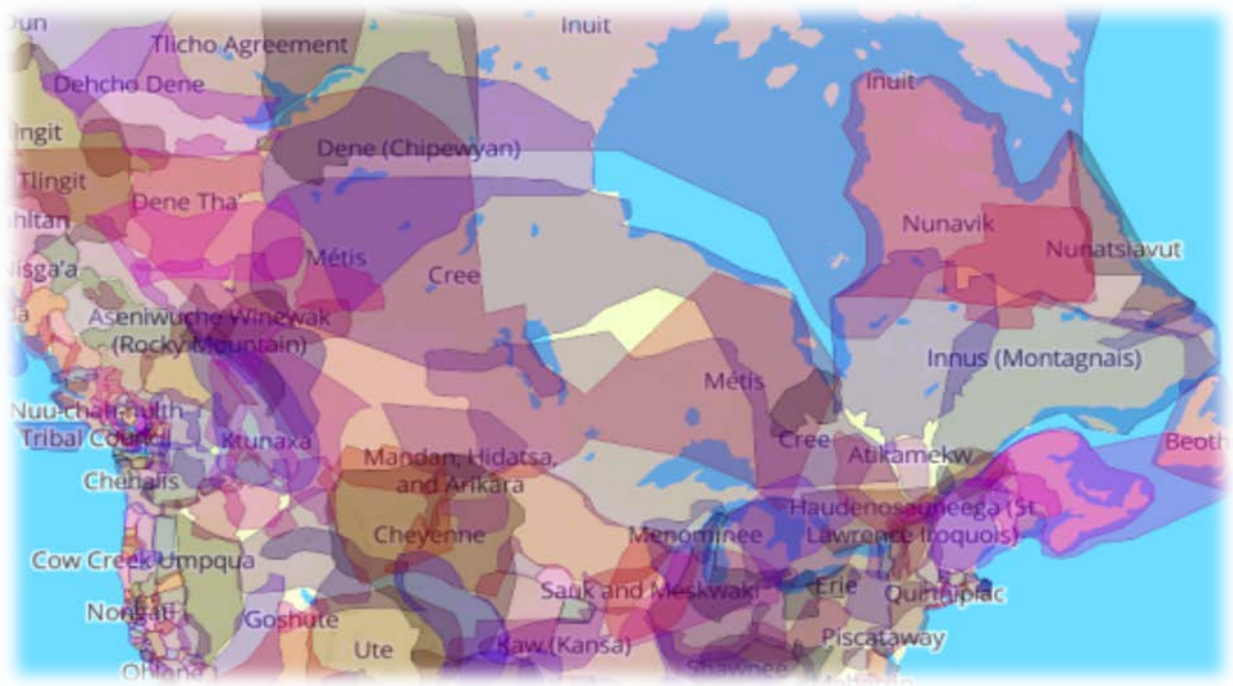
Land Acknowledgement

I would like to begin by acknowledging the Indigenous Peoples of all the lands that we are on today, the traditional and unceded lands of the Anishinaabe peoples, and the people who have and do reside here.

While we meet today on a virtual platform, I would like to take a moment to acknowledge the importance of the land which we each call home. We do this to reaffirm our commitment and our responsibility to improve relationships between nations and to improve our own understanding of local Indigenous peoples and their cultures.

From coast to coast to coast, I wish to acknowledge the ancestral and unceded territory of all the Inuit, Métis, and First Nations people that call this nation home.

Please join me in a moment of reflection to acknowledge the effect of residential schools and colonialism on Indigenous families and communities and to consider how we are and can each, in our own way, try to move forward in a spirit of reconciliation and collaboration.



Council Motion

AGENDA ITEM # 3.0

Motion Title:	Approval of the Council Agenda
Date of Meeting:	September 22, 2023

It is moved by _____ and seconded by _____ that:

Council approve the agenda for the September 22, 2023, meeting.

CRTO Council Meeting Agenda

September 22, 2023

AGENDA ITEM # 3.0

9 a.m. to 1 p.m.

Zoom Link: <https://us02web.zoom.us/j/81593735087>

Meeting ID: 815 9373 5087

Passcode: 257807

Time	Item	Agenda	Page No.	Speaker / Presenter	Action	Strategic Focus
0900	1.0	Introduction & Land Acknowledgement	2	Lindsay Martinek		
	2.0	Conflict of Interest Declarations	--	Carole Hamp		
	3.0	Approval of Council Agenda	3-5	Lindsay Martinek	Decision	Governance & Accountability
	4.0	Minutes from May 26, 2023	6-16	Lindsay Martinek	Decision	Governance & Accountability
	5.0	Strategic Issues				
	5.1	2021 – 2025 Strategic Direction Update Report	17-52	Carole Hamp	Information	Governance & Accountability
	5.2	CRTO Elections 2023	53-54	Carole Hamp	Information	Governance & Accountability
	5.3	Risk Register	55-60	Ania Walsh	Information	Governance & Accountability
	6.0	Operational & Administrative Issues				
	6.1	Registrar’s Report	61-64	Carole Hamp	Information	Core Business Practices
	6.2	Financial Statements	65-70	Carole Hamp	Decision	Core Business Practices
	6.3	Investment Portfolio	71-72	Carole Hamp	Decision	Core Business Practices
	6.4	Mid-Year Financial Projections	73-97	Carole Hamp	Decision	Core Business Practices
	6.5	Membership Statistics	98-99	Lisa Ng	Decision	Core Business Practices
	6.6	Transfer of Reserve Funds, Budget Adjustment & Revised Reserve Policy – for final approval	100-105	Carole Hamp & Shaf Rahman	Decision	Core Business Practices
	6.7	Membership Fees – <i>in camera session*</i>	106-113	Carole Hamp	Decision	Core Business Practices
	6.8	Appointment of Auditor for 2023/24 - <i>in camera session*</i>	114-221	Shaf Rahman	Information	Core Business Practices
	7.0	Committee Reports (for information)				

CRTO Council Meeting Agenda

September 22, 2023

7.1	Executive Committee Report	222	Lindsay Martinek		Governance & Accountability
7.2	Registration Committee Report	223-225	Derek Clark		Governance & Accountability
7.3	Quality Assurance Committee Report	226	Jillian Wilson		Governance & Accountability
7.4	Patient Relations Committee Report	227	Kim Morris		Governance & Accountability
7.5	Inquiries, Complaints and Reports Committee Report	228-229	Kim Morris		Governance & Accountability
7.6	Discipline Committee Report	230	Lindsay Martinek		Governance & Accountability
7.7	Fitness to Practise Committee Report	231	Lindsay Martinek		Governance & Accountability
7.8	Finance & Audit Committee Report	232-233	Jeff Dionne		Governance & Accountability
8.0	Committee Items Arising				
9.0	Legislative and General Policy Issues				
9.1	Impact “As of Right” Legislation	234-235	Carole Hamp	Information	Governance & Accountability
9.2	Revised Emergency Registration Policy	236-241	Ania Walsh	Information	Governance & Accountability
9.3	Revised Possession, Administration & Dispensing of Controlled Substances Policy	242-250	Kelly Arndt	Decision	Enhancing Professionalism
9.4	Abuse Awareness & Prevention Professional Practice Guideline	251-275	Kelly Arndt	Decision	Enhancing Professionalism
9.5	Draft Revised Respiratory Therapists as Anaesthesia Assistants Professional Practice Guideline	276-300	Kelly Arndt	Decision	Enhancing Professionalism
9.6	Criminal Reference Checks (CRC)	301-315	Shaf Rahman	Discussion	Core Business Practices
10.0	Other Business				
11.0	Next Meeting – December 1, 2023				
12.0	Adjournment				

Open Forum

** In camera session pursuant to s. 7(2)(b) of the Health Professions Procedural Code, being Schedule 2 to the Regulated Health Professions Act, 1991*

Council Self-Evaluation Survey

Council Motion

AGENDA ITEM # 4.0

Motion Title:	Approval of the Council Minutes for May 26, 2023
Date of Meeting:	September 22, 2023

It is moved by _____ and seconded by _____ that:

Council approves the minutes from the May 26, 2023, meeting.

Draft Minutes from May 26, 2023

Agenda Item #:	4.0
Item:	Draft Minutes from May 26, 2023

Meeting Minutes May 26, 2023

CRTO Council Meeting Minutes

Scheduled on May 26, 2023, from 9:00 am to 12:00 pm

**Location: Doubletree by Hilton Hotel – Denver Room
108 Chestnut St., Toronto ON M5G 1R3**

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

STAFF: Carole Hamp, RRT, Registrar & CEO
Shaf Rahman, Deputy Registrar
Kelly Arndt, RRT, Quality Practice Manager
Misbah Chaudhry, Professional Conduct Coordinator
Peter Laframboise, Professional Conduct Manager
Denise Steele, Professional Programs Coordinator
Abeeha Syed, Professional Conduct Associate
Temeka Tadesse, IT & Database Specialist
Stephanie Tjandra, Finance & Office Manager
Ania Walsh, Regulatory Affairs Manager

GUESTS: Lanjun Wang, Hilborn LLP
Vivian Pang, Ministry of Health

REGRETS: Shawn Jacobson, RRT

1.0: INTRODUCTIONS & LAND ACKNOWLEDGEMENT

The meeting was called to order at 9:01 am. Kim Morris welcomed Council, staff, and guests to the meeting.

Draft Minutes from May 26, 2023

2.0: CONFLICT OF INTEREST DECLARATION

No conflict of interest was declared.

3.0: APPROVAL OF COUNCIL AGENDA

Council reviewed meeting agenda for May 26, 2023.

MOTION # 3.0 MOVED BY, Jeff Schiller, and SECONDED BY, Jody Saarvala, RRT, that Council approves the Council Agenda for May 26, 2023.

MOTION # 3.0 CARRIED.

4.0 MINUTES FROM MARCH 3 AND APRIL 24, 2023

Council reviewed the meeting minutes from March 3, 2023, and April 24, 2023.

MOTION # 4.0 MOVED BY, Derek Clark, and SECONDED BY, Jody Saarvala, RRT, that Council approves the Council Minutes from March 3, 2023 & April 24, 2023, meetings.

MOTION # 4.0 CARRIED.

5.0: STRATEGIC ISSUES

5.1 FINANCIAL AUDIT 2022 – 2023

Lanjuan Wang, Auditor, Hilborn LLP, presented to Council the Audit Findings for the 2022-2023 Fiscal Year. It provides an overview of the CRTO's draft audited financial statements, and the processes involved with the financial audit. The audit yielded an unmodified opinion. Highlights and notes to the financial statements, which included the balance sheet, statement of operations, statement of changes in net assets, statement of cash flows were presented.

MOTION # 5.1 MOVED BY, Christa Krause, RRT, and SECONDED BY, Katherine Lalonde, RRT, that Council approves the 2022 – 2023 Audit Findings as presented by the Auditor.

MOTION # 5.1 CARRIED.

Draft Minutes from May 26, 2023

5.2 APPOINTMENT OF AUDITOR FOR 2023 – 2024

Carole Hamp, Registrar & CEO, presented the Appointment of the Auditor Assessment Tool. This document was developed for the Executive Committee to conduct an annual evaluation of the external auditor using an objective tool that considers the essential assessment elements. The current auditor, Hilborn LLP, has been the CRTO's external auditor since 2017.

There was a recommendation from the Executive Committee, who reviewed the tool during their May 16th meeting, to go to tender for an external auditor. It was mentioned that there had been several discussions over the last few years that it would be time to go to tender for a new auditor. Concerns have been noted about the quality of the communication/report of the recent audit findings.

If the decision of Council is made to go to tender for an external auditor for the 2023 – 2024 fiscal year, the Finance & Audit Committee will work with CRTO staff to send out Request-for-Proposals in alignment with the CRTO's Procurement of Goods & Services Policy & Procedure.

MOTION # 5.2 MOVED BY, Jody Saarvala, RRT, and SECONDED BY, Derek Clark, that Council direct the Finance & Audit Committee (FAC) to go to tender to retain an independent auditor for the 2023/24 fiscal year.

MOTION # 5.2 CARRIED.

5.3 2022 – 2023 ANNUAL REPORT

Council reviewed the 2022 – 2023 Annual Report. The report will undergo further edits and revisions with regard to formatting, to consider readability and accessibility.

MOTION # 5.3 MOVED BY, Christa Krause, RRT, and SECONDED BY, Kelly Munoz, RRT, that Council approves the 2022 – 2023 Annual Report.

MOTION # 5.3 CARRIED.

5.4 2022 COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK SUMMARY REPORT

Carole Hamp presented the 2022 College Performance Measurement Framework (CPMF) Summary Report.

Draft Minutes from May 26, 2023

5.5 2021 – 2025 STRATEGIC DIRECTION UPDATE REPORT

Carole Hamp presented the 2021 – 2025 Strategic Direction Update Report. The highlights of the updated report included:

- BoardSource & Council Effectiveness
- Delegation e-Learning module
- FAC finalized the new investment team and investments are being moved over to RBC
- DEI Steering Committee

5.6 COUNCIL 3RD PARTY EVALUATION & ACTION PLAN

Carole Hamp presented the results of the Council 3rd Party Evaluation & Action Plan. The evaluation was conducted by a consultant, Nanci Harris, at the March 3rd Council meeting. The overall result of the evaluation was positive. There is evidence of mutual respect, well-prepared materials and agenda, as well as discussion that reflects positive synergy between staff and Council.

5.7 DRAFT CRTO COUNCIL & COMMITTEE COMPETENCY PROFILE

Carole Hamp presented the Draft CRTO Council & Committee Competency Profile. This document is still in its first draft format and will be further revised based on feedback.

5.8 COUNCIL SELF-EVALUATION

Carole Hamp presented the results of the Council Self-Evaluation from the last Council meeting.

5.9 DRAFT RISK REGISTER

Ania Walsh presented the Draft Risk Register. In December 2022, Council approved a Risk Management Framework, which articulates how the CRTO will establish and maintain a systemic approach to risk management, integrating risk management into its strategic planning, project and operations management and reporting. A Risk Register is the intended primary tool for monitoring and reporting CRTO risks. The template may change after today's Education Day, which includes a Risk Management Workshop.

6.0: OPERATIONAL & ADMINISTRATIVE ISSUES

6.1 REGISTRAR'S REPORT

Carole Hamp reported on general CRTO activities and initiatives.

Internal – Current Initiatives

Draft Minutes from May 26, 2023

- Policy Framework – the large-scale review and revision of all CRTO policies and procedures is now completed. Review & revision of Professional Practice Guidelines (PPG) and Clinical Best Practice Guidelines (CBPG) is ongoing.
- Consultations – statistics on engagement from members and other stakeholders.

Administration – Internal

- 2023 General Elections in District 3, 4, & 6.
- Canadian Equality Consulting (CEC) – phase three of the DEI initiative is the creation of a DEI Steering Committee comprised of volunteers from the PRC and two staff member representatives.
- External Financial Audit – the CRTO’s 2022-23 independent audit has recently been completed, the findings were presented at the May 17th Executive Committee meeting and at today’s meeting.
- Investment Planning Services – the FAC has selected a new investment team to manage the CRTO’s financial reserves; staff have begun the transfer of invested assets to the RBC team.

Administration – External

- Your Health Act, 2023 – Bill 60 has been debated at the third reading and amended by the Standing Committee. CRTO and other three professions impacted by the inter-jurisdiction mobility proposal (Nursing, Physicians, and Medical Laboratory Technologists) have had several meetings with the MOH to discuss overcoming challenges presented by these proposed legislative revisions.
- CPMF – CRTO submitted its 2022 CPMF report at the end of May. An overview will be presented at today’s meeting.
- Accreditation Canada (AC) – the Equal Council is consulting with Council members in late April/early May to collect feedback on the current Council model and areas of improvement. An accreditation status is pending for the new RT program that began at Fleming College in January 2023. AC is currently reviewing Qatar’s University of Doha for Science and Technology (USDT). This RT educational program was formerly affiliated with the College of North Atlantic (CNA) in Newfoundland. There was a discussion on how the accreditation process will affect this program to meet the qualification of the College for registration. Currently, it will be up to the Registration Committee to evaluate the qualifications of the graduates from the University of Doha.
- NARTRB Entry-to-Practice (ETP) Framework – the validation survey for the revised ETP document closed on May 1st, the overall national response rate was relatively low. Two focus groups for the neo/pediatric practice also met. NARTRB ETP Steering Committee will meet in the first week of June to approve the final competencies. The final report is expected in Mid-July.
- Health Profession Regulators of Ontario (HPRO) – working on several initiatives, including options to address the shortage of Public Members and staff compensation frameworks. Anti-BIPOC Racism sub-committee continues, most recently held an Unconscious Bias workshop for all Registrars.

Draft Minutes from May 26, 2023

6.2 FINANCIAL STATEMENTS

Council reviewed the Financial Statements for March 1, 2023 – April 30, 2023. The highlights of the balance sheet and income statement were presented. There were no concerns or questions noted.

MOTION # 6.2 MOVED BY, Derek Clark, and SECONDED BY, Jeff Dionne, RRT, that Council approves the quarterly financial statements for March 1, 2023 – April 30, 2023.

MOTION # 6.2 CARRIED.

6.3 INVESTMENT PORTFOLIO

Council reviewed the Investment Portfolio. Two GICs have matured and are in the process of being transferred over to RBC. There are a few GICs that are awaiting maturity and will be cashed out and transferred over when they come due.

MOTION # 6.3 MOVED BY, Angela Miller, RRT, and SECONDED BY, Christa Krause, RRT, that Council approves the Investment Portfolio Summary as of April 30, 2023.

MOTION # 6.3 CARRIED.

6.4 MEMBERSHIP STATISTICS

Denise Steele, Professional Programs Coordinator, presented the membership statistics. The total membership reported was **3,897**. The CRTO received **84** applications for registration from March 2023 – April 2023. Out of the total number of applications received, **73** are graduates of an Ontario RT program, **4** are graduates from other provinces, and **7** are graduates from outside of Canada.

6.5 FINAL APPROVAL OF RESPIRATORY THERAPISTS PROVIDING VIRTUAL CARE PROFESSIONAL PRACTICE GUIDELINE

Kelly Arndt, Quality Practice Manager, presented the revised Respiratory Therapists Providing Virtual Care Professional Practice Guideline (PPG) for final approval. This document has been updated and revised to facilitate understanding and clear direction with respect to telehealth. If the motion is approved, the PPG will be published on the CRTO website.

MOTION # 6.5 MOVED BY, Kim Morris, and SECONDED BY, Jody Saarvala, RRT, that Council approves the draft revised RTs Providing Virtual Care PPG for publication.

MOTION # 6.5 CARRIED.

Draft Minutes from May 26, 2023

7.0: COMMITTEE REPORTS

7.1 EXECUTIVE COMMITTEE REPORT

Lindsay Martinek, RRT, Executive Committee Chair, presented the Committee Report to Council. The Executive Committee has met once since the March 3 Council meeting. On May 17, the Executive Committee reviewed the following items:

- 2022 – 2023 Audit Findings
- Recommendation for 2023 – 2024 external auditor
- 2023 Council Elections & the Appointment of a Scrutineer
- Financial Statements (March 1 – April 30, 2023)
- Investment Portfolio (as of April 30, 2023)
- Draft Council Agenda (May 26, 2023)
- Membership Fee Assessment Tool

7.2 REGISTRATION COMMITTEE REPORT

Derek Clark, Registration Committee Chair, presented the Committee Report to Council. Since the last report, the Registration Committee (RC) has held one Panel on May 4, 2023, via Zoom.

7.3 QUALITY ASSURANCE COMMITTEE REPORT

Jillian Wilson, RRT, Quality Assurance Committee Vice-Chair presented on behalf of Laura Dahmann, RRT, Quality Assurance Committee Chair, the Committee Report to Council. Since the last Council meeting, there have been no meetings. There have been five panels held via email vote, encompassing the review of 14 PORTfolio deferral requests.

7.4 PATIENT RELATIONS COMMITTEE REPORT

Kim Morris, Patient Relations Committee Chair, presented the Committee Report to Council. Since the last Council meeting, the Patient Relations Committee (PRC) has met once via Zoom on March 22, 2023. The following is an overview of key discussions:

- PRC 2023 Terms of Reference and Action Plan
- Equity Impact Assessment Update & Implementation Strategy
- Abuse Awareness & Prevention PPG (approved to go out for consultation to our stakeholders)
- Funding for Supportive Measures Policies (approved to be archived & rescinded on April 24 Council meeting)

Draft Minutes from May 26, 2023

7.5 INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT

Kim Morris, Inquiries, Complaints and Reports Committee Chair, presented the Committee Report to Council. Since the last Council meeting, the ICRC held 1 orientation meeting via Zoom. Since the last Council meeting, the CRTO received 12 new matters. The new matters comprised of 4 employer reports and 1 self-report, 1 illegal practitioner report, and 6 complaints.

7.6 DISCIPLINE COMMITTEE REPORT

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

7.7 FITNESS TO PRACTISE COMMITTEE REPORT

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

7.8 FINANCE & AUDIT COMMITTEE REPORT

Jeff Dionne, RRT, Vice-Chair of Finance & Audit Committee presented on behalf of Michelle Causton, Finance & Audit Committee Chair, the Committee Report to Council. Since the last Council meeting, the FAC has not held any meetings. The FAC continues to gather relevant data as outlined in the Membership Fee Tool Assessment document.

8.0: COMMITTEE ITEMS ARISING

8.1 REGISTRATION COMMITTEE

8.1.1 REVISED REGISTRATION REGULATION UPDATE

Derek Clark, Chair of Registration Committee, presented an update of the revised Registration Regulation. The update included the following topics:

- Emergency Class of Registration
- Other Amendments (O. Reg. 596/94: General, Part VIII)
- Regulation amendments – Process Highlights

Draft Minutes from May 26, 2023

8.2 PATIENT RELATIONS COMMITTEE

8.2.1 PRC TERMS OF REFERENCE & ACTION PLAN

Shaf Rahman presented the updated PRC Terms of Reference & Action Plan. The following changes were highlighted:

- Removal of Section 3 of the Action Plan: during the April 24 Special Council meeting, the Funding for Support of Measures Policies were approved to be rescinded and archived.
- Addition of items e) and f) to Section 2 of the Action Plan
- Update to Section 1 b) of the Action Plan

MOTION # 8.2.1 MOVED BY, Jillian Wilson, RRT, and SECONDED BY, Katherine Lalonde, RRT, that Council approves the revised Patient Relations Committee Terms of Reference & Action Plan.

MOTION # 8.2.1 CARRIED.

8.2.2 PRC-DEI STEERING COMMITTEE REPORT

Kim Morris, Patient Relations Committee Chair, presented the PRC-DEI Steering Committee Report. The DEI Steering Committee is comprised of 7 volunteers from the PRC Committee and two Staff members. The first meeting was held on May 4, 2023, which was led by Canadian Equity Consulting (CEC). The topics reviewed during this meeting included:

- Draft Terms of Reference
- Design Strategy Session – based on the four strategic pillars from the Council DEI report: talent processes, organizational culture, Council/Committee capacity building, and membership support.

There was a suggestion to review and expand the gender portion of the questionnaire/survey that the College circulates, and to add a section on “prefer not to answer”.

8.2.3 DRAFT ABUSE AWARENESS & PREVENTION PPG FOR CONSULTATION

Kelly Arndt presented the Draft Abuse Awareness and Prevention Professional Practice Guideline (PPG). The document has been updated and revised to facilitate understanding and clear direction with respect to identifying, preventing, and reporting abuse. This PPG has been reviewed and approved by the Patient Relations Committee on March 22, 2023.

If the motion is approved, this PPG will be circulated for public consultation and presented for Council approval at the September meeting.

Draft Minutes from May 26, 2023

MOTION # 8.2.3 MOVED BY, Kim Morris, and SECONDED BY, Allison Peddle, that Council approves the draft revised Abuse Awareness and Prevention PPG for consultation.

MOTION # 8.2.3 CARRIED.

8.3 FINANCE & AUDIT COMMITTEE

8.3.1 MEMBERSHIP FEE ASSESSMENT TOOL

Carole Hamp presented the Membership Fee Assessment Tool, which was introduced at the last Council meeting, for further discussion.

Council reviewed a year-over-year overview of past revenues and expenses between 2017 – 2023. The membership is currently showing a decline in numbers due to retirement, which has affected the College's only stream of revenue, while expenses are projected to continue to rise.

One major upcoming expense is the new database, which will cost \$161,800, spread over 2 years. The College's mitigation strategy includes considerations regarding the office space and increasing capacity to conduct in-house investigations.

There was a suggestion to provide a clear and transparent communication that includes the information and rationale for any fee increase.

9.0: LEGISLATIVE AND GENERAL POLICY ISSUES

- No items for this meeting

10.0: OTHER BUSINESS

- No items for this meeting

11.0: NEXT MEETING

Next Council Meeting:

September 22, 2023 via Zoom Videoconference.

12.0: ADJOURNMENT

Adjournment

The May 26, 2023, Council meeting adjourned at 11:44 a.m.



College of Respiratory
Therapists of Ontario

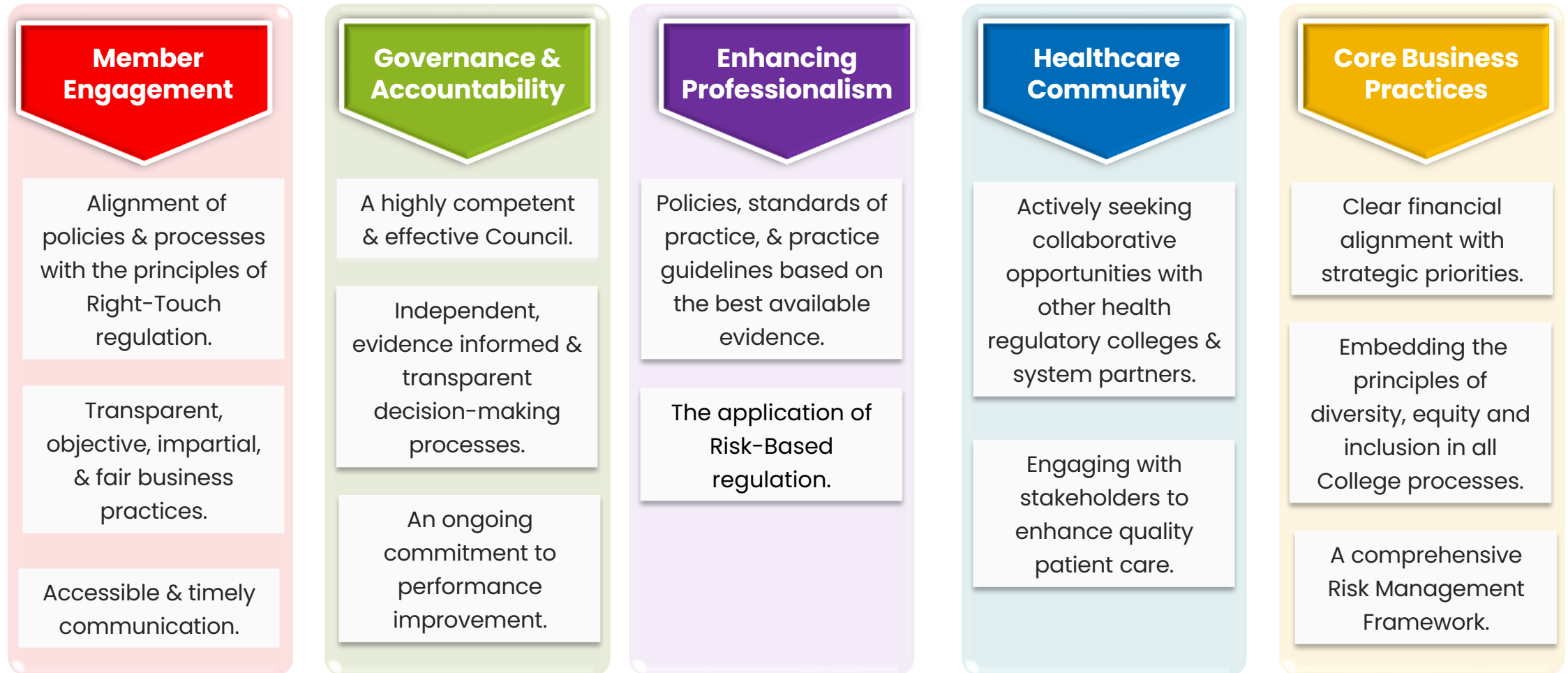
Ordre des thérapeutes
respiratoires de l'Ontario

2021 – 2025 Strategic Direction Quarterly KPIs Report

Sept. 22, 2023

Carole Hamp, Registrar & CEO

CRTO 2021 – 2025 Strategic Direction



Member Engagement

Alignment of policies & processes with the principles of Right-Touch regulation

Transparent, objective, impartial, & fair business practices.

Accessible & timely communication.

2023/24 HIGHLIGHTS

- ✓ Full **Professional Development Program** review – in progress
- ✓ Developed new and updated existing **complaints and reports** process intake documents
- ✓ Updated **complaints and reports** correspondence templates
- ✓ Reviewed and updated several **registration** guides and web pages
- ✓ Conducted a thorough review of the **Emergency Registration Policy** in response to the new Emergency Class
- ✓ Submitted the 2022 **Fair Registration Practices Report** to the Office of the Fairness Commissioner

- 
- ✓ 3rd party evaluation of CRTO Council
 - ✓ New Council and Committee orientation module
 - ✓ New Council election and Committee appointment procedures and communications
 - ✓ New nomination form, and committee appointment application form

In progress: Council & Committee Member Competency Profile

Governance & Accountability

A highly competent & effective Council.

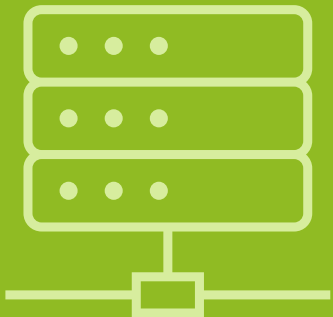
Independent, evidence informed & transparent decision-making processes

An ongoing commitment to performance improvement.

an ongoing
commitment
to
performance
improvement

CORE PROGRAMS

Program	Indicator
Registration	<ul style="list-style-type: none">• Number of days (average) to process an application, make a registration decision• Number of days (average) to issue an RC decision• Number of new certificates issued• Number of status changes processed• Snapshot: IEHPs assessments
Professional Conduct	<ul style="list-style-type: none">• Snapshot: new, closed, ongoing complaints/reports• Number of days (average) to complete a complaint file or report• New complaints and reports by theme
Quality Assurance and Practice	<ul style="list-style-type: none">• Launch RT Jurisprudence Assessment scores• PORTfolio submissions• Relevant learning module compliance• No. of practice inquiries received (will be reported in Dec. 2023)• Inquiries by theme (will be reported in Dec. 2023)





an ongoing commitment to performance improvement

REGISTRATION (March-Aug. 2023)

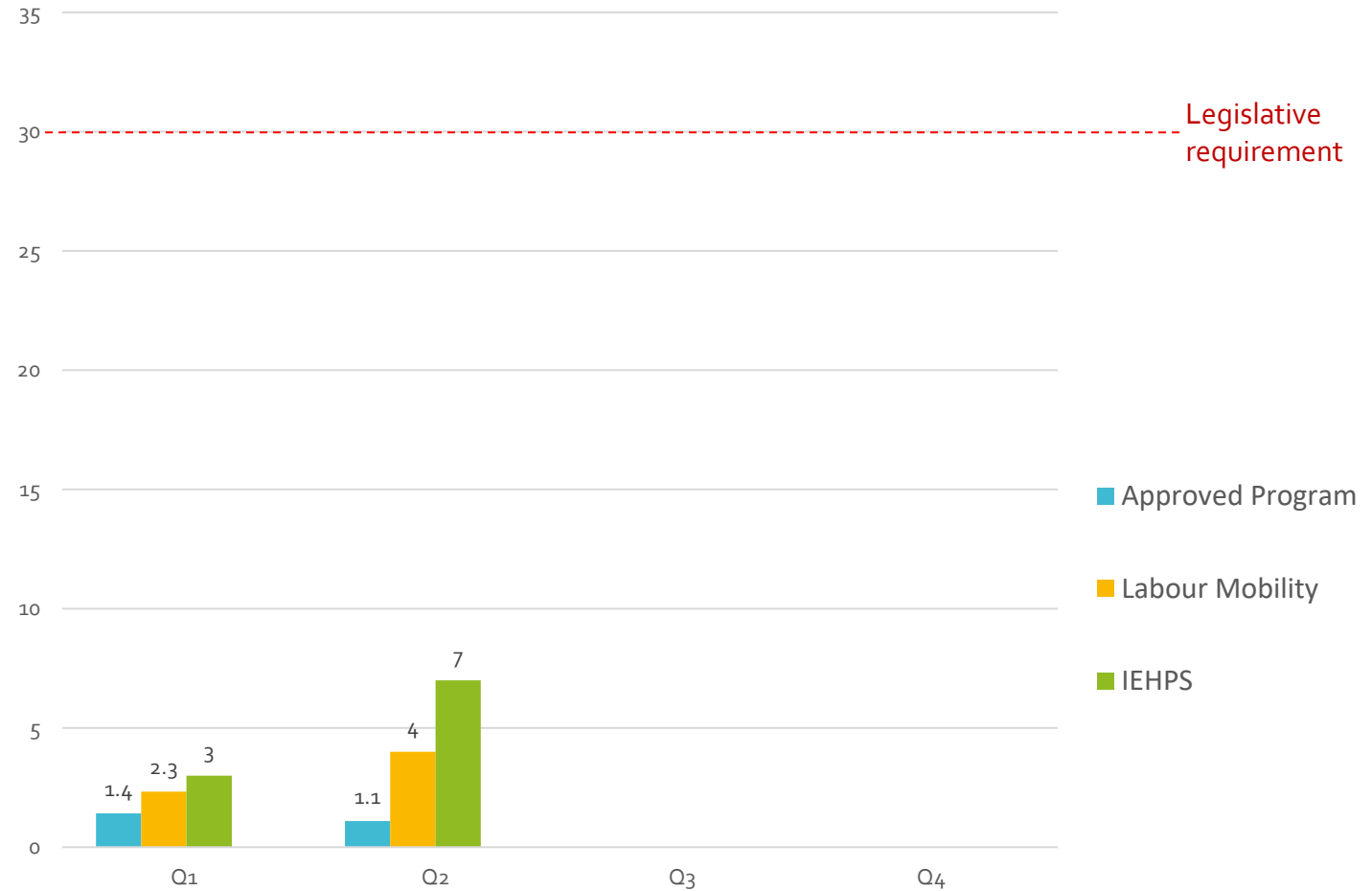
 **NEW CERTIFICATES
ISSUED (YTD)** **138**

 **STATUS CHANGES
PROCESSED (YTD)** **450**

 **Average no. of days to
process application** **2**

 **Average no. of days to
issue an RC decision** **13**

Average no. of days to make a registration decision*



* From when the application file is complete to registration decision (approve, referral to RC, or referral to the assessment process)

REGISTRATION (as on Aug. 16, 2023)

32

ACTIVE IEHP ASSESSMENT FILES

20

IEHP applicants in the process of submitting the required supporting documentation

10

Applicants referred to the assessment who have completed or are in the process of completing the program review & interview stage

2

Applicants at the Clinical Skills Assessment stage (scheduled to complete or waiting for results)

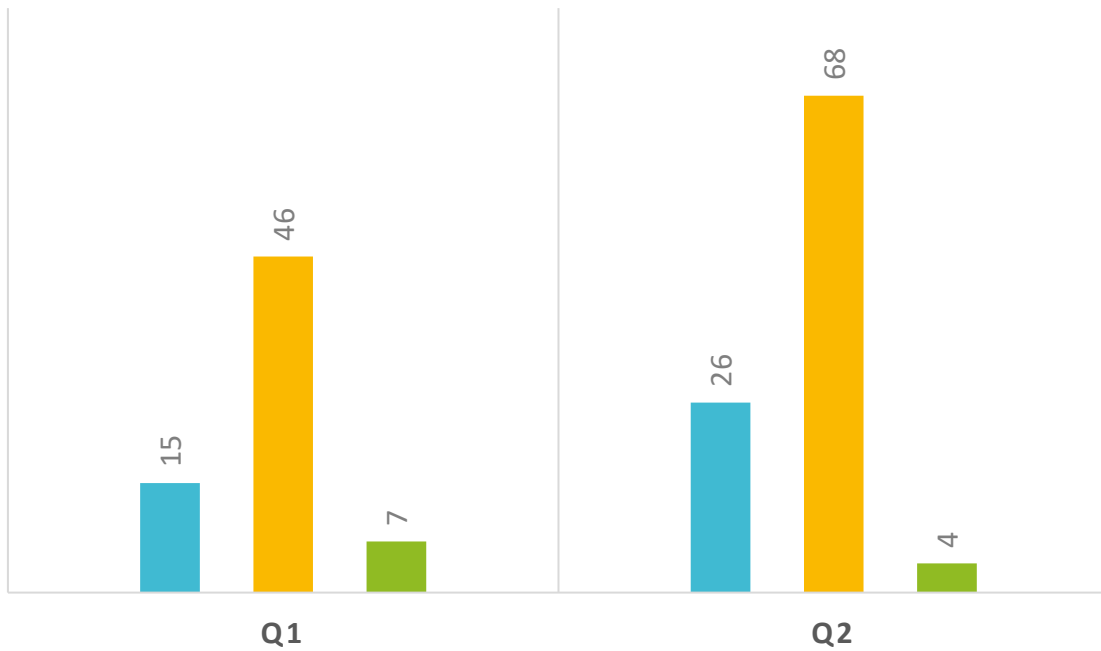
IEHP APPLICANTS BY COUNTRY OF EDUCATION

PHILIPPINES	11
USA	9
INDIA	7
AFGHANISTAN	1
CHINA	1
NIGERIA	1
PAKISTAN	1
QATAR	1
TOTAL ACTIVE IEHP APPLICATIONS	32

PROFESSIONAL CONDUCT

NEW, ONGOING, CLOSED COMPLAINTS/REPORTS FILES

■ New ■ Ongoing ■ Closed



New complaints/
reports (YTD)

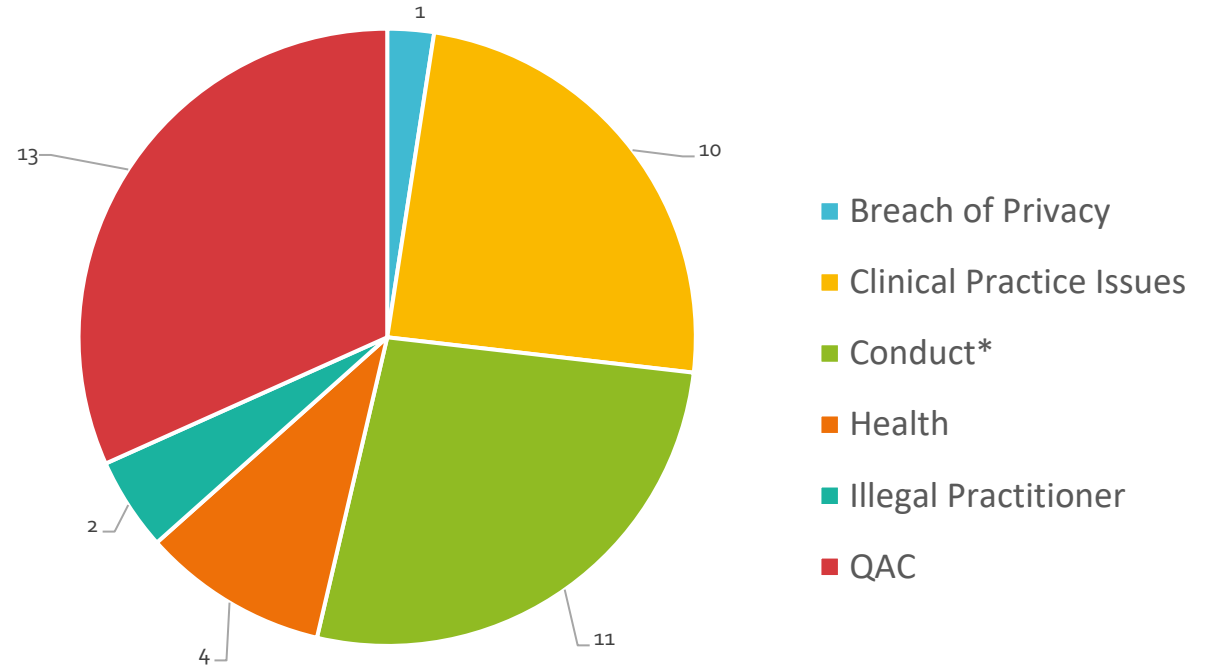
41

Average disposition
time (in days)

171

24

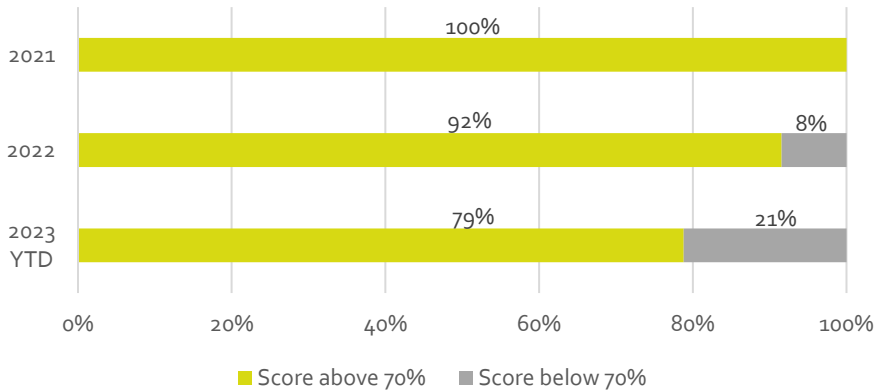
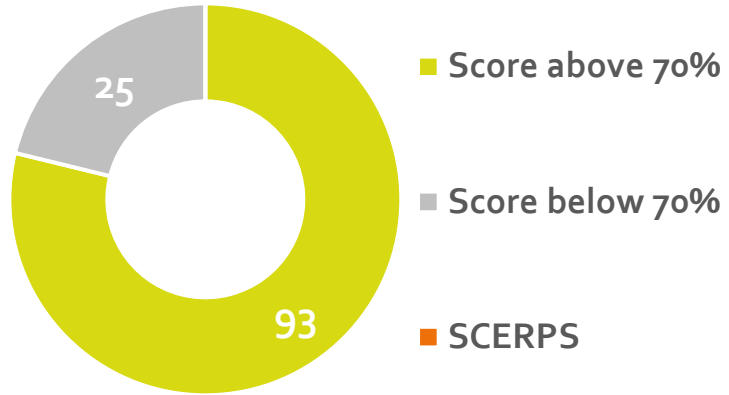
NEW COMPLAINTS AND REPORTS BY THEME



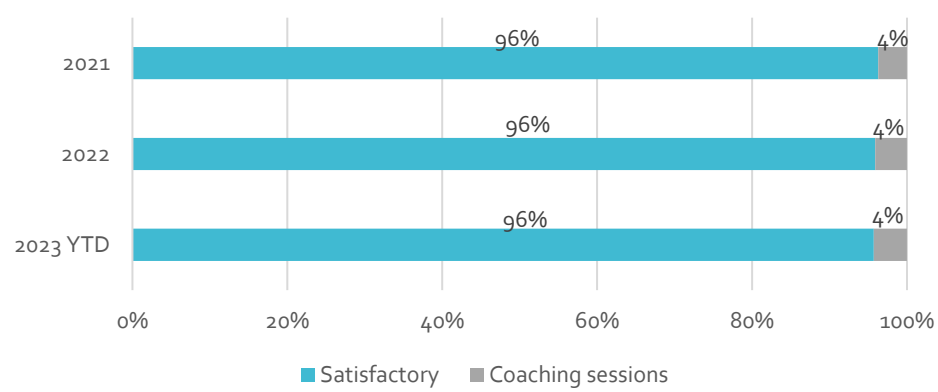
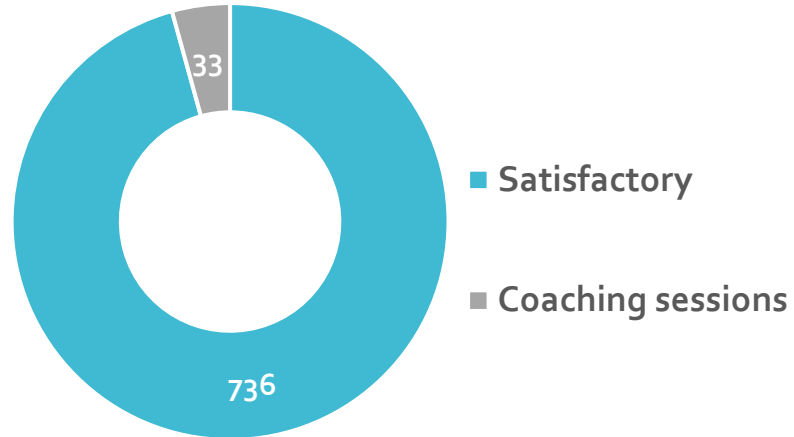
*Conduct (detail)	Q1	Q2
Abusive Conduct	1	0
Conduct of Member re Social Media	1	1
Disruptive Conduct with Colleagues	1	4
Professional Misconduct	1	1
Unprofessional Conduct in Personal Life	1	0

QUALITY ASSURANCE

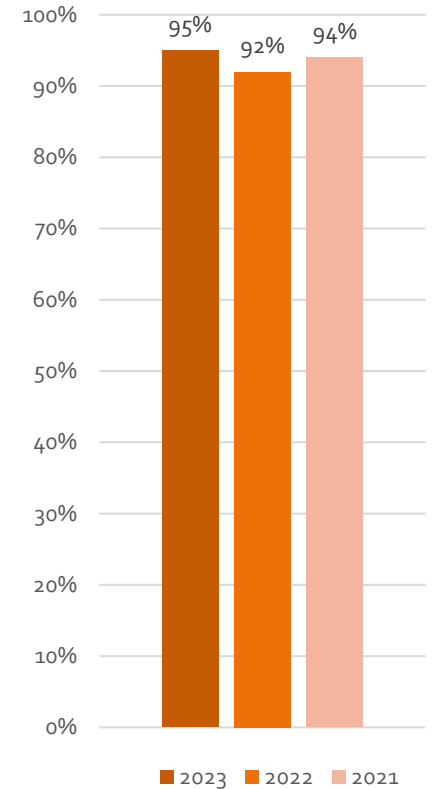
Launch RT (YTD)



PORTfolio (YTD)



Relevant Compliance



Accessible & timely **communications**


2023/24 (YTD)



xxxxxx website visits

Most visited webpages

E-blasts
XX% average open rate



- 2 New/updated Fact Sheets
- 6 E-blasts
- 3 Consultations
- 2 e-Learning Modules

Enhancing Professionalism

Policies, standards of practice, & practice guidelines based on the best available evidence.

The application of Risk-Based regulation.

108

Policy documents reviewed, developed or archived under the Policy Framework, including:

- ✓ 14 PPGs & CBPGs
- ✓ 74 Policies
- ✓ 17 Fact Sheets
- ✓ 3 Other



39 policy documents posted for consultation under the Policy Framework



Risk-based assessment tools used in all RC, QAC and ICRC Panel decisions



COLLABORATIVE INITIATIVES (YTD)

- **HPRO**

- Council Competencies Evaluation Framework
- Information Sharing
- Anti-BIPOC Racism Working Group

- **NARTRB:**

- Standards of Practice Working Group
- Review of the current NARTRB Jurisdictional Verification form
- Validation survey for the revised NARTRB Entry-to-practice Competency Profile.
- Updated the Language Proficiency for Respiratory Therapy document



Healthcare Community

Actively seeking collaborative opportunities with other health regulatory colleges & system partners

Engaging with stakeholders to enhance quality patient care

Core Business Practices

Clear financial alignment with strategic priorities.

Embedding the principles of diversity, equity and inclusion in all College processes.

A comprehensive Risk Management Framework.

Financial Management

- Mid-year financial report
- Finance and Audit Committee oversight
- Updated Signing Officers and Authorized Personnel-Banking & Investments Policy
- Auditor's review of the Reserve Policy
- New Membership Fee Assessment Tool
- New financial advisor
- RFP – external auditor

OPERATIONS – Finance

BALANCE SHEET (as of August 31, 2023)

- **Current Ratio = Total Current Assets ÷ Total Current Liabilities** (measures if an organization has sufficient resources to meet its short-term obligations - should be 1.0 or higher)

$$CR = \$2,744,352.35 \div \$54,419.43 = 50$$

- **Debt ratio = Total Liabilities ÷ Total Assets** (a lower ratio (e.g., 0.5) implies lower debt and a more stable organization)

$$DR = \$54,419.43 \div \$2,744,352.35 = 0.02$$

- **Cash Reserve Ratio = Cash & Cash Equivalents ÷ Average Monthly Expenses** (shows how long the organization could stay in operation just using its cash on hand)

$$CRR = \$1,644,836.95 \div \$200,093.59 = 8.2 \text{ months}$$

INCOME STATEMENT (end of fiscal year 2022/23)

- **Bottom Line = Revenue – Expenses** (measures if an organization has a surplus, deficit or break-even financial status)

$$BL = \$2,480,872 - \$2,496,650 = (\$15,778.00)$$

- **Revenue Growth Rate % = (Current Revenue – Previous Revenue) ÷ Previous Revenue x 100**

$$RGR \% = (\$2,480,872 - \$2,402,955) \div \$2,402,955 = 3.4\%$$

- **Expense Growth Rate % = (Current Expenses – Previous Expenses) ÷ Previous Expenses x 100**

$$EGR \% = (\$2,496,650 - \$2,337,244) \div \$2,337,244 \times 100 = 6.8\%$$



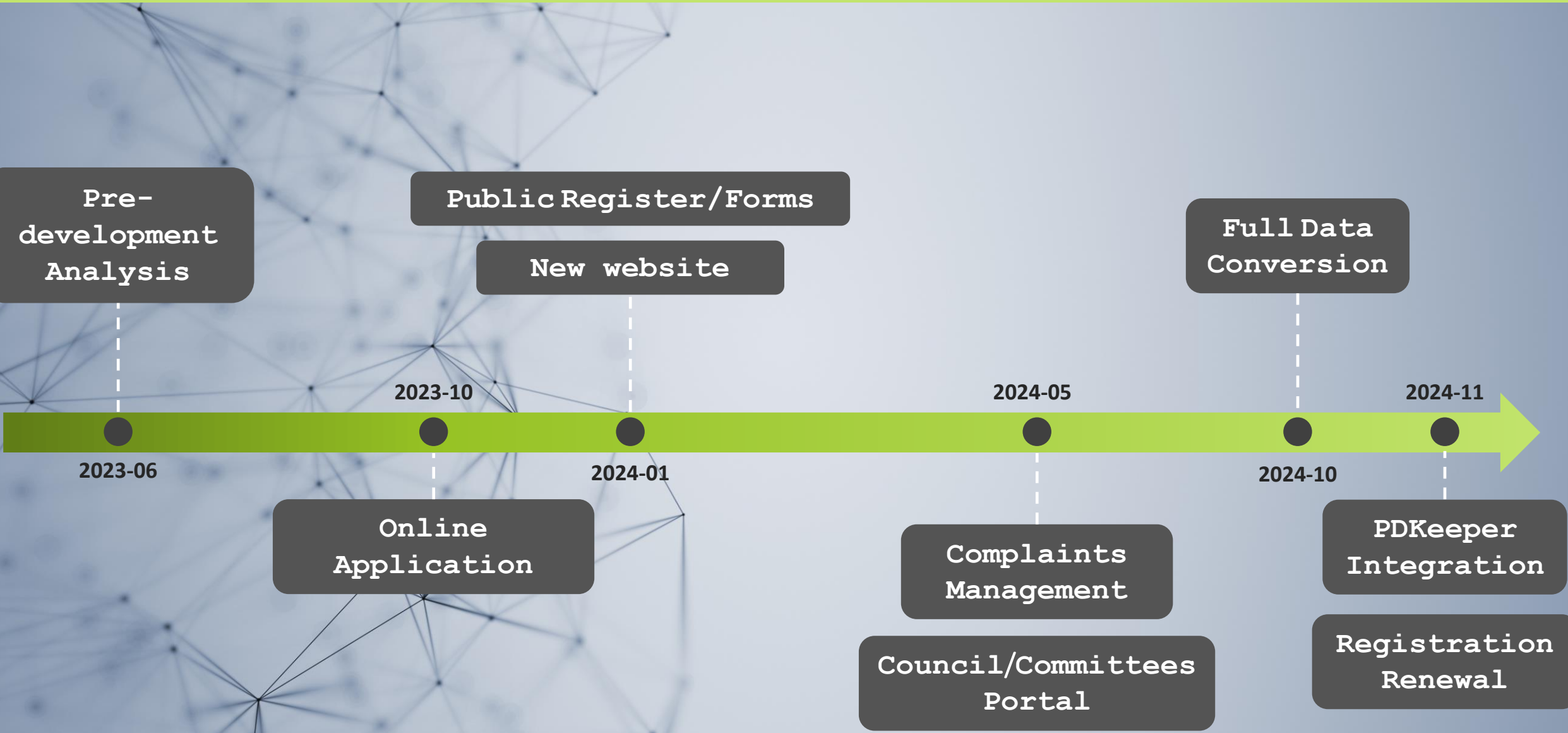
OPERATIONS - Staffing

- Employee Retention Rate/Average Tenure (by position)
- Dismissal Rate
- Employee Satisfaction Rating
- Training Costs & Effectiveness
- Absenteeism Rate
- Diversity (gender, ethnicity, etc.)
- Compensation Rate (when compared to industry benchmarks)
Of our current 11 staff positions:
 - 8 fall below the competitive salary band
 - 3 are substantially below, in that staff are not currently being compensated at even the lowest end of the band



an ongoing commitment to performance improvement

OPERATIONS - IT New CRM System Implementation



Diversity, Equity and Inclusion Strategy

DEI Audit

Complete:

- ✓ consultant to perform a DEI audit of CRTO policies & processes, and communications
- ✓ **develop an implementation plan**

DEI Framework

In Progress:

- development of a DEI statement
- development of tools to help staff, Council and Committees in their ongoing work

Sustainability & Accountability

In Progress:

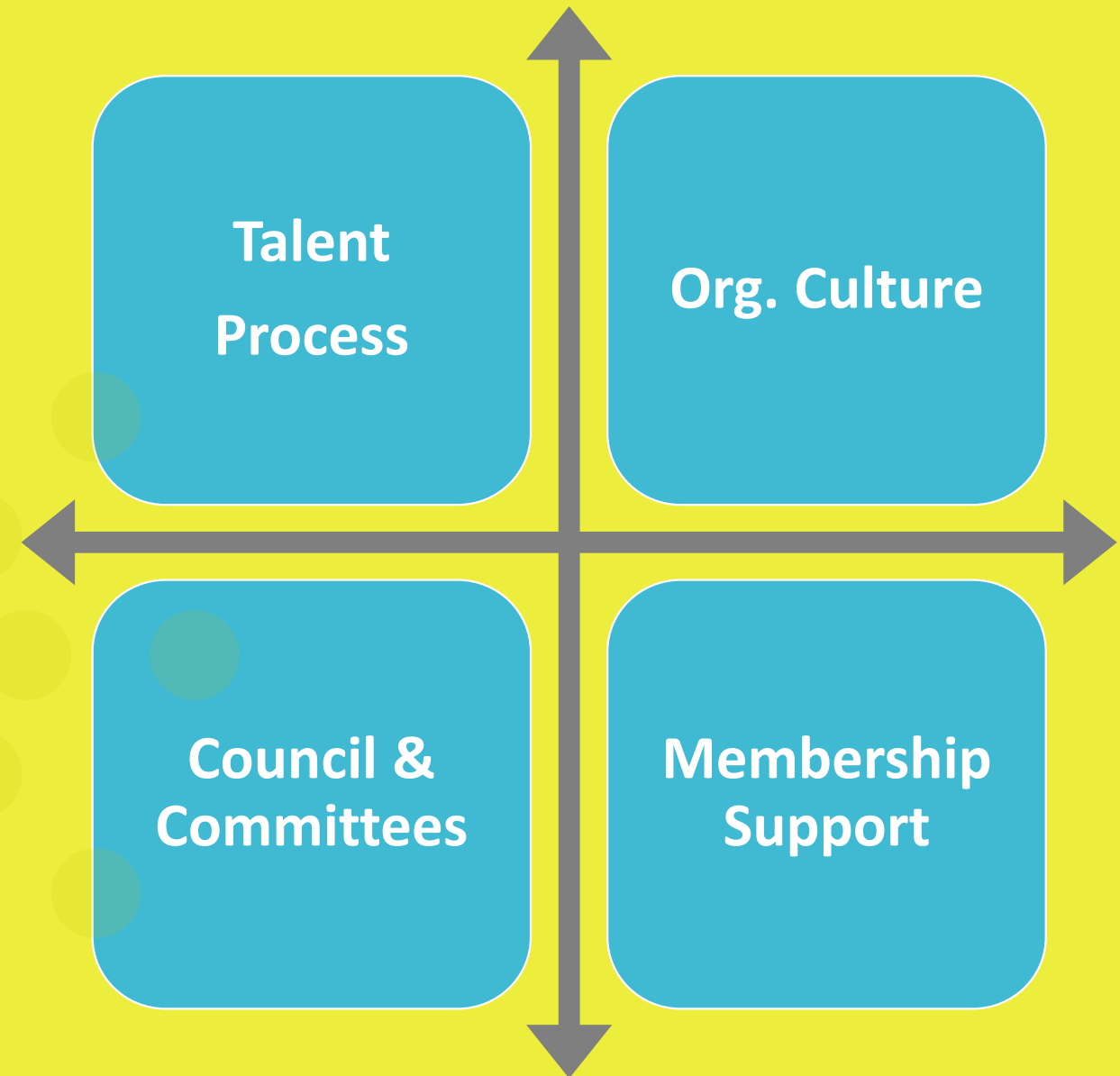
- training of staff, Council members and Committee members
- review policies and practices to identify and remove systemic barriers to inclusion
- development of an Equity Impact Assessment (EIA) tool for the CRTO

DEI Action Plan

Short Term Action Plan

(to be completed by Dec. 2023)

- Develop inclusive interview question bank
- Design and launch a voluntary employee survey
- Update compensation packages, salary grades, and job-level competencies
- Conduct (biannual) compensation / career progression conversations
- ✓ Develop an approach to acknowledge observances at CRTO – completed
- ✓ Encourage to include pronouns in communications



Core Business Practices

Clear financial alignment with strategic priorities.

Embedding the principles of diversity, equity and inclusion in all College processes.

A comprehensive Risk Management Framework.

Risk Management

- ✓ 13 Council Members and 10 Staff participated in the Council education day focused on:
 - Cybersecurity: Insurance Requirements and Implications; and
 - Risk Management
- ✓ Ongoing staff cybersecurity training
- ✓ Record digitalization project in progress
- ✓ Updated Risk Register template



Formal risk assessments in all ICRC, QAC and RC decisions

ICRC

- ✓ Orientation included an introduction to the ICRC decision risk assessment
- ✓ Decision risk assessment tool used in all of ICRC dispositions of complaints and reports
- ✓ Staff collaborated on the identification of risks related to complaints and reports to further inform the risk assessment process

QAC

- ✓ Review of 2022/2023 Launch results (identify patterns in questions answered incorrectly)
- ✓ Meeting with Portfolio Assessors to review Portfolio template to strength the platform. Plan for assessment of the impact of the Portfolio e-module on quality of 2024 Portfolios and required coaching sessions

RC

- ✓ Registration Committee panels continue to utilize the updated risk assessment tool for making registration decisions (9 RC panels conducted during this reporting period)

2021 – 2025
Strategic
Direction

Quarterly KPIs





Agenda Item 5.1 - Appendix A

STRATEGIC PLAN – PROGRESS TRACKING 2022 – 2025

Updated Aug 2023

Key Priorities	2022/23 Highlights	2023/24 Q1 (March – May)	2023/24 Q2 (June – August)	2023/24Q3 (Sept.– Nov.)	2023/24 Q4 (Dec. – Feb.)
Member Engagement					
Alignment of policies & processes with the principles of Right-Touch regulation.					
Evidence-informed approach to QA selection, assessments & remediation.	<p>Professional Development Program Policy - reviewed, revised, sent out for public consultation, and approved by Council.</p> <p>Began the planning phase of a full PDP review.</p> <p>Conducted a consultation process with other regulatory Colleges regarding their processes and experiences with a full Professional Development Program (PDP) review.</p>	Implementing the planning phase of a full PDP review.	Professional Development Program review – in progress.		
Framework for the prioritization of investigations, complaints, & reports.	<p>Completed an external review of all Professional Conduct (PC) processes and have begun implementing the recommendations, including developing a mechanism for tracking and reporting the status of all cases.</p> <p>Ongoing refinement of PC processes to prioritize investigations, complaints, and reports.</p> <p>Started gathering data on the timelines of matters resolved for an analysis of the effectiveness of the changes undertaken in the PC process.</p>	<p>Relying on the data obtained from a review of matters received in 2022, further refinements were undertaken in the PC process.</p> <p>New complaints and reports process intake documents were developed, and prior documents were updated.</p> <p>Complaints and reports correspondence templates were updated.</p>	Relying on the data gathered in the last quarters, the PC process was further refined to include assessing options for investigations, ICRC decision reviews and accessible correspondence.		



Key Priorities	2022/23 Highlights	2023/24 Q1 (March – May)	2023/24 Q2 (June – August)	2023/24Q3 (Sept.– Nov.)	2023/24 Q4 (Dec. – Feb.)
Transparent, objective, impartial, & fair practices.					
<p>Clear direction regarding the registration requirements for all applicants.</p>	<p>9 Registration Policies reviewed, revised, sent out for public consultation, and approved by Council.</p> <p>Developed and/or updated three Registration Fact Sheets.</p> <p>Updated the Guide to TCLs imposed by the Registration Committee.</p> <p>Retained a consulting agency to align the CRTO’s approved language proficiency standards to the federally approved language proficiency tests for Canadian Immigration.</p> <p>Updated the Applicants’ (for registration) web pages with relevant links.</p> <p>Conducted a detailed review of the Registration Verification Form with members of the National Alliance.</p> <p>Reviewed and revised the CRTO Registration Regulation (O. Reg. 17/12 General – Part VIII) with a plan to present it to Council for approval for circulation to our stakeholders.</p>	<p>Reviewed and updated several Registration Guides and web pages.</p> <p>Draft revisions to the CRTO Registration Regulation (O. Reg. 17/12 General – Part VIII) presented to Council for approval for submission to the Ministry.</p>	<p>Reviewed and revised the Emergency Registration Policy. The policy will be sent out for consultation in December.</p> <p>The 2022 Fair Registration Practices Report was submitted to the Office of the Fairness Commissioner.</p>		
<p>A complaints process supported by publicly accessible policies & procedures.</p>	<p>4 Professional Conduct (PC) policies were reviewed, revised, sent out for public consultation, and approved by Council.</p> <p>Developed a fact sheet for the Funding for Therapy and Counselling Program.</p> <p>Ongoing analysis for identifying a need for additional Professional Conduct policies and the</p>	<p>Ongoing analysis for identifying a need for additional Professional Conduct policies.</p> <p>The complaints process guide was revised to reflect our current process.</p> <p>Developed and posted the Funding for Therapy and Counselling Fact Sheet.</p>	<p>Ongoing analysis for identifying a need for additional Professional Conduct policies.</p> <p>Reviewed and updated the Mandatory Reporting by Employers/Facilities Fact Sheet.</p>		



Key Priorities	2022/23 Highlights	2023/24 Q1 (March – May)	2023/24 Q2 (June – August)	2023/24Q3 (Sept.– Nov.)	2023/24 Q4 (Dec. – Feb.)
	development of new policies as they are identified.				
Accessible & timely communication.					
Increase the information available on our website in written and online module format.	<p>Policy Consultation - 16 draft revised policies posted on the CRTO website for consultation with the CRTO's external stakeholders.</p> <p>Updated the Terms, Conditions and Limitations and the Public Register Factsheets, and the Guide to TCLs imposed by the Registration Committee.</p> <p>Added the following documents to the CRTO website:</p> <ul style="list-style-type: none"> • Strategic Plan Progress Report • Succession Plan for Senior Leadership Policy. • Open Forum Policy • Terms of Use – Website and Social Media • CRTO Risk Management Framework 	<p>The new Funding for Therapy and Counselling Program Fact Sheet and supporting application forms were posted on the CRTO website.</p> <p>Updates regarding the use of ultrasound in RT practice provided by email and on the CRTO website.</p>	<p>Updated the Council and Committees webpages, including the elections process information and a new webpage for committee appointees.</p> <p>The updated Mandatory Reporting by Employers/Facilities Fact Sheet was posted on the CRTO website.</p> <p>Finalized the Delegation e-learning module. The module is now available in PDKeeper.</p>		
	<p>CRTO By-laws - reviewed, revised, sent out for public consultation, approved by Council, and posted on the CRTO website in a microsite format for easy access.</p>	<p>Revised CRTO By-laws posted on the CRTO website in a microsite format.</p>			
	<p>The following Professional Practice/Clinical Best Practice Guidelines were reviewed, revised and posted on the CRTO website in a microsite format for easy access: Conflict of Interest, Responsibilities under Consent Legislation, Administering and Dispensing Medications PPG & Oxygen Therapy.</p>	<p>Revised Infection, Prevention & Control Clinical Best Practice Guideline posted on the CRTO website.</p> <p>Draft revised RTs Providing Virtual Care PPG posted for consultation.</p>	<p>Draft revised Abuse Awareness and Prevention PPG posted for consultation.</p> <p>Revised RTs Providing Virtual Care PPG posted on the CRTO website.</p>		



Key Priorities	2022/23 Highlights	2023/24 Q1 (March – May)	2023/24 Q2 (June – August)	2023/24Q3 (Sept.– Nov.)	2023/24 Q4 (Dec. – Feb.)
	Infection, Prevention & Control Clinical Best Practice Guideline approved by Council for consultation with our stakeholders.				
	The 2021 CPMF Full & Summary Reports were posted on the CRTO website. Participated in the HPRO 2022 Communicators' Day Conference.	The 2022 CPMF Full & Summary Reports were posted on the CRTO website. The 2021 Fair Registration Practices Report was posted on the CRTO website.			
	Up-to-date Prevention and Control information is provided on a designated webpage (e.g., COVID-19 MOH directives, resources and guidance documents).				
Optimize the use of various communication platforms.	Monthly Practice Blogs Twitter (22 tweets over this period) Monthly ebulletin Email communications to all members (information regarding the 2023/24 renewal period and consultations and other updates).	Four tweets Two email e-blasts	Four email e-blasts		
	Stakeholder meetings/presentations: <ul style="list-style-type: none"> • Five presentations to students enrolled in Ontario RT Programs • RT Program Advisory Committee (PAC) meetings. • Professionalism presentation to RT staff at CHEO (Oct. 21). • Professional Conduct presentation at RTSO forum (Oct. 22). • Meeting with members at The Ottawa Hospital. 	Stakeholder meetings/presentations: <ul style="list-style-type: none"> • Two presentations to graduating students. 	Stakeholder meetings/presentations: <ul style="list-style-type: none"> • Two stakeholder presentations • Three advisory committee meetings; and • One panel meeting with hospital staff. 		



Key Priorities	2022/23 Highlights	2023/24 Q1 (March – May)	2023/24 Q2 (June – August)	2023/24Q3 (Sept.– Nov.)	2023/24 Q4 (Dec. – Feb.)
Governance & Accountability					
A highly competent & effective Council.					
Publicly accessible Council & Committee competency self-evaluation & an online, pre-application learning module.	<p>ROI was sent out via HPRO on behalf of a number of other health regulatory bodies for a consultant to assist with this initiative.</p> <p>Draft developed for enhanced competency self-evaluation for prospective Council & Committee members.</p>	<p>Draft Council & Committee Member Competency Profile presented at the May Council meeting.</p> <p>Revised CRTC By-law includes a new elections eligibility requirement – that is, members must complete the CRTC's orientation online module relating to the duties, obligations and expectations of Council and Committee members prior to the date of nomination.</p>	<p>Online orientation module relating to the duties, obligations and expectations of Council and Committees was developed and is now posted on the CRTC website. Election candidates and committee appointees must complete the module as part of the nomination/application process.</p> <p>The new elections nomination form and the committee appointees' application from include an updated competency profile section.</p> <p>Developed a new Committee Member Appointments webpage and application forms.</p>		
Framework to regularly evaluate the effectiveness of Council meetings & Council with a third-party assessment of Council (min. every three years).	<p>Conducted a Council Effectiveness survey (BoardSource) and reported results at the May Council meeting.</p> <p>Consultant was retained to conduct a third-party assessment of the CRTC's March 2023 Council meeting.</p>	<p>Summary of the third-party evaluation presented at the May Council meeting along with an action plan to address proposed areas of improvement.</p>	<p>Post-Council self-evaluation implemented and monitored to expand and improve upon.</p>		
Ongoing training provided to Council & Committee members informed by the outcome of	<p>Planned Council Education Day (Sept. 23rd) – "Risk Management" theme. (Privacy & Risk Management and Cyber Security Awareness).</p>	<p>May Chair's Dinner:</p> <ul style="list-style-type: none"> Right Touch Regulation presentation <p>May Education Day:</p>	<p>The new online orientation module relating to the duties, obligations and expectations of Council and Committees was developed and is now available to all election</p>		



Key Priorities	2022/23 Highlights	2023/24 Q1 (March – May)	2023/24 Q2 (June – August)	2023/24Q3 (Sept.– Nov.)	2023/24 Q4 (Dec. – Feb.)
<p>relevant evaluation(s) and the needs identified by Council and Committee members.</p>	<p>Developed three (3) eLearning modules for prospective and current Council and Committee members:</p> <ul style="list-style-type: none"> • Role of the Chair • Regulatory Framework • Committees <p>Facilitated Anti-Racism & Anti-Oppression training for CRTO Council, Committee and staff (Nov. 17)</p> <p>The Chairing a Meeting module was presented at the annual Chair's Dinner (Sept. 22nd).</p> <p>Presentations at Education Day (Sept. 23rd) on the following:</p> <ul style="list-style-type: none"> • Privacy • Cybersecurity • Virtual meetings <p>Required all Council & Committee members to provide evidence that they had reviewed all educational material posted in the CRTO's portal, which includes:</p> <ul style="list-style-type: none"> • Role of the Chair • Regulatory Framework • Committees • Language of Finance • Annual Financial Audit • Monitoring Progress • Meeting in a Virtual World 	<ul style="list-style-type: none"> • Cybersecurity: Insurance Requirements and Implications • Risk Management Workshop 	<p>candidates and applicants to CRTO committees.</p>		



Key Priorities	2022/23 Highlights	2023/24 Q1 (March – May)	2023/24 Q2 (June – August)	2023/24Q3 (Sept.– Nov.)	2023/24 Q4 (Dec. – Feb.)
Independent, evidence-informed & transparent decision-making processes.					
<p>Publicly accessible Code of Conduct & Conflict of Interest Policy for Council & Committee members.</p>	<p>Revised By-laws (approved at the March 4th Council meeting) include an updated Code of Conduct and Rules of Order that have been standardized and attached as a schedule.</p> <p>Developed a new online Conflict of Interest Declaration form that was rolled out at the May 27nd Council meeting.</p> <p>Continue to refine COI declaration processes for RC, QA & ICRC panels.</p> <p>The new online Conflict of Interest (COI) Declaration form has been implemented and is being used for all Council and Committee meetings.</p>	<p>The online Conflict of Interest (COI) Declaration form is being used for all Council and Committee meetings.</p>	<p>The online Conflict of Interest (COI) Declaration form is being used for all Council and Committee meetings.</p> <p>The new elections nomination form and the committee appointees' application from include an updated conflict of interest and record of affiliations section.</p>		
An ongoing commitment to performance improvement.					
<p>Tracking & review Key Performance Indicators (KPIs) linked to the CRTO strategic objectives.</p>	<p>One of the recommendations from the external review of all Professional Conduct processes is to enhance data collection, tracking and reporting.</p> <p>The Finance & Audit Committee began the development of KPIs relevant to the financial management of the CRTO.</p> <p>The 2021 – 2025 Strategic Direction Update Report was presented at the May 27th Council meeting.</p> <p>Updated QAC & ICRC Terms of Reference and Action Plans approved at the May 27th Council meeting.</p> <p>Draft KPI report is under development</p>	<p>Draft KPI report is under development</p>	<p>Staff drafted a KPIs report to be presented at the Sept. Council.</p>		



Key Priorities	2022/23 Highlights	2023/24 Q1 (March – May)	2023/24 Q2 (June – August)	2023/24Q3 (Sept.– Nov.)	2023/24 Q4 (Dec. – Feb.)
Ongoing monitoring of the KPI dashboard.	Currently under development.	Currently under development.	Currently under development.		
Enhancing Professionalism					
Policies, standards of practice, & practice guidelines based on the best available evidence.					
Policy framework & review/revision of all policies and practice guidelines.	<p>Policy Framework – classifies our regulatory documents into clear definitions and guides the CRTO’s processes for establishing and revising these documents. Commenced an internal review of all Administrative and Council Policies.</p> <p>The CRTO continues its full-scale policy review, focusing on Administrative & Council/Committee policies & procedures. The ongoing review & revision of Professional & Clinical Best Practice Guidelines continues.</p>	The CRTO continues its policy review guided by the Policy Framework.	The CRTO continues its policy review guided by the Policy Framework.		
Policy review	28 policies updated/approved:	<p>2 policies updated/approved:</p> <ol style="list-style-type: none"> Professional Development Program Policy Signing Officer and Authorized Personnel-Banking and Investments Policy <p>Three archived policies:</p> <ol style="list-style-type: none"> Elections Policy Funding for Supportive Measures (Patient/Client) Policy 	Emergency Registration Policy – draft revisions approved by the Registration Committee. The policy will be posted for consultation in September 2023.		



Key Priorities	2022/23 Highlights	2023/24 Q1 (March – May)	2023/24 Q2 (June – August)	2023/24Q3 (Sept.– Nov.)	2023/24 Q4 (Dec. – Feb.)
		3. Funding for Supportive Measures (Non-Patient/Client) Policy			
Professional Practice Guidelines (PPGs) are regularly revised & sent out for consultation	PPGs sent out for consultation: <ol style="list-style-type: none"> Administering and Dispensing Medication PPG Responsibilities Under Consent Legislation PPG Infection, Prevention & Control Clinical Best Practice Guideline 	Draft revised Virtual Care PPG – approved by Council for consultation. Draft revised Abuse Awareness and Prevention PPG approved for consultation.	Draft revised Abuse Awareness and Prevention PPG posted for consultation.		
Revised Professional Practice Guidelines (PPGs) approved by Council	Revised PPGs approved by Council: <ol style="list-style-type: none"> Conflict of Interest PPG Responsibilities Under Consent Legislation PPG Oxygen Therapy Clinical Best Practice Guideline (CBPG) Administering and Dispensing Medication PPG 	Final approval: <ul style="list-style-type: none"> Revised Infection, Prevention & Control Clinical Best Practice Guideline approved by Council in March. Revised Respiratory Therapists Providing Virtual Care PPG (to be submitted to Council for final approval in May). 	Revised Infection, Prevention & Control Clinical Best Practice Guideline posted on the CRTO website. Revised Virtual Care PPG posted on the CRTO website.		
Review/Revision of CRTO By-Laws & Regulations (as required)	Revised CRTO By-laws approved at the March 2022 Council meeting. Draft By-Law revisions were presented to Council (Dec. 2) for approval for consultation with our stakeholders.	Revised CRTO By-laws approved at the March 2023 Council meeting. Revised Ontario Regulation 596/94 was approved at the March 2023 Council meeting for submission to the Ministry of Health.			
Standards of Practice & Ethical Practice documents promote Diversity, Equity, and Inclusion (DEI).	Began a Standards of Practice review and revision with the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB) that includes expanding the existing guidance related to DEI. Other provincial jurisdictions provided feedback on the common Standards of Practice document	The CRTO continues to participate in a NARTRB Standards of Practice Working Group with the goal of developing national Standards of Practice for Respiratory Therapists.	The CRTO continues to participate in a NARTRB Standards of Practice Working Group with the goal of developing national Standards of Practice for Respiratory Therapists.		



Key Priorities	2022/23 Highlights	2023/24 Q1 (March – May)	2023/24 Q2 (June – August)	2023/24Q3 (Sept.– Nov.)	2023/24 Q4 (Dec. – Feb.)
	as presented at the NARTRB Board Meeting (Nov. 5).				
Supporting the application of new or amended practice standards.					
Online modules to support difficult-to-understand and novel practice standards.	<p>Storyboard preparation for an online module regarding delegation/authorizing mechanisms.</p> <p>Storyboard preparation for an online module regarding delegation/authorizing mechanisms.</p> <p>Draft Delegation & Authorizing Mechanisms module created.</p> <p>Preparing an online module for student/graduate RTs.</p>	Finalization of Delegation e-learning module.	Finalized the Delegation e-learning module. The module is now available in PDKeeper.		
The application of Risk-Based regulation.					
Formal risk assessments in all RC, QAC & ICRC decisions.	<p>RC - All panels utilize an updated risk assessment tool for making registration decisions.</p> <p>QAC - The revised Professional Development Program Policy includes a risk-based referral to the practice assessment component of the QA Program</p> <p>QAC - Regulatory scan regarding PDPs, specifically risk-based QA selection by other Colleges. PDP policy has been updated to include the initial three-year review requirement for new Members of the CRTO. Revised PDP policy was taken to the QAC and Council for information.</p> <p>ICRC - reviewed data obtained in the audit of all ICRC matters for the last two years. Plan to</p>	<p>PC - ICRC orientation included an introduction to the ICRC decision risk assessment tool and ICRC member participation in the case study application. The ICRC employs the tool in all of its dispositions of complaints and reports.</p> <p>QAC - Review of 2022/2023 Launch results (identify patterns in questions answered incorrectly).</p> <p>RC - All Registration Committee (RC) panels utilize an updated risk assessment tool for making registration decisions - 6 RC Panels were conducted during this reporting period.</p>	<p>PC - The ICRC continues to employ the decision risk assessment tool in all of its dispositions of complaints and reports. PC staff and Governance staff collaborated on the identification of risks related to complaints and reports to further inform the risk assessment process going forward.</p> <p>QA - Meeting with Portfolio Assessors to review Portfolio template to strength the platform. Plan for assessment of the impact of the Portfolio e-module on quality of 2024 Portfolios and required coaching sessions.</p> <p>RC - The Registration Committee panels continue to utilize the updated risk assessment tool for making registration</p>		



Key Priorities	2022/23 Highlights	2023/24 Q1 (March – May)	2023/24 Q2 (June – August)	2023/24Q3 (Sept.– Nov.)	2023/24 Q4 (Dec. – Feb.)
	<p>develop additional resources to highlight trends of concerns being brought to the CRTO and how best to meet the standards of practice.</p> <p>RC - All panels continue to utilize the updated risk assessment tool for making registration decisions.</p>		decisions. 3 RC panels conducted during this reporting period.		
Healthcare Community					
Actively seeking collaborative opportunities with other health regulatory colleges & system partners.					
Creation of common standards (where possible) both provincially and nationally.	<p>Several initiatives currently underway through HPRO are aimed at creating common standards for health regulatory bodies in Ontario.</p> <ul style="list-style-type: none"> • Council Competencies Evaluation Framework • Information Sharing Policy • Anti-BIPOC Racism Working Group <p>The CRTO is participating in a NARTRB Standards of Practice Working Group with the goal of developing a national Standards of Practice for Respiratory Therapists.</p> <p>The CRTO also participated in a review of the current NARTRB Jurisdictional Verification form.</p>	<p>The CRTO continues to participate in a NARTRB Standards of Practice Working Group with the goal of developing a national Standards of Practice for Respiratory Therapists.</p> <p>Helped to facilitate the validation survey for the revised NARTRB Entry-to-practice Competency Profile.</p> <p>Updated the Language Proficiency for Respiratory Therapy document.</p>	<p>The CRTO continues to participate in a NARTRB Standards of Practice Working Group with the goal of developing a national Standards of Practice for Respiratory Therapists.</p>		
Engaging with stakeholders to enhance quality patient care.					
Demonstrate how stakeholder feedback is incorporated into the development/revision of policies,	<p>The CRTO Policy Framework consists of a consultation process for revised policies, practice guidelines, by-laws and Standards of Practice. Draft Policies and Guidelines are posted online for consultation. All survey results</p>	<p>Public Consultations:</p> <ul style="list-style-type: none"> • Draft Abuse Awareness & Prevention PPG. • Draft Respiratory Therapists Providing Virtual Care PPG 	<p>Public Consultations:</p> <ul style="list-style-type: none"> • Draft Abuse Awareness & Prevention PPG. <p>PC staff conducted a review of the feedback form to be completed by complainants after the disposition of their</p>		



Key Priorities	2022/23 Highlights	2023/24 Q1 (March – May)	2023/24 Q2 (June – August)	2023/24Q3 (Sept.– Nov.)	2023/24 Q4 (Dec. – Feb.)
standards, and practice guidelines.	were reviewed by Council/respective Committee prior to approval. 20 Consultations were conducted under the Policy Framework.	<ul style="list-style-type: none"> Revised Infection Prevention & Control CBPG The amended Ontario Regulation 596/94 	complaint. The review of past templates was completed. The drafting of new questions to be used in the updated complainant feedback form is in progress.		
Core Business Practices					
Clear financial alignment with strategic priorities.					
Revised financial statement & investment portfolio presentation	<p>The financial statement reporting format was streamlined to highlight how it aligns with College’s strategic direction and key priorities.</p> <p>The newly developed Mid-Year Financial Report was presented to the Council at its September meeting.</p> <p>Reviewed proposals & presentations from several financial institutions who had expressed an interest in providing the CRTO with ongoing investment management service.</p>	Began transferring investments under the new investment management.	Transfer of investments under the new investment management.		
Finance & Audit Committee (FAC)	<p>A newly formed non-statutory committee met to:</p> <ul style="list-style-type: none"> Establish their Goals & Terms of Reference Assisted the Executive Committee in the review of the CRTO’s 2021 – 2022 Financial Audit, the 2022 – 2023 budget, & evaluation of the External Auditor. <p>At its August meeting, the FAC began the creation of a tool to assist with the annual review of the CRTO’s Membership Fee Structure.</p>	<p>Membership Fee Assessment Tool developed to be utilized by the Executive Committee, the Finance & Audit Committee and Council to annually review the membership fee schedule.</p> <p>Updated Signing Officers and Authorized Personnel-Banking & Investments Policy.</p> <p>A subcommittee of the FAC conducted a recruitment process to identify an appropriate financial advisor for the CRTO.</p>	<p>FAC has reviewed relevant information using the Membership Fee Assessment Tool and made recommendations to Executive Committee.</p> <p>A Request for Proposal was sent out to prospective Auditor Firms. Review of responses ongoing.</p>		



Key Priorities	2022/23 Highlights	2023/24 Q1 (March – May)	2023/24 Q2 (June – August)	2023/24Q3 (Sept.– Nov.)	2023/24 Q4 (Dec. – Feb.)
	The Membership Fee Assessment tool was finalized by the FAC and sent to the Executive Committee for approval to recommend its adoption to Council.				
A policy that clearly outlines the management of financial reserves	<p>The FAC presented the revised Investments & the new Reserves Policies to Council for approval.</p> <p>In addition, the following policies were presented to Council for final approval:</p> <ul style="list-style-type: none"> • Revised Honoraria & Expenses Policy • Revised Procurement of Goods & Services Policy 	Review of the Reserve Policy	Reserve Policy has been reviewed and validated by the auditors.		
Embedding the principles of diversity, equity, and inclusion in College processes.					
Diversity, Equity and Inclusion (DEI) training for Council, Committee & staff members	<p>Anti-Black Racism, Anti-Indigenous Racism, Anti-Racism/Anti-Oppression (ARAO) facilitated session was attended by CRTO staff, Council and Committee members on March 22, 2022.</p> <p>Facilitated ARAO discussion took place involving CRTO staff on May 10, 2022.</p> <p>The CRTO's DEI Plan was approved at the March Council meeting.</p> <p>Established a partnership with external consultants, Canadian Equality Consulting (CEC), to begin developing an organization DEI plan.</p> <p>CEC developed a customized DEI survey for CRTO staff and Council & Committee members (both online and one-on-one).</p>	The CRTO embarked on phase 3 of the DEI Strategy with the development of the DEI Steering Committee. This committee consists of several Patient Relations Committee (PRC) members and two CRTO staff meetings. The DEI Steering Committee met for a brainstorming session in early May, which was facilitated by the CEC consultants.	<p>CEC sent out the draft Action Plan.</p> <p>Ongoing monitoring of the DEI Strategy implementation.</p>		



Key Priorities	2022/23 Highlights	2023/24 Q1 (March – May)	2023/24 Q2 (June – August)	2023/24Q3 (Sept.– Nov.)	2023/24 Q4 (Dec. – Feb.)
	<p>Indigenous Awareness module completed by staff for National Day for Truth & Reconciliation (Sept. 30).</p> <p>Facilitated ARAO discussion took place involving CRTO Council, Committee and staff on Nov. 17, 2022.</p> <p><i>Navigating Canada’s Complex Histories</i> e-course (in honour of National Truth & Reconciliation Day) was completed & discussed by all CRTO staff.</p> <p>CEC provided a report to the CRTO Council in December regarding the consultations they conducted with CRTO staff, Council & Committee members. The DEI Summary Report was posted on the public webpage of the CRTO website.</p> <p>CEC also conducted a survey with the membership regarding the CRTO’s role in promoting DEI. A summary report of these findings was provided to the CRTO in February.</p> <p>CRTO staff participated in HPRO’s Consultations to advance equity, diversity, and inclusion (EDI) in your regulatory functions.</p>				
Equity Impact Assessment	<p>At the March 2022 meeting, Council approved the use of the Ministry of Health’s Health Equity Impact Assessment (HEIA) tool and workbook.</p> <p>The PRC is in the process of revising HEIA to meet the CRTO’s needs.</p>	<p>The Patient Relations Committee (PRC) reviewed an update on the Equity Impact Assessment & Implementation Strategy.</p>			



Key Priorities	2022/23 Highlights	2023/24 Q1 (March – May)	2023/24 Q2 (June – August)	2023/24Q3 (Sept.– Nov.)	2023/24 Q4 (Dec. – Feb.)
<p>The formal process to identify & monitor internal & external organizational risk (e.g., financial & human resources, cyber security, etc.)</p>	<p>IT Infrastructure Architecture review completed & process begun to implement recommendations.</p> <ul style="list-style-type: none"> Began an externally hosted security awareness program which includes phishing campaigns and general security awareness training. Installed a dedicated firewall to reduce security risk and improve the organization’s security posture. Conducted a comprehensive review and updated the Office Security Policy and Procedure (including updates to a number of security measures, e.g., the office security camera). <p>Cybersecurity presentation by ISA to Council and staff.</p> <p>Started the process of moving all members’ files to a digital format.</p> <p>The CRTO Risk Management Framework was approved at the Council meeting (Dec. 2).</p>	<p>Risk Management workshop at the May Council meeting, Draft Risk Register presented at the May Council meeting.</p>	<p>Plan cybersecurity tabletop exercise for staff.</p> <p>Record digitalization project in progress.</p> <p>Staff updated the Risk Register template based on the May 2023 Risk Management workshop.</p>		
<p>Succession plan for senior leadership</p>	<p>Appointment of a Deputy Registrar & creation of a new Manager of Regulatory Affairs position.</p> <p>Succession Planning for Senior Leadership Policy approved by Council (Sept. 23).</p>				

Council Briefing Note

AGENDA ITEM # 5.2

September 22, 2023

From:	Carole Hamp, RRT – Registrar CEO
Topic:	CRTO Elections 2023
Purpose:	For Information
Strategic Focus:	Governance & Accountability
Attachment(s):	

PUBLIC INTEREST RATIONALE:

To ensure the CRTO Council is comprised of the requisite number of professional members who possess the optimal mix of skills and experience necessary to assist in the self-regulation of Respiratory Therapy.

ISSUE:

The election process for Professional Council Members is set out in the CRTO By-Law 2: Council and Committees. The By-law outlines the composition of the electoral districts and the election schedule. Section 2.04 of the By-Laws states the following:

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

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

Therefore, this year, the CRTO initiated a call for nominations in Districts 3, 4 and 6.

BACKGROUND:

Nominations opened on July 26, 2023, and closed on August 30, 2023. The CRTO received the following nominations:

Electoral District 3 – composed of the geographic areas of Frontenac, Hastings, Lanark, Prince Edward, Renfrew, Leeds and Grenville, Lennox and Addington, Prescott and Russell, Stormont, Dundas and Glengarry and Ottawa (available seats: 1):

Candidates

Sandy Fodey, RRT
Katherine Lalonde, RRT
Jason Nickerson, RRT

Electoral District 4 – composed of the geographic areas of Haliburton, Kawartha Lakes, Peterborough, Northumberland, Simcoe, Durham, York, Peel and Toronto (available seats: 2):

Candidates

Lori Pepler Beechey, RRT
Jeff Dionne, RRT
Indira Maharaj, RRT
Lindsay Martinek, RRT

Electoral District 6 – composed of the geographic areas of Grey, Bruce, Huron, Perth, Middlesex, Oxford, Elgin, Lambton, Chatham-Kent and Essex (available seats: 1):

Candidates

Lynae Heinbuch, RRT
Kelly Munoz, RRT

The voting period began on September 7th and will end on October 11th at 1600. Voting instructions and ballots are sent out electronically to those RTs who are eligible to vote in districts 3, 4 and 6.

NEXT STEPS:

The CRTC will send out frequent reminders throughout the voting period to encourage member's participation.

Council Briefing Note

AGENDA ITEM # 5.3

September 22, 2023

From:	Ania Walsh, Manager, Regulatory Affairs
Topic:	Risk Register
Purpose:	For Information
Strategic Focus:	Governance and Accountability
Attachment(s):	Appendix A – Risk Register

PUBLIC INTEREST RATIONALE

The College of Respiratory Therapists of Ontario (CRTO) regulates the practice of Respiratory Therapy in the public interest. In serving the public interest, the CRTO has a fiduciary duty to manage risk. This expectation applies not only to the risks associated with regulating the practice of the RT profession (regulatory risk) but also, on an organizational level, to the management of risk in all aspects of the CRTO’s operations and programs (e.g., continuity of operations and financial sustainability).

ISSUE

In December 2022, Council approved a [Risk Management Framework](#), which articulates how the CRTO will establish and maintain a systemic approach to risk management, integrating risk management into its strategic planning, project and operations management and reporting.

As outlined in the framework document, Council is ultimately responsible for overseeing the CRTO’s risk management strategy. This includes monitoring CRTO’s activities and maintaining oversight of risks that can impact CRTO’s strategic objectives. The attached Risk Register Summary includes the key risks identified during the May 26, 2023, risk management workshop (risks 1 to 5) and four additional risks identified by staff following the workshop. This Risk Register Summary format will be used as a high-level reporting tool to provide regular quarterly updates to the Council. The summary is based on a more detailed internal Risk Register that is maintained by staff.

Risk Register Summary Components:

- Category/Subcategory - the CRTO will use a risk classification process, grouping risks into three broad categories:

- Organizational – risk in all aspects of CRTO's operations and programs, including strategic, legal and compliance, operational (business continuity, people, IT, finance), and governance risks.
 - Regulatory – risks that threaten the CRTO's ability to fulfil its mandate to regulate the profession in the public interest. These may include, for example, risks to individual patients related to the quality of Respiratory Therapy care, but also, from a wider systems perspective, risk of patients having inadequate access to RT services; and
 - Reputational – reputational risks related to public confidence in the CRTO's ability to regulate the profession in the public interest. In general, it is assumed that any regulatory or organizational risk can affect the CRTO's reputation.
- Risk Description/Sources of Risk - an explanation of the risk and its source(s).
 - Potential Impact on CRTO Objectives – an indication of what CRTO objectives will be affected if the risk event occurs.
 - Control/Risk Mitigation - identifies existing controls that are already in place, such as policies, procedures, training programs, etc., that may modify or mitigate the risk.
 - Risk Rating – the risk rating has been assigned based on a detailed risk assessment, taking into account the risk likelihood and potential impact as well as any controls that are already in place that mitigate the risk. Risks assessed as Medium, High or Critical will be included in the Risk Register Summary report. Low risks are being tracked and monitored by staff but will not be included in the Risk Register Summary unless their status changes.
 - Treatment/Action Required – CRTO's action plan to address/minimize the risk.

NEXT STEPS

Moving forward, staff will provide quarterly risk management reports, updating the Risk Register as required and reporting on the action plan items implementation. The Risk Management framework is also being updated to define the criteria used in our risk assessment process.

CRTO Risk Register (Summary)

Sept. 22, 2023

Id	Risk Category	Risk Description/Sources of Risk	Potential Impact on CRTO Objectives	Controls/Risk Mitigation	Risk Rating	Treatment/Action
01	Organizational Operations	Significant staff turnover &/or loss of key leadership Loss of critical organization knowledge <ul style="list-style-type: none"> • Competitive labour market past COVID • Illness or injury • Staff absenteeism 	Human Capital Member Relationships <ul style="list-style-type: none"> • potential disruptions in the daily functioning of the CRTO • insufficient staff to maintain essential College functions 	Succession Plan Policy Onboarding procedures and resources for new hires Strong leadership on Council DEI Strategic Plan in place Registrar’s Performance Review Policy	Medium	Ongoing monitoring Staff cross training Plan for key roles within the organization to provide coverage in the event of departure or illness – January 2024 Develop standard operating procedures in all program areas – March 2024 DEI strategy implementation (talent processes and organizational culture) – in progress, to be fully implemented by Dec. 2024
02	Organizational Operations	Sudden/unexpected substantial increase in expenses and/or decrease in revenue <ul style="list-style-type: none"> • Cost/expense escalations (e.g., significant increase in investigation expenses) • Regulatory changes • Potential decrease in membership fees (e.g., increase in resignations; potential default of membership fees) 	Budget Adherence Member Relationships <ul style="list-style-type: none"> • deviation from budget; depletion of reserves • disruptions in the daily functioning of the College • insufficient resources to maintain essential College functions 	Reserve Funds and Investments Policies Finance and Audit Committee oversight External audit	Medium	FAC review of the registration fees using the Fee Assessment Tool – Sept 2023 New investment advisor Ongoing monitoring

Id	Risk Category	Risk Description/Sources of Risk	Potential Impact on CRTO Objectives	Controls/Risk Mitigation	Risk Rating	Treatment/Action
03	Organizational Governance	<p>Disruption in the effectiveness of Council</p> <ul style="list-style-type: none"> Loss of a public member on Council; delays in government public members' appointments Potential deterioration or dysfunctionality of relationship between staff and Council Gap in compensation between public and professional Council members 	<p>Member Relationships Compliance Stakeholder and Public Reputation Public Protections</p> <ul style="list-style-type: none"> delays in Council decision making CRTO non-compliant with statutory requirements decrease in member engagement 	<p>Proactive approach with government to ensure we have sufficient public members.</p> <p>Relationship building through collaboration between staff and Council.</p> <p>Committee appointments are competency based, thus strengthening committees.</p> <p>Governance e-learning modules</p> <p>Ongoing training for Council and Committee members</p> <p>Onboarding process</p> <p>Code of Conduct & Conflict of Interest Policy</p> <p>Council evaluation</p>	High	<p>Increased utilization of HPRO as government relations advocate</p> <p>Update election communication materials – Sept 2023</p> <p>Develop Council & Committee competency self-evaluation -Dec. 2023</p> <p>Ongoing engagement with Council/committee members</p>
04	Organizational Operations	<p>IT infrastructure disruption and/or compromise of data integrity</p> <ul style="list-style-type: none"> Ransomware attacks Denial-of-service attacks Unauthorized disclosure of personal/confidential information 	<p>Member Relationships Compliance Stakeholder and Public Reputation</p> <ul style="list-style-type: none"> potential service disruption CRTO non-compliant with statutory requirements negative media attention stakeholder concerns/complaints 	<p>3rd party systems monitoring</p> <p>Cyber-audits and white-hat simulation of attacks</p> <p>Staff training</p> <p>Built in scanning on USBs for all computers</p> <p>Cyber insurance</p> <p>Multi-Factor Authentication for access to systems is in place</p>	High	<p>Verification of cybersecurity of key 3rd party vendors</p> <p>Develop member/stakeholder communication plan for use in event of a cyber-attack – March 2024</p> <p>Conduct an internal audit of the information stored on servers – March 2024</p>

Id	Risk Category	Risk Description/Sources of Risk	Potential Impact on CRTO Objectives	Controls/Risk Mitigation	Risk Rating	Treatment/Action
05	Organizational Operations	Ineffective communications <ul style="list-style-type: none"> Outdated, incorrect information on the CRTO website/social media channels 	Member Relationships Compliance Stakeholder and Public Reputation Public Protection <ul style="list-style-type: none"> Public unaware of the CRTO and unable to access the complaints process member dissatisfaction; lack of engagement with the CRTO stakeholders' concerns members' non-compliance with statutory requirements 	Periodic/regular audit of website content Staff training Member outreach initiatives – eBlasts, reminders, etc.	High	Increase human resource capacity around communications – Dec 2023 New website to be developed – January 2024 Monitor response rates to CRTO consultations Develop new communications strategy
06	Organizational Compliance	Misalignment with regulatory requirements (Registration) <ul style="list-style-type: none"> Changes in technology (e.g., new database) 	Compliance Public Protection <ul style="list-style-type: none"> potential delays in application processing 	Partial monitoring of processing timelines Staff training	Medium	Establish internal audits to monitor registration processing timelines – Dec. 2023 Include registration performance data in Council reports – Sept 2023 Council Ensure adequate staffing in core program areas – ongoing
07	Regulatory Professional Practice	Insufficient/out-of-date practice information <ul style="list-style-type: none"> Changes in practice expectations/scope Changes in regulatory requirements (e.g., reporting, infection control, etc.) 	Public Protection Member Relations <ul style="list-style-type: none"> members' non-compliance with statutory requirements stakeholder concerns/complaints 	Regular checks on quality of practice guidelines Policy Framework – review cycle Staff positioned well to respond quickly to changing practice expectations/scope	Medium	Develop mechanisms for ongoing monitoring and reporting of practice related inquiries – Dec. 2023 Regular legislative and regulatory scans (HPRO working group)

Id	Risk Category	Risk Description/Sources of Risk	Potential Impact on CRTO Objectives	Controls/Risk Mitigation	Risk Rating	Treatment/Action
08	Regulatory	Unauthorized Practice <ul style="list-style-type: none"> Impact of the “As of Right” initiative 	Public Protection <ul style="list-style-type: none"> increase in unauthorized practice concerns/reports received 	Ongoing monitoring of unauthorized practice complaints/reports Process in place to respond to unauthorized practice complaints/reports	Medium	Develop a new webpage for Employers to address “As of Right”, link to any guidance documents from the government – Oct. 2003 Continue to monitor unauthorized practice complaints/reports
09	Organizational Operational	Inconsistent Processes/Records Management <ul style="list-style-type: none"> Lack of written procedures in key program areas 	Compliance Member relations <ul style="list-style-type: none"> potential delays in core program areas CRTO non-compliant with statutory requirements 	Policy Framework Registration guides (internal and external) PC process guides IT walkthroughs Records Management and Retention Policy	Medium	Review each department’s procedures, guidelines and workflows; identify what procedures, need to be updated and/or developed– June 2024

Registrar's Report – Council Meeting

September 22, 2023

AGENDA ITEM # 6.1

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

INTERNAL

CURRENT INITIATIVES

Key Performance Indicators (KPI)

Over the past several months, CRTO staff have been diligently working to create a comprehensive collection of KPIs that will provide a meaningful representation of the College's ongoing progress on its priorities related to our 2015 – 2025 Strategic Direction. KPIs have been developed for all the CRTO's core regulatory functions (Professional Conduct, Professional Development, Professional Practice, Registration), operational functions (e.g., finances, communication, as well as for Council governance, Diversity Equity & Inclusion (DEI) and collaborative initiatives. An overview of these KPIs will be presented at the September Council meeting.

Criminal Reference/Vulnerable Sector Checks

Until now, the CRTO has not required confirmation of valid Criminal Reference Checks (CRC) or Vulnerable Sector Checks (VSC), relying instead on the fact that students must complete this process before starting their clinical rotation. In addition, all applicants are asked at the time of registration to fully disclose details of any criminal offence of which the applicant has been found guilty. Members are requested to declare the same each year at renewal time.

The CRTO is considering the relative merits of requiring confirmation of an up-to-date CRC/VSC from applicants at the time of registration and whether any ongoing verification of CRC/VSC status is necessary throughout a Member's career. Staff have conducted an environmental scan of the other Ontario regulatory Colleges, as well as the RT Colleges that make up the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB). It appears that most regulatory bodies require some form of CRC/VSC confirmation at some point. This matter was discussed at the Aug. 16th Registration Committee (RC) meeting and the Executive Committee meeting and will be brought forward to the Council meetings in September for further discussion.

Risk Management Plan

Following the Risk Management workshop at the May Education Day, CRTO staff have been working with our consultant on the development of a Risk Register. The CRTO will use the Register to consolidate and keep track of the risks identified during the assessment process, their controls (if any) and our response plan for each. Our Risk Register will include, among other things, a brief description of the potential risk, the likelihood of it happening, the potential impact and any possible mitigation strategy. The Risk Register Summary will be presented at the September Council meeting.

STAFFING

Misbah Chaudhry will be on maternity leave as of this coming November. Congratulations to Misbah and her family! The CRTO is now seeking a temporary (one (1) year) Coordinator of Professional Conduct and has posted the position internally and externally. The closing date for the application was Sept. 5th. We received several promising applications, and staff are now in the process of conducting interviews.

In addition, Janice Carson has moved on from the CRTO to other endeavours, and we will be looking at hiring a Coordinator of Communications later in the fall of this year.

ADMINISTRATION

2023 General Elections

Nominations have closed for the 2023 Council elections, and we will be conducting an election in all three (3) eligible districts. We have received the following nominations:

- 4 submissions for 2 Council seats in District 4
- 3 submissions for 1 Council seat in District 3
- 2 submissions 1 Council seat in District 6

Ballots were sent out on September 7th; voting will end on October 11th at 1600.

With the most recent changes to our By-Laws, only Council members must seek nomination and run for election to their seat. "Committee" members are now "Professional Committee Appointees" and are eligible to be appointed to a Committee provided they meet the requirements set out in articles 2.07 & 2.09 of the By-Laws, which includes completing an application provided by the Registrar. The Registrar can also appoint a Public Committee Appointee, provided the individual meets the eligibility criteria in Articles 2.07 and 2.10. CRTO has created application forms for both Professional and Public Committee Appointees; the forms are posted on the CRTO website.

Search for an External Financial Auditor

The CRTO sent Request for Proposals (RFP) to six (6) audit firms that other Ontario health regulators had recommended. The CRTO received four (4) proposals. A selection committee

Registrar's Report

consisting of CRTO staff and the Finance and Audit Committee (FAC) Chair met to review all the submissions. This group's recommendation for the top two (2) candidates, as well as the criteria used to arrive at their decision, was presented to the Executive Committee on September 5th, at which time they made their recommendation to Council. The matter will be presented to Council at the September meeting for final approval.

Banking Services

Now that the CRTO has selected a new investment firm and has begun the transition of invested assets, we are considering our options regarding our day-to-day banking services. CRTO staff have had a couple of meetings with a banking institution different than the one we currently utilize, and so far, it seems quite promising. Further information will be available at the September Council meeting.

New CRTO Database & Website

The CRTO has engaged In1Touch (OlaTech) to develop a new database and website. Work on the platform and website began in June. The website is slated to be completed by the end of 2023, and the new database will go live once the 2024 renewal cycle is complete (around the middle of May 2024).

EXTERNAL

Your Health Act, 2023

This new legislation includes provisions to enable "As-of-Right" licensing for RTs, MDs, RNs and MLTs who are "members in good standing" in another regulated Canadian jurisdiction. This will allow these individuals to provide professional services in or on behalf of an Ontario public hospital, the University of Ottawa Heart Institute, or a long-term care home without being registered with the Ontario regulator. The healthcare provider is expected to apply to their respective Ontario regulatory College but has up to six (6) months to complete the registration process.

The Ontario Ministry of Health (MOH) has completed the necessary revisions to the [Controlled Acts Regulation \(O. Reg. 107/96\)](#) to enable RTs who may work in Ontario under the "As of Right" provision to work to the full scope of RT practice in Ontario (e.g., diagnostic ultrasound, tracheostomy tube changes). In addition, the MOH has developed an [As of Right Guidance Document](#) for out-of-province healthcare professionals and their potential Ontario-based employers.

Emergency Class of Registration

The MOH amended portions of [O. Reg 596/94 \(Part VIII – Registration\)](#) to enable the creation of an Emergency Class of Registration, and these regulatory amendments are now in effect. The CRTO's Emergency Registration Policy has been revised to ensure that it aligns with the recent regulation amendments, which outline that either the provincial government or the CRTO Council can activate Emergency Class registration. This policy will

Registrar's Report

be presented to the September Council for information and then will go out for consultation with our stakeholders.

Accreditation Canada (AC)

Sir Sandford Fleming College is now listed on the AC website as “registered”, indicating they are at some stage of the accreditation process. The off-sight review for Qatar's University of Doha for Science and Technology (UDST) is complete and underway to proceed to the on-site in early November. In the meantime, the EQual Council will meet in Ottawa on September 11th.

NARTRB Entry-to-Practice (ETP) Framework

The 2023 version of the NARTRB National Competency Framework is nearing completion. The Steering Committee will meet in Ottawa on September 12th to review the blueprint, with final approval scheduled for near the end of September. The target date for the launch of the new framework is October 11, 2023.

Council Briefing Note

AGENDA ITEM 6.2

September 22, 2023

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

PUBLIC INTEREST RATIONALE:

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

ISSUE:

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

BACKGROUND:

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

ANALYSIS:

- Appendix A – Balance Sheet Summary Report
 - Liabilities and assets in line with this time last year
- Appendix B: Income Statement Summary Report
 - Current under budget in Professional Services, Consulting and Equipment Costs. However, overall expenses in line with this time last year.

RECOMMENDATIONS:

That Council approved the CRTO's quarterly financial statements for March 1, 2023, to August 31, 2023.

Appendix A: Balance Sheet Summary Report

Total Equity	\$	2,733,737.51	\$	2,615,848.40
CRTO				
Balance Sheet Summary				
	As of August 31, 2023		As of August 31, 2022	
Assets				
<i>Current Assets</i>				
Cash and Cash Equivalent	\$	1,645,185.68	\$	1,048,357.21
Accounts Receivable	\$	-		
Investments	\$	1,045,781.78	\$	1,531,742.97
Prepays	\$	53,733.62	\$	53,733.62
Total current assets	\$	2,744,701.08	\$	2,633,833.80
Total Non-Current Assets	\$	43,455.86	\$	62,630.77
Total assets	\$	2,788,156.94	\$	2,696,464.57
Liabilities				
Accrued liability	\$	54,405.87	\$	80,602.61
Net Assets				
General contingency reserve fund	\$	500,000.00	\$	500,000.00
Reserve for funding of therapy	\$	80,000.00	\$	80,000.00
Reserve for COVID-19	\$	250,000.00	\$	250,000.00
Reserve for investigations and hearings	\$	150,000.00	\$	150,000.00
Special projects reserve fund	\$	300,000.00	\$	300,000.00
<i>Total Restricted funds</i>	\$	1,280,000.00	\$	1,280,000.00
Unrestricted Reserves	\$	1,453,737.51	\$	1,335,848.40

Appendix B: Income Statement Summary Report

Code	CRTO Statement Summary	Income Mar 1-August 31, 2023	Budget for year	Over (Under) Budget	% (Under) Over Budget	Mar 1 - August 31, 2022
0	Revenue	2,494,958.87	\$ 2,568,225.00	\$ 73,266.13	-2.9%	\$ 2,422,282.96
0.5	Competency Assessment Income	26,750.00	\$ 12,500.00	\$ 14,250.00	114.0%	\$ 5,750.00
	Total Income	\$ 2,521,708.87	\$ 2,580,725.00	\$ 87,516.13	-2.3%	2,428,032.96
0.6	Competency Assessment Expense	\$ 16,127.65	\$ 24,000.00	-\$ 7,872.35	-32.8%	\$ 300.00
1	Wages and benefits	\$ 727,264.31	\$ 1,515,031.36	-\$ 787,767.05	-52.0%	\$ 691,616.81
2	Occupancy costs	\$ 123,857.06	\$ 260,485.86	-\$ 136,628.80	-52.5%	\$ 112,547.61
3	Professional services	\$ 20,116.26	\$ 140,000.00	-\$ 119,883.74	-85.6%	\$ 31,181.69
4	Investigation and hearing expense	\$ 75,436.26	\$ 155,000.00	-\$ 79,563.74	-51.3%	\$ 106,807.31
5	Technology / Website	\$ 104,846.13	\$ 127,750.00	-\$ 22,903.87	-17.9%	\$ 54,447.64
6	General operating expenses	\$ 39,281.52	\$ 30,044.58	\$ 9,236.94	30.7%	\$ 82,525.15
7	Credit card and Paypal fees	\$ 12,712.47	\$ 66,249.41	-\$ 53,536.94	-80.8%	\$ 10,772.51
8	Memerbership and dues	\$ 17,241.64	\$ 37,000.00	-\$ 19,758.36	-32.8%	\$ 25,799.27
9	Quality assurance expenses	\$ 18,800.00	\$ 59,550.00	-\$ 40,750.00	-68.4%	\$ 20,300.00
11	Unrealized (gains) losses	-\$ 3,533.00	\$ -	-\$ 3,533.00		-\$ 2,555.00
12	Council and committee	\$ 32,873.77	\$ 73,815.95	-\$ 40,942.18	-55.5%	\$ 27,381.30
14	Consulting	\$ 15,044.46	\$ 78,000.00	-\$ 62,955.54	-80.7%	\$ 69,693.40
99	Equipment purchased	\$ 506.79	\$ 4,500.00	-\$ 3,993.21	-88.7%	\$ 9,726.70
	Total Expenses	\$ 1,200,575.32	\$ 2,571,427.16	-\$ 1,370,851.84	-53.3%	\$ 1,240,544.39

Appendix C: Income Statement Reporting Codes

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

		5545	Outreach / Travel
		5546	Communications - general
			Communications - Social
		5547	Media
		5610	Education day expenses
		5635	Data Management
7	Credit card and PayPal fees	5331	PayPal charges
		5340	Credit card merch fees
8	Membership and dues	5380	Membership / subs
		5385	Accreditation services
9	Quality assurance expenses	5500	QA Portfolio Reviewers
		5516	QA Port Annual Fee
11	Unrealized (gains) losses	5700	Unrealized (gain) / loss
12	Council and committee	6000	Total Council
		6100	Total Executive
		6200	Total Reg Committee
		6300	Total PRC Committee
		6400	Total Q&A Committee
		6500	Total IRC Committee
		6600	Total Discipline Committee
		6800	Finance & Audit Committee
		5600	Chair's Event (Dinner)
14	Consulting	5140	Consulting - general
		5154	Consulting - core functions
		5142	Consulting - governance
99	Equipment purchased	5050	Equip purchases
		5221	Computer hardware

Council Briefing Note

AGENDA ITEM 6.3

September 22, 2022

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

PUBLIC INTEREST RATIONALE:

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

ISSUE:

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

1. A more comprehensive investment strategy
2. A more streamlined reporting tools
3. Clear alignment with the CRTO’s Strategic Direction & Key Priorities

BACKGROUND:

In June of this year, the CRTO began the transition of its investment portfolio over the RBC Wealth Management group. However, some of our investments remain with CIBC and will do so until they come to maturity (\$200,000 in Dec. 2023 and \$200,000 in June & July 2024).

RECOMMENDATION:

That Council approves the Investment Portfolio Summary as of August 31, 2023.

Appendix A: Investment Portfolio Summary – as of Aug. 31, 2023

Cash	
CIBC	
Chequing Account	\$1,029,404.00
Renaissance High-Interest Savings	\$438,265.00
CIBC High-Interest Savings	\$210,725.00
RBC	
Cash & Cash Equivalent	\$15,179.68
Total Cash	\$1,693,573.68

Investments	
CIBC Wood Gundy GICs	
Fairstone Bank (due July/24)	\$100,000.00
Concentra Bank (due June/24)	\$100,000.00
CDN Western Bank (due Dec/23)	\$100,000.00
Equitable Bank (due Dec/23)	\$100,000.00
CIBC GIC Value	\$400,000.00
RBC Dominion Securities	
Fixed Income	\$116,933.52
Equity	\$494,189.13
RBC Total Value	\$611,122.65

**unrealized gain \$8,809.64*

Total Cash & Investments	\$2,704,696.33*
-------------------------------------	------------------------

**\$2,558,836 as of Aug. 31, 2022*

A wooden pencil with a purple eraser tip lies diagonally across the top left of the page. Below it is a document featuring a line graph with a grid. The graph has a vertical axis with labels '100' and '50'. The background is a blurred document with some text visible, including 'int is' and 'on'.

CERTO Mid-Year Financial Review

MARCH-AUGUST 2023

Financial Management for Non-Profits

Non-profit organizations are in the business of growing their programs so they can best meet their mandate.

- Therefore, they should not seek to merely balance their books but rather look to ensure the ongoing financial stability and, therefore, the continuation of the organization.



Financial Reserves for Non-Profits



It's a non-profit's savings account.

- Healthy reserves are essential in building a sound, sustainable organization.
- They are intended for emergencies in which expected income declines or unbudgeted expenses occur (e.g., contested discipline hearing, cybersecurity attack).

Conflict of Interest

Members of a board (Council) who are also members of the profession are in a potential conflict of interest regarding any decisions related to the profession.

- For the most part, the conflict is relatively remote, provided the matter being considered does not impact the board member (either positively or negatively) any more than it does any other member of the profession.
- However, it is important that all board members are mindful of their fiduciary (legal) duty to the organization.

Fiduciary Duty of Board Members

These are, in many ways, the same in both for-profit and nonprofit organizations.

- It requires board members to remain faithful to the mandate and the strategic direction of the organization.



Mandate & Strategic Direction of the CRTO

Mandated to regulate the profession of Respiratory Therapy in the interest of the public, and this is accomplished by (among other things):

- Maintaining all operational (staffing, IT, communication, etc.) and core regulatory functions (Professional Conduct, Registration and Quality Assurance).
- Providing ongoing training support to Council and committee members to enable them to fulfill their obligations to the organization.
- Meeting the legislative and other requirements as set out by the provincial government and other relevant agencies (e.g., OFC).

The Rising Cost of Regulation



Operational Costs

Staffing (recruitment & retention, competitive compensation).

Cybersecurity (hardware, software, external consultants, staff training).

Risk Management (electronic file conversion, cloud storage for server data)

Leasing & Associated Costs (internet, phone service, etc.)

Mandated Requirements (**Professional Conduct** matters, **Governance & Government** obligations)

Technology Costs (new database)

Staffing Costs

Mungall Consulting Group Report of Compensation for the Executive, Leadership, Professional & Support Positions

- Involved in a review of 19 other health regulatory Colleges in Ontario.
- Evaluated all positions and provided min/max ranges based on:
 - size of operating budget
 - number of full & part-time/contract employee
 - number of Members

CRTO Compared to the Compensation Report

Of our current 12 staff positions:

- 8 fall below the competitive salary band
 - 3 are substantially below, in that staff are not currently being compensated at even the lowest end of the band.
- To begin to align our compensations with the benchmarks outlined in the report, our salary allocation would need to increase by ~ **\$136,000.**

Leasing & Associated Costs

Our current lease obligation (\$228,708/year) ends December 2024 and our options beyond that date are:

- Renewing the lease.
- Sharing office space with another health regulatory College (or 2).
- Renting “on-demand” co-working space.
- Moving to a fully “work-from-home” model.

Costs Associated with Hybrid Work Model

- Renting/leasing of common workspace
- Hardware (designated laptops)
- Software (cloud-based server)
- Cell phone & internet subsidies



Professional Conduct

Significant rise in the number and complexity of complaints & reports being brought forward to the CRTO over the past 6 years – resulting in a corresponding increase in costs.

2017/18	2022/23
Average of ~ 23 cases/year	Average of ~ 46 cases/year
Total costs = \$75,959.50	Total costs = \$125,941.64

Governance

- Council & Committee competency self-evaluation & an online, pre-application learning module.
- Framework to regularly evaluate the effectiveness of Council meetings & Council with a third-party assessment of Council (min. every three years).
- Ongoing training for Council & Committee members (e.g., Cybersecurity, DEI).
- Tracking & communicating Key Performance Indicators (KPIs) linked to the CRTO strategic objectives.

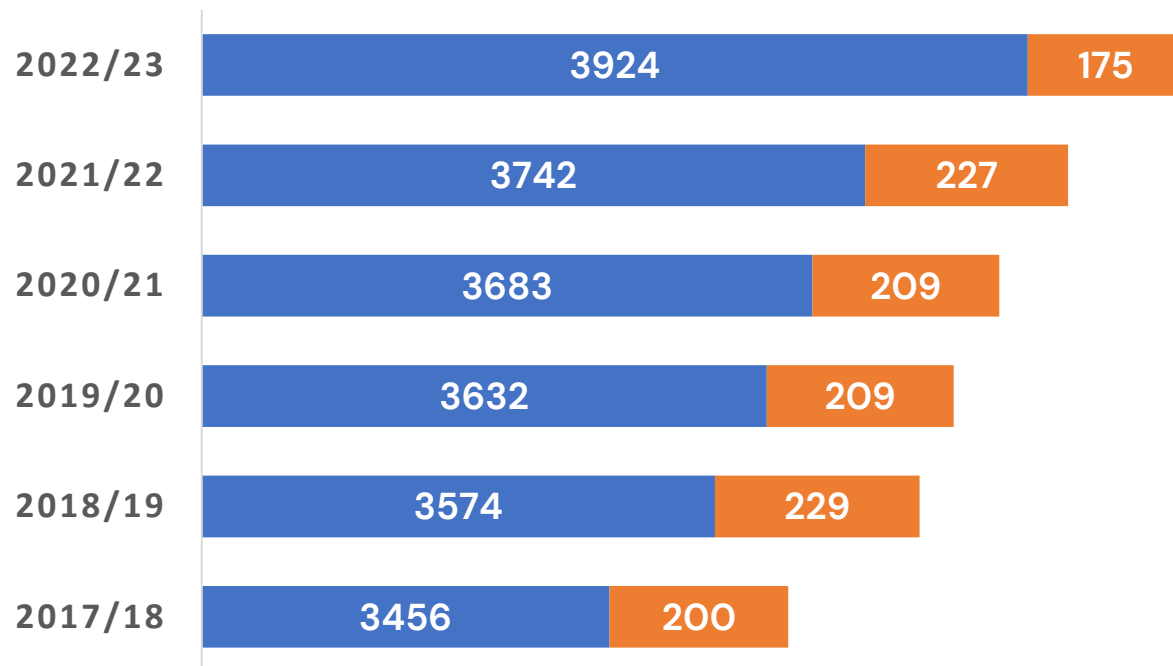
Government

- Expectations coming out of the College Performance Measurement Framework (e.g., Council Effectiveness Evaluation Framework).
- Legislative amendments (e.g., *Emergency Regulation & As of Right* that may limit the CRTO's ability to charge full membership fees)
- Assessment of international applicants – we currently charge \$4,775/candidate for the full assessment. However, our average cost/candidate is approx. \$5,172

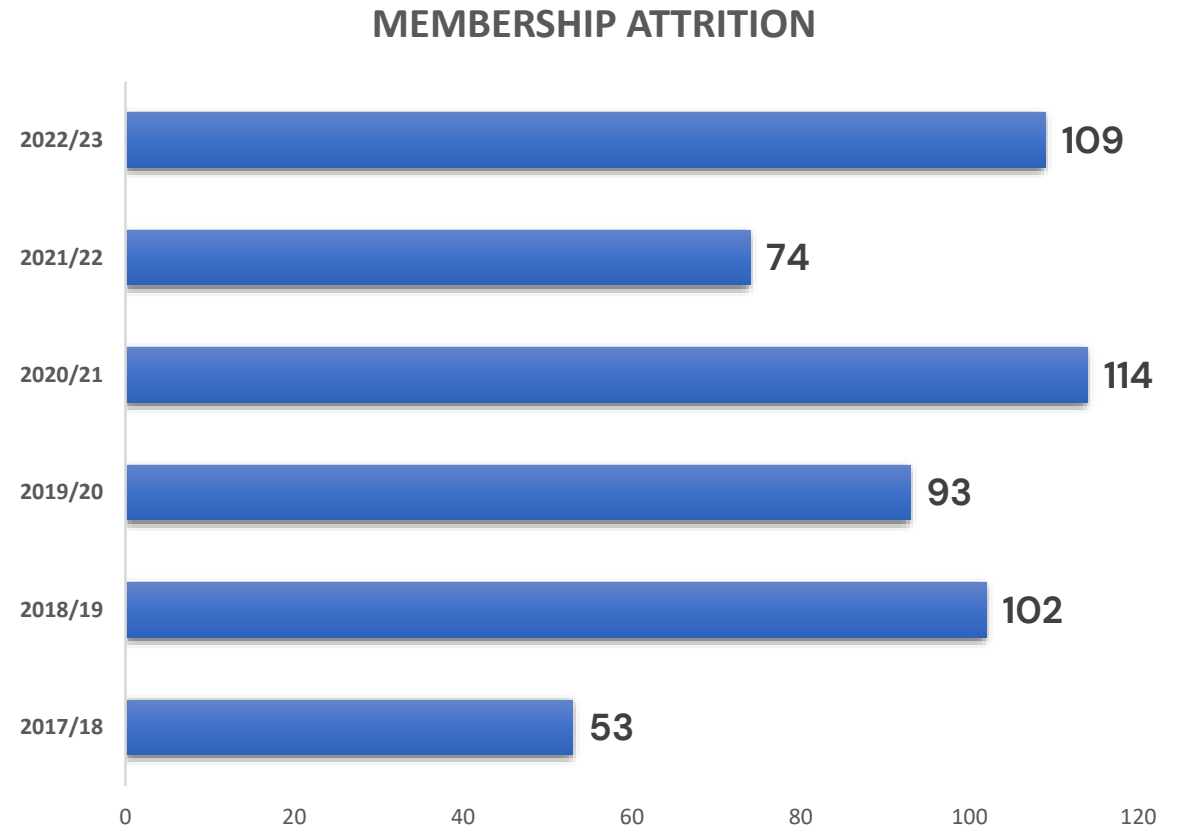
Membership Growth

MEMBERSHIP GROWTH

■ Total Members ■ New Members



Membership Attrition



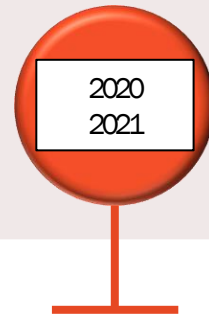
Membership Fees

Fees at **\$500 since 1994**—
drew down the \$150,000 Fee
Stabilization Fund.



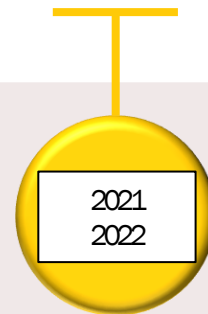
The decision made to increase
fees by \$120 spread out over
two years - increased to **\$560**
this year.

Part two of the increase takes
fees to **\$620**.

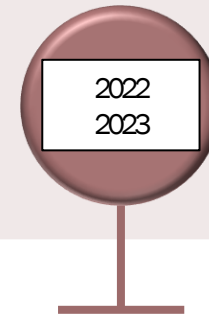


Restructured By-Laws to
enable fee increases based on
Consumer Price Index (CPI) –
fees increased to **\$650**.

Decision made by Council to
maintain fees at **\$650** due to
COVID-related surplus, which
was moved to a Fee
Stabilization Fund.



Fees remain at \$650 & Annual
Fee Assessment Process was
developed.



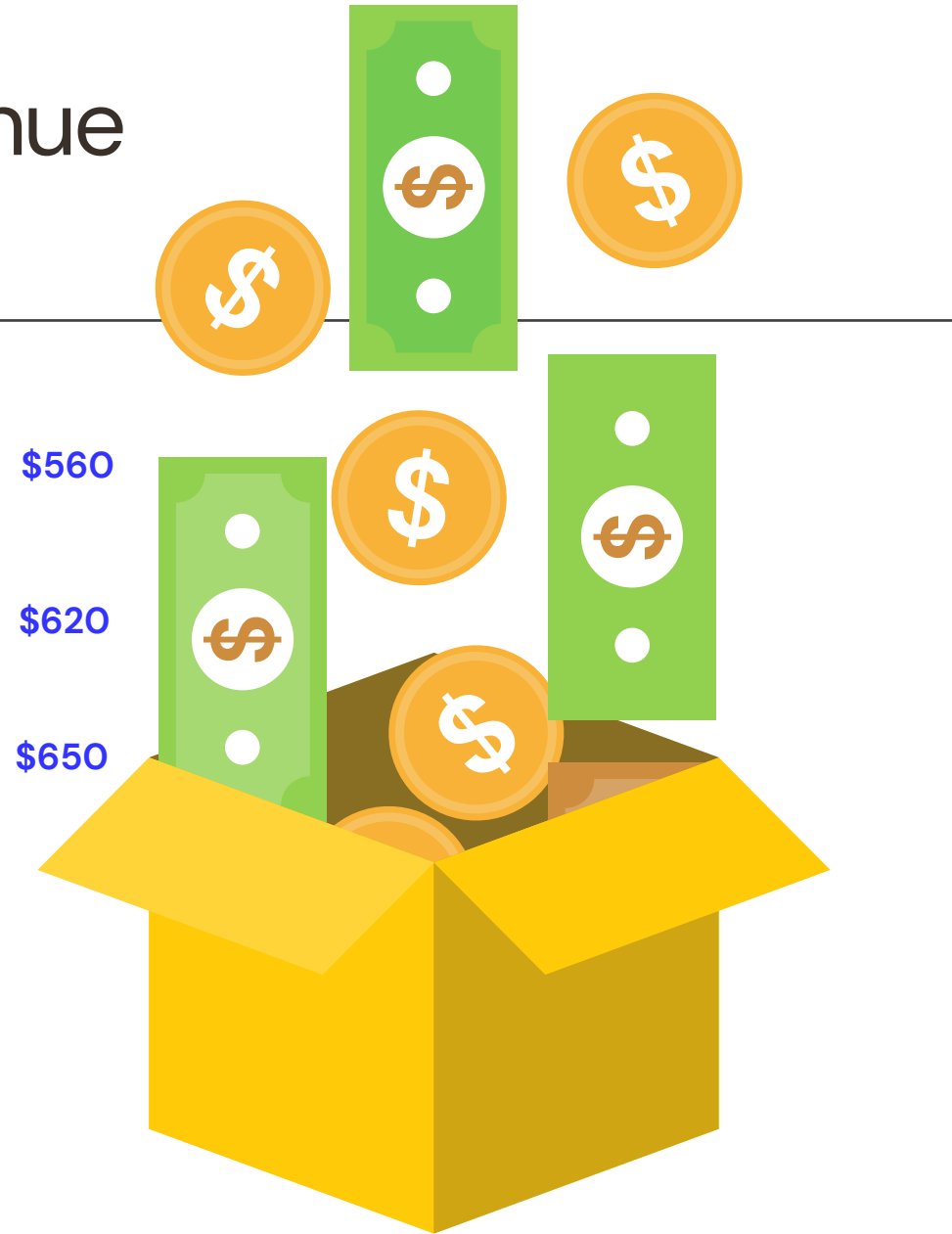
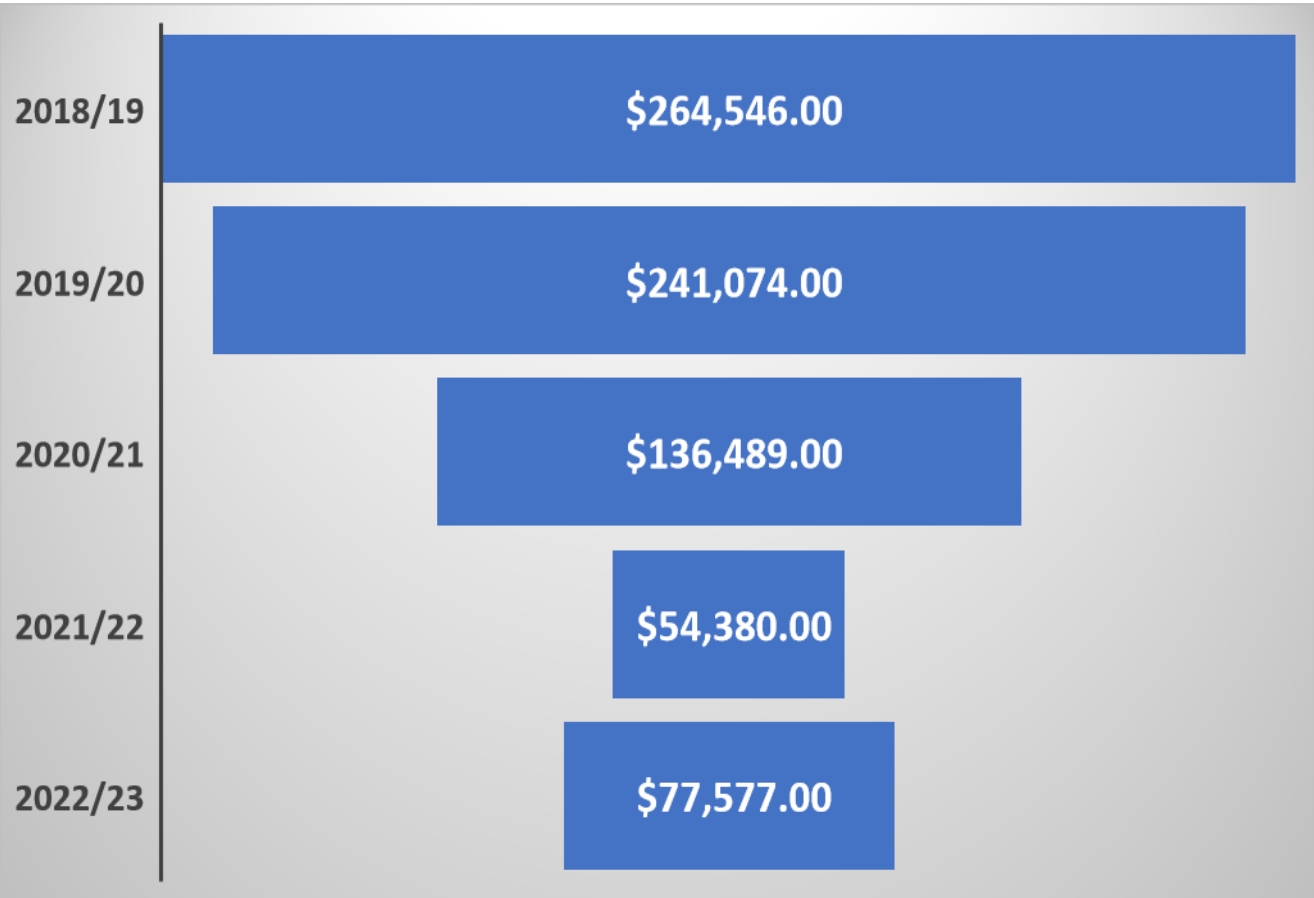
Membership Fees Comparison with Ontario Health Regulatory Colleges

College	# Members	Current Fee	Upcoming Increase	Annual Increase
College of Chiropractors of Ontario	817	\$1,940	Yes – by CPI	Year-to-year automatic CPI-based increase
College of Optometrists of Ontario	2,804	\$1,067.85	No	TBD
College of Opticians of Ontario	3,371	\$992	Yes – by CPI	Year-to-year automatic CPI-based increase
College of Respiratory Therapists of Ontario	3,988	\$650	TBD	TBD
College of Dietitians of Ontario	4,419	\$654		
College of Audiologists & Speech-Language Pathologists	4,773	\$780	No	Assessed annually
College of Psychologists of Ontario	4,851	\$795	Yes, to \$1,200	No

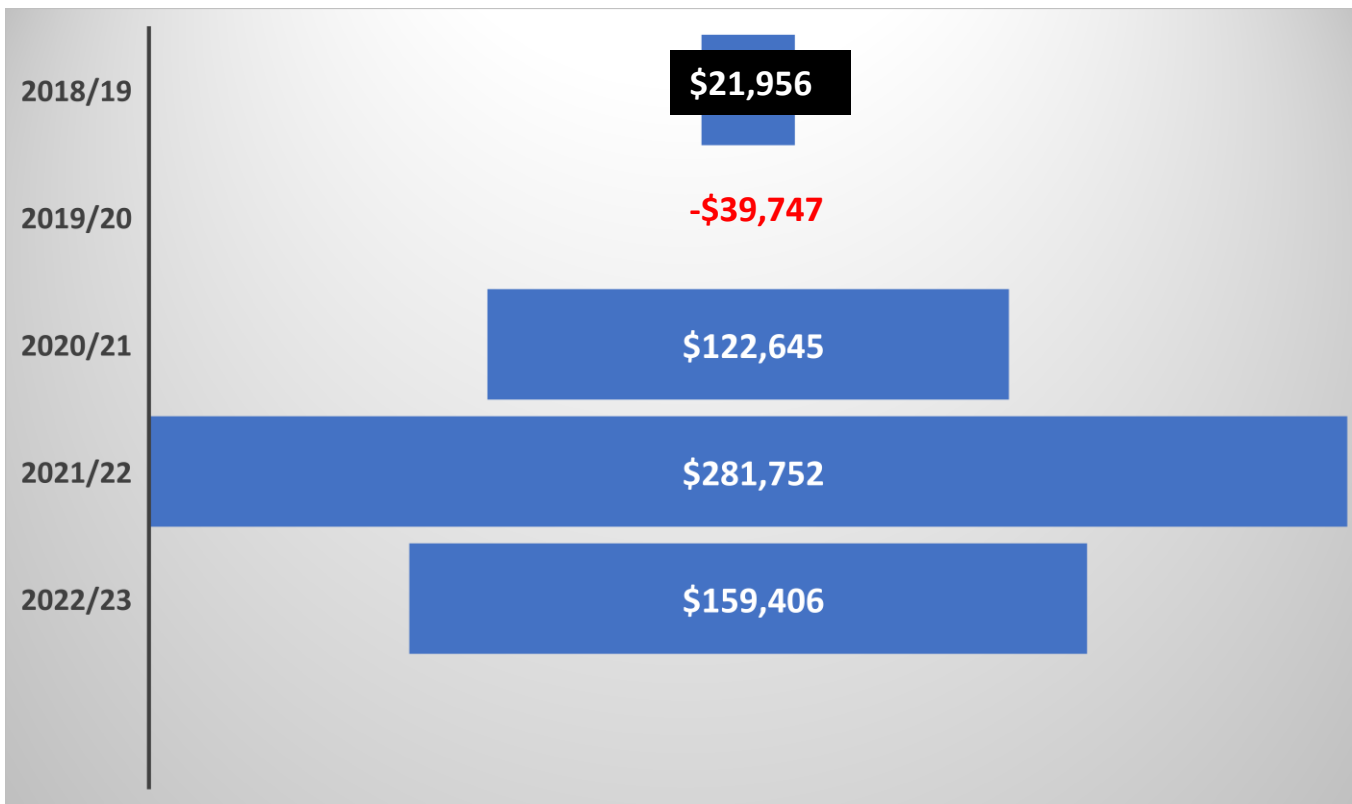
Membership Fees Comparison with Canadian RT Regulatory Colleges

College	# Members	Current Fee	Upcoming Increase	Annual Increase
Newfoundland (NLCRT)	159	\$450		
Saskatchewan (SCRT)	261	\$600		
Nova Scotia (NSCRT)	325	\$475	Yes, to \$525	
Manitoba (MARRT)	346	\$775		
New Brunswick (NBART)	533	\$550		
Alberta (CRTA)	2,025	\$425		
Ontario (CRTO)	3,988	\$650	TBD	TBD
Québec (OPIQ)	4,437	\$429	Yes, to \$443	

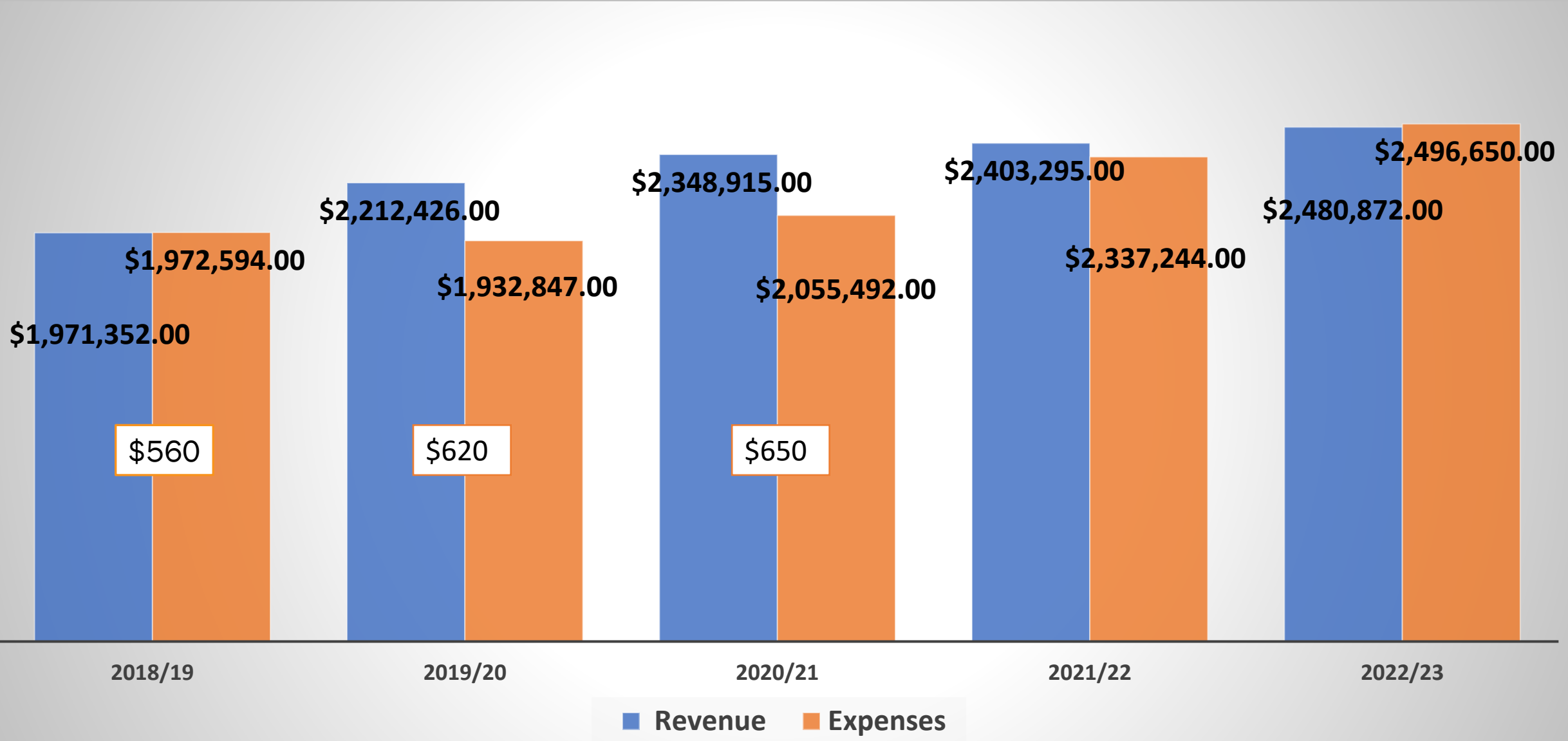
Past Year/Year Increase in Revenue



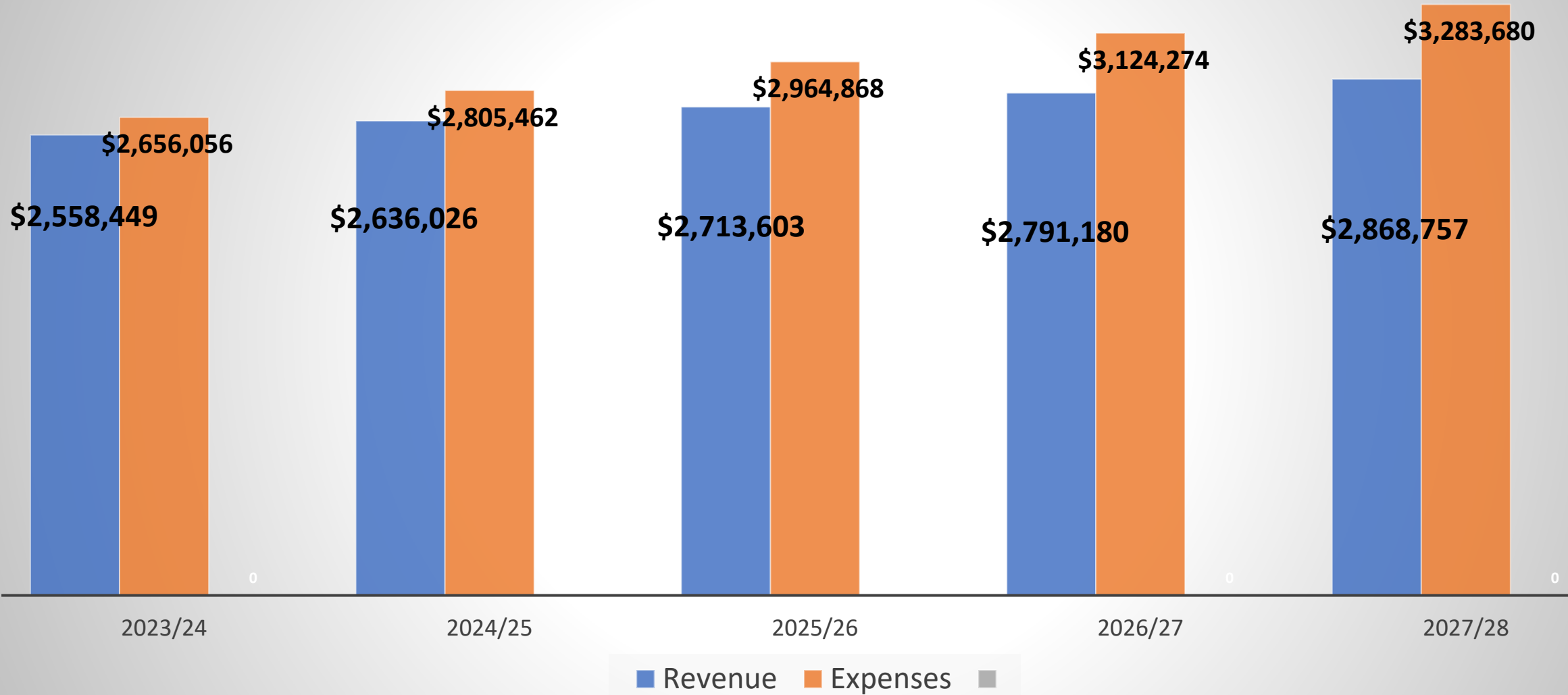
Past Year/Year Increase in Expenses



Past Revenue/Expenses



Projected Revenue/Expenses



Cost Mitigation Strategies

- Virtual meetings
- Reducing leasing costs
- Conducting as many “in-house” investigations as possible
- For less complex matters, drafting “in-house” decisions for ICRC dispositions.

Council Briefing Note


AGENDA ITEM # 6.5

September 22, 2023

From:	Lisa Ng, Manager of Registration
Topic:	Membership Statistics
Purpose:	For Information
Strategic Focus:	Core Business Practices

CRTO Membership Statistics for the September 22, 2023, Council

(Report generated on August 31, 2023)



		At last Council	1 year ago	5 years ago
Membership	Sept. 2023	March. 2023	Sept. 2022	Sept. 2018
Total members	3994	3897	3930	3606
General Class	3655	3537	3581	3289
Graduate Class	21	40	23	59
Limited Class	4	4	4	6
Inactive Class	314	316	322	252
Status Changes	March 2023-Sept. 2023	March 2023-April. 2023	March 2022 - Sept. 2022	March 2018-Sept. 2018
Resigned	47	41	51	70
Retired	24	20	27	31
Moved out of Ontario	11	8	11	16
Working in other profession	6	6	6	12
Personal/Other Reasons	6	7	7	10
Undertaking	0	0	0	1
Suspended	18	18	12	15
due to non-payment of fees	18	18	12	14
due to disciplinary decisions	0	0	0	1
other reasons	0	0	0	0
Revoked	11	9	6	22
due to non-payment of fees	8	8	4	21
due to disciplinary decisions	0	0	0	0
due to expiration of GRT Cert	3	1	2	1
Reinstated	10	9	8	5
from resigned	4	8	5	1
from suspended	3	1	1	2
from revoked	3	0	2	2

New Applications	March 2023-Sept. 2023	March 2023-April. 2023	March 2022 - May. 2022	March-May. 2018
Applications Received	146	84	146	152
Ontario Graduates	115	73	128	141
Other Canadian Grads	11	4	9	6
USA Graduates	5	2	5	2
International Graduates	15	5	4	3

Council Briefing Note

AGENDA ITEM # 6.6

September 22, 2023

From:	Carole Hamp, RRT – Registrar & CEO
Topic:	Transfer of Reserve Funds & Budget Adjustments
Purpose:	Decision
Strategic Focus:	Core Business Practices
Attachment(s):	Appendix A: Draft Revised Reserves Policy
Motion:	It is moved by _____ and seconded by _____ that: The Council approves the transfer of \$60,000 from the Reserve for Funding of Therapy and \$100,000 from the Fee Stabilization Fund into the CRTO general operating budget & that the Reserves Policy be amended to reflect these changes.

PUBLIC INTEREST RATIONALE:

To ensure appropriate level of resources to effectively carry out CRTO strategic priorities and mandate of public protection.

BACKGROUND:

Reserve for Funding of Therapy

At the April 24, 2023, Special Meeting of Council, Council approved that the CRTO archive and rescind two policies related to Funding for Therapy as they were not consistent with legislation. In their place, a fact sheet was established to communicate the information captured in legislation, specifically section 85.7 of the *Health Professions Procedural Code* (the “Code”), which is Schedule 2 to the *Regulated Health Professions Act*.

Fee Stabilization Fund

This fund was created out of a surplus that resulted from the COVID-19 pandemic. The 2020/21 budget had already been approved when the pandemic began, and the CRTO was required to rapidly transition to a virtual platform for all Committee and Council meetings. A surplus of approximately \$250,000 resulted from the sudden decline in meeting costs, and this fund was transferred into what was initially called the COVID-19 Fund and was subsequently renamed the “Fee Stabilization Fund”. This is a fund that the CRTO has maintained in the past and has

been drawn down on to reduce (but not eliminate) the amount of year-over-year fee increases needed to maintain operations.

ISSUE:**Reserve for Funding of Therapy**

When the FAC first revised the CRTO's Investment Policy and developed a separate Reserves Policy in September 2022, the amount allocated for the Funding for Therapy was based on now rescinded policies regarding funding for therapy for both patients and non-patients. Funding was allocated and held in reserve for patients/clients and non-patients/clients and factored in additional costs such as transportation, lodging, and meal costs associated with attending therapy sessions. Accordingly, the amount held in reserve was \$80,000.

Given the subsequent legal opinion we received, funding for therapy cannot be provided to non-patients/clients, and funding cannot be allocated to additional costs. Therefore, the \$80,000 held in reserve is too large an amount to hold in reserve for funding for therapy.

Fee Stabilization Fund

Given that the CRTO had a \$15,778 deficit at the end of 2022/23 and that the average recent year-over-year revenue/expenses shortfall is \$81, 829, the CRTO is projecting an approximate deficit at the end of 2023/24 of \$97,607.

ANALYSIS:**Reserve for Funding of Therapy**

Ontario Regulation 59/94 states that the maximum funding made available to any patient/client in respect to a case of sexual abuse is the amount that the Ontario Health Insurance Plan would pay for 200 half-hour sessions of individual outpatient psychotherapy with a psychiatrist on the day the person becomes eligible. Currently, that amount is approximately \$17,000.

Since the inception of this requirement in 2017 in the Code, the CRTO has not received any applications for funding for therapy from a patient/client of an RRT. In addition, the CRTO conducted an environmental scan of the other health regulators in Ontario who are subject to the same requirements in the Code. Fourteen regulators provided a response to our request for information. Of the 14, eight regulators indicated they held money in reserve for the purposes of funding for therapy. The amounts ranged widely from \$16,000 to \$100,000, with the average being \$54,500. Five regulators indicated that they do not hold money in reserve for funding for therapy, but rather it is part of their operating budget. One regulator indicated that their funding for therapy is part of their complaints and hearings reserve.

As noted above, the CRTO has not received any requests for funding since 2017. Further, even if the CRTO were to receive a request for funding, it is unlikely that the entire \$17,000 would be utilized by a patient in a single fiscal year. Accordingly, based on the above information, it was determined that the most appropriate amount of funding to be held in reserve for funding for

therapy, based on the historical data and environmental scan, would be \$20,000. This leaves \$60,000 of excess funds in the Funding for Therapy Reserves.

Fee Stabilization Fund

Transferring \$100,000 out of the Fee Stabilization Fund would potentially negate any deficit realized at the end of 2023/24. \$150,000 would remain in the fund.

RECOMMENDATION:

The Executive Committee recommends that the Council approve the transfer of \$60,000 from the Reserve for Funding of Therapy and \$100,000 from the Fee Stabilization Fund into the CRTO general operating budget. And that the Reserves Policy be adjusted to reflect these changes.

NEXT STEPS:

The funds will be transferred into the operating budget, and the Reserves Policy will be revised to reflect these changes.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Title: Reserves

Type: Policy

Origin Date: September 23, 2022

Section: CP

Approved By Council on: September 23, 2022

Document Number: 103.5

Next Revision Date: September 2027

1.0 POLICY STATEMENT

It is the policy of the College of Respiratory Therapists of Ontario (CRTO) to retain adequate funds to enable the continued stability of all essential CRTO operations. Therefore, the CRTO will maintain the necessary reserves to ensure the organization's long-term sustainability according to the CRTO's By-Laws and the *Regulated Health Professions Act, 1991*.

2.0 PURPOSE

The purpose of this policy is to enable the CRTO to continue to carry out its mandate of regulating the profession of Respiratory Therapy in the public interest.

3.0 APPLICABILITY

Council of College of Respiratory Therapists of Ontario

The Council of the CRTO ("Council") is responsible for ensuring the appropriate policies governing the management of the net assets are in place and implemented. The Council approves the net assets policy and delegates responsibility to the Executive Committee and Finance and Audit Committee (FAC) for ongoing monitoring.

The CRTO has two (2) classes of net assets:

1. **Internally Restricted Funds (Reserve Funds)** – identified by a specific need or strategic activity (e.g. Reserve Funding for Therapy)
2. **Unrestricted Operating Fund** – consists of net amounts invested in capital assets and residual funds after each of the other funds has been met.

4.0 RESPONSIBILITIES

Council of College of Respiratory Therapists of Ontario

The CRTO Council is responsible for overseeing the CRTO's net assets. Council delegates the ongoing oversight of these net assets to the Executive Committee and FAC. In addition, Council



authorizes the CRTO's Registrar & CEO (or designate) to administer the reserve funds and operating funds in accordance with this policy, its corresponding procedure, the CRTO's By-Laws, and the *Regulated Health Professions Act, 1991*.

Finance and Audit Committee

FAC is responsible for overseeing the net assets policy, as delegated by Council. FAC is responsible for reviewing and recommending changes to the net assets policy (when necessary) to ensure required reserve funds are in place for the long-term sustainability of the CRTO according to the CRTO's By-Laws and the *Regulated Health Professions Act, 1991*.

5.0 DEFINITIONS

Net assets are the residual interest in CRTO's assets after deducting its liabilities. Net assets may include specific funds or reserves, the use of which may be either restricted or unrestricted.

I. Restricted Net Assets

General Contingency Fund

Retained for unanticipated large capital purchases or emergencies, such as property damage, cyber security threats, etc. This fund may also be used if membership fees ceased and the CRTO was required to wind down operations. The minimum amount to be maintained in this fund is \$500,000, or such greater amount as may be determined by Council.

Funding for Therapy

Section 85.7 of the *Regulated Health Professions Act, 1991* requires the CRTO to have a program to provide funding for therapy and/or counseling to patients who have been sexually abused by CRTO Members. The minimum amount to be maintained in this fund is ~~\$80,000~~ \$20,000 or such greater amount as may be determined by the Council. The CRTO offers the same funding to non-patients/clients as set out in Ontario Regulation 59/94.

The amount in this fund is determined by Ontario Regulation 59/94, which stipulates that the maximum amount of funding that may be provided is the amount that the Ontario Health Insurance Plan would pay for 200 half-hour sessions of individual out-patient psychotherapy with a psychiatrist on the day the person becomes eligible.

Investigations and Hearing Fund

Retained to cover costs, including legal expenses, for the conduct of inquiries, investigations, discipline hearings, fitness to practice hearings, and appeals exceeding annual budget provisions for those activities. The minimum amount to be maintained in this fund is \$150,000, or such greater amount as may be determined by Council.

Special Projects

Retained for projects that fall outside of the CRTO day-to-day operations. Examples include, but are not limited to, scope of practice review, quality assurance initiatives,



communication initiatives or relocation expenses. The minimum amount to be maintained in this fund is \$300,000, or such greater amount as may be determined by Council.

Fee Stabilization

Retained to minimize or delay the impact of year-over-year changes in revenue or expenses on membership fees. ~~The minimum amount to be maintained in this fund is \$250,000, or such greater amount as may be determined by Council.~~ The minimum amount to be maintained in this fund will depend upon the available surplus.

II. Unrestricted Net Assets**Operating Funds**

Operating funds must be maintained at a level sufficient to ensure sustainable operational expenses but must not be less than the amount required for 6 months' budgeted operating expenses.

6.0 RELATED DOCUMENTS

Reserves Procedures

[CRTO By-Laws](#)

[Regulated Health Professions Act, 1991](#)

[O. Reg. 59/94: Funding for Therapy or Counselling for Patients Sexually Abused by Members](#)

[Funding for Supportive Measures \(Patient/Client\)](#)

[Funding for Supportive Measures \(Non-Patient/Client\)](#)

7.0 ABBREVIATIONS

CRTO – College of Respiratory Therapists of Ontario

CEO – Chief Executive Officer

FAC – Finance and Audit Committee

8.0 CONTACT INFORMATION

College of Respiratory Therapists of Ontario

180 Dundas Street West,

Suite 2103

Toronto, ON M5G 1Z8

Telephone: 416-591-7800

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

Fax: 416-591-7890

General Email: questions@crto.on.ca

- AGENDA ITEM 6.7 -

This Item will be Presented During Council Meeting in an
In-Camera Session of Council

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- AGENDA ITEM 6.8 -

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In-Camera Session of Council

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Committee Report Items

AGENDA ITEM 7.1

EXECUTIVE COMMITTEE REPORT – CHAIR’S REPORT TO COUNCIL

May 26, 2023 – September 21, 2023

The Executive Committee has met once since the May 26, 2023, Council meeting. On September 5, 2023, the Executive Committee reviewed the following items:

- Appointment of an Auditor for 2023/24
- Possible implementation of Criminal Reference Checks/Vulnerable Sector Checks for all new applicants
- Mid-year Financial Review
- Financial Statements (March-August 2023)
- Investment Portfolio (as of August 31, 2023)
- Annual review of membership fees
- Transfer of specified reserve funds into the operating budget
- Draft Council agenda (September 22, 2023)

Respectfully submitted,
Lindsay Martinek, RRT
Executive Committee Chair

Committee Report Items

AGENDA ITEM 7.2

REGISTRATION COMMITTEE REPORT – CHAIR’S REPORT TO COUNCIL

May 26, 2023, to September 21, 2023

Since the last Council meeting, the Registration Committee (RC) met via video conference on August 16, 2023. In addition, RC Panels met via video conference to consider referrals from the Registrar on the following dates:

- June 8, 2023
- August 16, 2023

Referral Summary

Reason for Referral	Decision
One application was referred to the Panel of the RC due to currency requirements.	The Panel decided to issue a General Certificate of Registration with terms, conditions, and limitations (including direct supervision requirements).
The Panel considered one application for change to terms, conditions, and limitations (TCLs) imposed on the member’s General Certificates of Registration.	The Panel denied the applicant’s request to remove all the TCLs on their certificate of registration. However, the Panel decided to modify the TCLs for those competencies supported by documentation that training requirements have been met.
One application was referred to consider whether it is in the public interest to approve the application based on the applicant’s entry-to-practice assessment results. The applicant had completed all three stages of the assessment.	The Panel directed the Registrar to issue a Graduate Certificate of Registration upon the applicant’s completion of the CRTO’s Documentation eLearning Module and the HealthForceOntario - Orientation to the Canadian Health Care System Parts I & II courses.

August 16, 2023, Meeting Report:

- **Registration Regulation Amendments** - The RC reviewed the amendments to the Registration Regulations regarding the Emergency Class of Registration. The amendments to the Registration Regulations (O. Reg. 596/94, General Part VIII) were sealed and signed on August 4, 2023.
- **Revised Emergency Registration Policy** – To align with the recent amendments to the Registration Regulation regarding the Emergency Class of Registration, the CRTO’s Emergency Registration Policy was revised to capture the changes to the Registration Regulation. The drafted revision to the Emergency Registration Policy was presented to the RC, and the RC recommends that the policy be sent out for public consultation.

Committee Report Items

- **Bill 60 – Your Health Act** – Bill 60 received Royal Assent on May 18, 2023. The Act introduces exemptions from the restricted titles [s.9(1)] and holding out [s.9(2)] provisions within the Respiratory Therapy Act. Under the "As of Right" exemption, which is contingent upon certain conditions, registered Respiratory Therapists (RTs) from other Canadian provinces or territories can engage in practice in Ontario without initial registration with the CRTC. These individuals are required to apply for CRTC registration but are permitted to work for up to six (6) months before completing the application process. Eligibility criteria are set for individuals seeking these "As of Right" exemptions. The Ministry of Health (MOH) has created a comprehensive guidance document for applicants and employers detailing the "As of Right" provisions. The CRTC is currently in the process of evaluating necessary changes to the registration application and procedure to align with this legislative amendment.
- **Registrar's Report:** Carole Hamp, Registrar & CEO, provided the RC with an update on several CRTC initiatives, including:
 - Key Performance Indicators (KPIs)
 - Criminal Reference/Vulnerable Sector Checks
 - Risk Management Plan
 - 2023 General Elections
 - Search for External Financial Auditor
 - Banking Services
 - New CRTC Databased & Website
 - Your Health Act, 2023
 - Emergency Class of Registration
 - Accreditation Canada
 - NARTRB Entry-to-Practice (ETP) Framework
- **Office of the Fairness Commissioner (OFC):** Staff provided an overview of the role of the OFC and the CRTC's responsibilities under the Fair Access legislation, which includes the submission of an annual Fair Registration Practices Report. The CRTC submitted the 2022 report on July 28, 2023. A [copy of the report](#) is now posted on the CRTC website.
- **International Educated Health Professionals:** Staff provided an overview of the assessment process and updated the Committee on the applicants who are currently undergoing the Entry-to-Practice Assessment. There are 32 active IEHP applications in various stages in the assessment process.
- **Approval of Canadian Respiratory Therapy Programs:** The RC reviewed the list of approved Respiratory Therapy programs and their accreditation status with Accreditation Canada. Sir Sandford Fleming College (Peterborough) began its new RT program in January 2023, and they are currently listed as "Registered" on the Accreditation Canada website.

Committee Report Items

- **Draft Criminal Background Check Policy:** CRTO staff engaged in initial information gathering to determine if the CRTO should require criminal background checks and how to best implement such a requirement. The CRTO surveyed regulators in Ontario as well as other Respiratory Therapy regulators in Canada. Approximately 80% of regulators who responded indicated that they require some sort of criminal record checks. Based on the feedback received at the RC meeting, CRTO staff will draft a policy on Criminal Records Checks and will present it at the next RC meeting.
- **Labour Mobility – Applications for Registration:** CRTO staff provided an update to the RC on the number of applicants that applied to the CRTO under the labour mobility provision (*Ontario Labour Mobility Act, 2009*) from regulated Canadian jurisdictions. As of August 2023, the CRTO received 11 applications under the labour mobility provision.
- **Health Professions Appeal and Review Board (HPARB):** On February 8, 2023, the HPARB issued a decision on an appeal submitted by an Applicant for Registration with the College of Respiratory Therapists. The HPARB decision confirms the order of the RC directing the Registrar to refuse to issue the Applicant a certificate of registration. A copy of the decision was provided to the RC for information.

Respectfully submitted,
Derek Clark
Registration Committee Chair

Committee Report Items

AGENDA ITEM #7.3

QUALITY ASSURANCE COMMITTEE REPORT – CHAIR’S REPORT TO COUNCIL

May 26, 2023, to September 21, 2023

Since the last Council meeting, there have been no meetings of the Quality Assurance Committee (QAC). There has been one panel held via email vote, encompassing the decision regarding a Member who was unsuccessful in both writings of Launch Jurisprudence exam. The following is a summary of that vote:

QAC Panel

- All four members of the panel voted unanimously to assign a SCERP (specified continuing education or remediation program).

Respectfully submitted,
Laura Dahmann, RRT
Quality Assurance Committee Chair

Committee Report Items

AGENDA ITEM 7.4

PATIENT RELATIONS COMMITTEE REPORT – CHAIR’S REPORT TO COUNCIL

May 12, 2023, to September 22, 2023

Since the last Council meeting, there have been no meetings of the Patient Relations Committee (PRC)

Equity Impact Assessment Update & Implementation Strategy

Diversity, Equity, and Inclusion remain a priority and the CRTO staff continue to strategize on the development of our action plan with the Canadian Equity Consulting (CEC).

Respectfully submitted,
Kim Morris
Patient Relations Committee Chair

Committee Report Items

AGENDA ITEM 7.5

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

May 26, 2023, to September 21, 2023

ICRC Deliberations:

Since the last Council meeting, the ICRC held four (4) meetings via Zoom. All of the meetings were to review an investigation and render a decision on the matter. Three (3) of the investigations related to an employer report and one (1) was regarding a complaint.

Public Complaints:

In December of 2022, a complaint was received by the CRTO that included a variety of allegations concerning an RT who was a relative of the Complainant.

After a careful review of the information received and the Complainant's submissions, the Panel decided to take no action on the basis that the complaint was an abuse of process.

Employer Reports:

1. In February of 2021, the CRTO received an employer report relating to the termination of a Member for issues relating to a lack of interprofessional collaboration.

After a careful review of the investigation report and the Member's submissions, the Panel was of the opinion that the information supported incapacity concerns that warranted further inquiries to ensure patient safety and proper protection of the public. The Panel therefore referred the Member to another panel of the ICRC to conduct inquiries into the Member's health conditions and their fitness to practise.

2. In September of 2021, the CRTO received an employer report relating to the suspension of a Member for issues related to communication with colleagues and failure to provide appropriate care to clients.

Committee Report Items

After a careful review of the investigation report and the Member's submissions, the Panel identified some concerns about the Member's practice. However, the Panel concluded that further action was not required because of the accountability the Member demonstrated in recognizing those aspects of their practice that required improvement and engaging in remedial activities on their own initiative.

3. In August of 2022, the CRTO received a report that the Member had crossed professional boundaries with a patient and inappropriately communicated treatment options and a diagnosis beyond the Member's scope.

After a careful review of the investigation report and the Member's submissions, the Panel identified concerns about the Member's practice around professionalism and professional boundaries with patients. The Panel decided that requiring the Member to complete a Specified Continuing Education or Remediation Program would best address these concerns and protect the public interest.

New Matters:

Since the last Council meeting, the CRTO received 30 new matters. The new matters are comprised of thirteen (13) QAC referrals, fifteen (15) Reports and two (2) complaints.

The thirteen (13) QAC referrals reports have been referred to the ICRC and are under investigation. Eight (8) of the Employer reports and one (1) complaint are currently under review by the Registrar. Five (5) of the employer reports and one (1) complaint have been referred to the ICRC and are under investigation. Two (2) of the reports were closed at the Registrar level.

Policy Framework:

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

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

Committee Report Items

AGENDA ITEM 7.6

DISCIPLINE COMMITTEE – CHAIR’S REPORT TO COUNCIL

May 26, 2023, to September 21, 2023

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

Respectfully submitted,
Lindsay Martinek, RRT
Discipline Committee Chair

Committee Report Items

AGENDA ITEM 7.7

FITNESS TO PRACTISE COMMITTEE – CHAIR’S REPORT TO COUNCIL

May 26, 2023, to September 21, 2023

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

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

Committee Report Items

AGENDA ITEM 7.8

FINANCE & AUDIT COMMITTEE - CHAIR'S REPORT TO COUNCIL

May 26, 2023 – September 21, 2023

Since the last Council meeting, the Finance and Audit Committee (FAC) or a subcommittee of the FAC met on several occasions.

On July 26, 2023, the FAC met to discuss and make decisions on two items:

1.) Reserves Policy – Adjustment to Funding for Therapy Amount

The FAC reviewed the current Reserves Policy and lowered the amount held in the Funding for Therapy Reserve from \$80,000 to \$20,000.

The CRTO was advised by its legal counsel that the previous policy for Funding for Therapy was not in line with the applicable legislation, as the amount was excessive. Therefore, at the May 2023 Council meeting, Council voted to rescind the policy and replace it with a factsheet that clarified the applicable legislation.

Accordingly, given that the CRTO was holding reserve funds in excess to what was required for funding for therapy, FAC decided to lower the amount to be in line with the requirements of the legislation. This item would be reviewed more extensively during agenda item 6.6 discussion.

2.) Membership Fee Review

The FAC reviewed the current membership fees using the newly developed Membership Fee Assessment Tool. Based on discussions, the FAC forwarded its recommendation to the Executive Committee that they recommend to Council that the CRTO increase its membership fees by \$50 for the 2024 renewal year. This item would be presented more extensively during agenda item 6.7 discussion.

In addition, based on Council's decision at the May 2023 Council meeting to go to tender for a new Auditor for the CRTO, the FAC met throughout June 2023 to develop a Request-for-Proposal (RFP) for a new auditor. Once developed, the RFP was sent out to several firms. A subcommittee of the FAC was assigned to review all responses received, interview qualified firms, and forward their recommendation for a new auditor to the Executive Committee, and ultimately to Council. On September 5, 2023, the subcommittee forwarded their recommendation that Grewal Guyatt LLP be selected as the auditor for the 2023/24 fiscal year. This item would be presented more extensively during agenda item 6.5 discussion.

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

Council Briefing Note

AGENDA ITEM # 9.1

September 22, 2023

From:	Carole Hamp, RRT – Registrar & CEO
Topic:	As of Right
Purpose:	For Information
Strategic Focus:	Governance & Accountability
Attachment(s):	

PUBLIC INTEREST RATIONALE:

Ensuring a sufficient number of qualified Respiratory Therapists is critical to the provision of essential healthcare services to the public of Ontario.

ISSUE:

Bill 60 received Royal Assent on May 18, 2023. This Act includes the following three (3) schedules:

1. Integrated Community Health Services Centres Act
2. Regulated Professions Amendments
3. Freedom of Information and Protection of Privacy Act

BACKGROUND:

Schedule 2 – Regulated Professions Amendments is the portion of this Act with the most significant and immediate impact on Respiratory Therapy practice in Ontario. That is because this schedule exempts persons from the restricted title [s.9(1)] and holding out [s.9(2)] provisions in the [Respiratory Therapy Act](#). Subject to conditions, the “As of Right” exemption enables RTs registered in another Canadian province or territory to start working and caring for people in Ontario without having first being registered with the CRTO. These individuals are expected to apply to the CRTO but can work for up to six (6) months before being required to complete their application process.

The same exemptions also apply to physicians, nurses, and medical laboratory technologists, and is only applicable to employment in public hospitals, the University of Ottawa Heart

Institute and long-term care facilities. Individuals who come to Ontario with the intent to practice under the “As of Right” exemption will be referred to as Interjurisdictional Practitioners (IJPs) and must meet the following criteria:

- Be registered with a regulatory authority in another Canadian jurisdiction and holds in that jurisdiction the equivalent of an Ontario certificate of registration;
- Have not been refused a certificate of registration in the profession by another Canadian regulatory authority within two (2) years preceding their application;
- Have not had a finding of professional misconduct, incompetence, or incapacity has not been made in relation to the profession;
- Not be the subject of any current professional misconduct, incompetence, or incapacity proceeding or any similar proceeding in relation to the profession;
- Have submitted to the relevant College an application for a certificate of registration prior to providing professional services;
- Hold professional liability insurance or benefits from professional liability insurance coverage or similar protection that extends coverage to Ontario; and
- Use the proper titles relevant to their qualifications and may only use titles recognized in Ontario that are equivalent to their title/certification in the Canadian jurisdiction in which they are already registered.

The MOH has created an “As of Right” Guidance Document for IJPs and their employers that outlines the above criteria for eligibility, as well as how the IJP’s obligations and possible fines.

NEXT STEPS:

The CRTO is currently considering what changes will need to be made to its registration application and processes to accommodate this legislative amendment. As part of our communication strategy, we currently have a [Bill 60 – Your Health Act](#) webpage and will continue to update it as more information becomes available.

Council Briefing Note

AGENDA ITEM # 9.2

September 22, 2023

From:	Ania Walsh, Manager, Regulatory Affairs
Topic:	REVISED Emergency Registration Policy
Purpose:	For Information
Strategic Focus:	Governance & Accountability
Attachment(s):	Appendix A – DRAFT Emergency Class of Registration Policy

PUBLIC INTEREST RATIONALE:

During an emergency (e.g., a pandemic), ensuring a sufficient number of qualified Respiratory Therapists is critical to the provision of essential healthcare services to the public of Ontario.

ISSUE:

The Ontario Ministry of Health (MOH) amended portions of the O. Reg 596/94 (General) to enable the creation of an Emergency Class of Registration. These regulatory amendments are now in effect, and the CRTO is in the process of implementing the new class of registration. As part of the implementation, we will be updating several policy documents, the first of which is the Emergency Registration Policy.

BACKGROUND:

Under the *Regulated Health Professions Act, 1991* (RHPA) and the [Registration Requirements Regulation](#) (O. Reg. 508/22), all Ontario health regulatory colleges must have an Emergency Class of Registration. To this end, MOH amended portions of the O. Reg 596/94 (General) to enable the CRTO to issue certificates of registration in the Emergency Class.

The intent of the Emergency Class is to create an alternative pathway to registration during emergencies. Certificates of registration in the Emergency Class can only be issued under specific conditions. These include cases where the government has requested the CRTO to initiate registrations under the Emergency Class or in situations where the CRTO Council has determined that there are emergency circumstances and that it is in the public interest to issue Emergency Certificates.

Consistent with the CRTO's Policy Framework, the Emergency Registration Policy is being revised to ensure that it aligns with the amendments to the Registration Regulation. On August 16, 2023, the Registration Committee reviewed and subsequently approved that the proposed policy amendments be posted for consultation.

ANALYSIS:

The proposed Emergency Registration Policy revisions include the criteria under which the CRTO's Council would open the Emergency Class. In addition, the policy includes provisions under which the Registrar can waive certain exemptible registration requirements for applicants in the General and Graduate Classes.

NEXT STEPS:

1. Sept. – Oct. 2023: Public consultation
2. Oct. – Nov. 2023: Registration Committee review of the consultation feedback
3. Dec. 2023: Revised policy and the consultation feedback presented to Council for final approval

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Emergency Registration

Type: Policy

Origin Date: June 13, 2003

Section: RG

Approved By Council on: April 17, 2021

Document Number: RG-412

Next Revision Date: April 17, 2026

1.0 POLICY STATEMENT

~~During times of emergency and/or health crises, the College Respiratory Therapists of Ontario (CRTO) Council may declare that it is in the public interest to issue certificates of registration in the Emergency Class. In addition, During times of during these emergency circumstances, and/or health crises, the College of Respiratory Therapists of Ontario's (CRTO) the Registration Committee may authorizes the Registrar to waive certain registration requirements for register applicants in the General and Graduate Class who meet the conditions detailed in this policy. The CRTO Registration Currency Policy should be used as a guideline for applying terms, conditions, or limitations, as appropriate.~~

~~The definition of "emergency situation" shall be at the discretion of the Registrar.~~

2.0 PURPOSE

Emergencies or health crises, such as natural disasters and pandemic situations, may require the CRTO to implement emergency registration provisions.

This policy is intended to expedite the registration process during emergency situations. The policy sets out the circumstances under which:

1. the CRTO will issue Emergency Certificates of Registration; and
- ~~1.2. by eliminating barriers to registration, at tthe Registrar can waive 's discretion, including allowing applicants to register without having met~~ certain exemptible registration requirements for applicants in the General and Graduate Class (e.g., currency requirements, registration-related fees, etc.).

3.0 APPLICABILITY & SCOPE OF POLICY

A. EMERGENCY CLASS¹

The Emergency Class can be ordered by the government or by the CRTO Council. For the Council to trigger the Emergency Class, the following criteria must be met:

¹ Acknowledgements: This policy is based in part on the College of Midwives of Ontario (CMO), Emergency Class Policy.

1. There must be a current or imminent threat to the supply of qualified, skilled and competent respiratory therapists to meet the needs of the public and the healthcare system.
2. It is in the public interest to issue Emergency Class certificates of registration.
3. All possible options have been considered and it is determined that issuing certificates in the Emergency Class is the best solution under the circumstances.

When the Emergency Class is in force, an applicant for a certificate of registration in the Emergency Class will be required to meet the registration requirements set out in the Registration Regulation, section 63.1.

B. REGISTRATION CONSIDERATIONS – GENERAL AND GRADUATE CLASS

During times of emergency and/or health crises, the Registration Committee may authorize the Registrar to waive certain registration requirements for registering applicants in the General and Graduate Class who meet the conditions detailed in this policy.

- **Retired or Resigned Members:**

Members who have retired and/or resigned their certificate of registration with the CRTO can reapply by submitting an online application for registration. At the time of reapplying, applicants who practised respiratory therapy within the last two (2) years are considered to have met the currency requirements. The Registrar will reissue the same class of certificate held before retiring/resigning, along with any applicable terms, conditions, or limitations the member previously held before their retirement/resignation.

For applicants who have not practised within the last 2-5 years, the Registration Committee grants the Registrar the authority to register the individual and apply terms, conditions, or limitations on the certificate of registration in accordance with the Registration Currency Policy.

Applicants who have a currency gap of more than five (5) years will be referred to the Registration Committee for consideration.

- **Inactive Class of Registration:**

Members in the Inactive ~~class~~-Class applying for a general certificate and who have practised respiratory therapy within the last two (2) years are considered to have met the currency requirements. The Registrar will issue the certificate along with any applicable terms, conditions, or limitations the member previously held before going Inactive.

For applicants who have not practised within the last 2-5 years, the Registration Committee grants the Registrar the authority to register the individual and apply terms, conditions, or limitations on the certificate of registration in accordance with the Registration Currency Policy.

Applicants who have a currency gap of more than five (5) years will be referred to the Registration Committee for consideration.

- **Respiratory Therapy Students:**

Respiratory Therapy (RT) students enrolled in a recognized program who are within ten (10) weeks of successful completion of that program may be considered for registration in the Graduate ~~class~~Class. This is contingent on confirmation from the educational program that the applicant has completed the program. In addition, during a state of emergency, these individuals will be considered eligible to write the Health Professionals Testing Canada (HPTC)² exam as first-time writers.

Second-year RT Students (i.e., those who have not completed a substantial amount of the clinical training provided in the program) are not eligible for registration with the CRTO. However, the CRTO supports the deployment of second-year RT students in non-direct patient care roles (e.g., screening, technical support roles in the RT department, etc.).

- **Out-of-Province Applicants:**

Out-of-province applicants wishing to register with the CRTO will be registered in accordance with the Labour Mobility: Applicants from Regulated Canadian Jurisdictions Policy and the Registration Currency Policy. Applicants coming from provinces that are regulated will be granted a certificate of registration equivalent to the one held in their home province. Applicants applying under Labour Mobility will be required to provide the following:

- **Registration Verification Forms** - If the applicant holds (or have ever held) a license or registration to practise Respiratory Therapy outside of Ontario, and/or if they hold (or have ever held) a license or registration to practise another profession, they will need to complete the Registration Verification Form; and
- Submit a **written declaration** stating that they have worked as an RT within the past two years and have no outstanding conduct issues.

These applicants will be granted a certificate of registration that permits them to practice under terms, conditions and limitations stipulated by the CRTO until such time that they can provide the **employment verification form(s)**. If the employment verification form is not provided to the CRTO within six (6) months from their registration date, their registration will be revoked.

A.C. REGISTRATION-RELATED FEES:

During an emergency, registration-related fees may be waived, at the discretion of the Registrar. The decision will be based on the circumstances of the emergency, as well as the need for qualified respiratory therapist~~expedient return of skilled providers to~~ in the workforce and will be balanced against the necessity of finances for the CRTO to continue operating effectively.

4.0 RESOURCES

² Formerly the Canadian Board for Respiratory Care (CBRC)

- [Registration Verification Form](#)
- [Employment Verification Form](#)
- [Labour Mobility: Applicants from Regulated Canadian Jurisdictions](#)
- [Graduates \(GRTs\)](#)
- [Registration Currency Policy](#)

5.0 CONTACT INFORMATION

College of Respiratory Therapists of Ontario

180 Dundas Street West,
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Council Briefing Note

AGENDA ITEM # 9.3

September 22, 2023

From:	Kelly Arndt RRT, Manager, Quality Practice
Topic:	Draft Revised Possession, Administration and Dispensing of Controlled Substances Policy
Purpose:	For Decision
Strategic Focus:	Enhancing Professionalism
Attachment(s):	Appendix A – Current Possession, Administration and Dispensing of Controlled Substances Policy Appendix B – Proposed Draft Possession, Administration and Dispensing of Controlled Substances Policy
Motion:	It is moved by _____ and seconded by _____ that: The Council approves the draft revised Possession, Administration and Dispensing of Controlled Substances Policy for consultation.

PUBLIC INTEREST RATIONALE

Ensuring that Respiratory Therapists understand their professional and legislative requirements and responsibilities with respect to controlled substances.

ISSUE:

Previously revised in September 2021, the Possession, Administration and Dispensing of Controlled Substances Policy has been updated to reflect the new guidelines with respect to controlled substances and the definition of dispensing, transporting, and administering.

BACKGROUND:

This policy has been updated and revised, using subject matter experts, to facilitate understanding and clear direction with respect to controlled substances.

ANALYSIS:

Summary of Changes

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

RECOMMENDATION:

It is recommended that the CRTO Council review and approve the revised Possession, Administration and Dispensing of Controlled Substances Policy for circulation.

NEXT STEPS:

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

COLLEGE OF COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Handling, Administration and Dispensing of Controlled Substances

Type: Professional Practice Policy

Origin Date: September 24, 2021

Section: PP

Approved By Council on: September 24, 2021

Document Number: PP-105

Next Revision Date: September 2026

1.0 PRACTICE POLICY STATEMENT

The CRTO considers it acceptable for a Respiratory Therapist (RT) to handle, administer and accept delegation to dispense controlled substances, provided that appropriate authorizing mechanisms are in place.

2.0 PURPOSE

The CRTO is committed to providing guidance surrounding the handling, administration and dispensing of controlled substance to its Members. The purpose of this policy is to provide a strong framework to enhance the understanding of the role that RT's hold to ensure public and patient safety in the use of narcotics in the healthcare environment.

3.0 APPLICABILITY & SCOPE OF POLICY

- RT's who hold an Active General or Graduate Certificate of Registration with the CRTO with no terms, conditions or limitations preventing them from performing any authorized acts, may handle, administer, and dispense controlled substances, provided they have a valid order. While the list is not specific, the CRTO's ***Interpretation of Authorized Acts*** Professional Practice Guideline (PPG) provides examples of medications that RT's may administer.

4.0 RESPONSIBILITIES

- **Scope of Practice and Competencies:** It is an expectation that any activity or procedure performed by an RT, including the administration of a controlled substance, falls within the RT's professional and personal scope of practice. As with any task undertaken as part of their clinical practice, an RT must also have the requisite knowledge, skills, and judgment (competencies).
- **Delegation to Dispense:** One of the 14 controlled acts in the *Regulated Health Professions Act (RHPA)* is "prescribing, dispensing, selling or compounding a drug...". Since the *Respiratory Therapy Act (RTA)* does not authorize RTs to perform this controlled act, the



authority to dispense medications must be delegated to an RT from another regulated health care professional that is authorized to dispense and to delegate dispensing. Dispensing occurs when an RT is required to select, prepare, package, and transfer stock medication for one or more prescribed medication doses to a patient for administration at a later time.

- The rules surrounding dispensing are the same regardless of the substance and the CRYPTO is of the position that there is nothing in current provincial or federal legislation to prevent an RT from receiving delegation to dispense a controlled substance. **Note:** RTs can accept delegation to dispense, but cannot receive delegation to prescribe, sell or compound a drug.
- **Authorization to Possess and Administer a Controlled Substance:** RTs can only obtain possession of a controlled substance through a prescription issued by an authorized practitioner; usually a physician (please note NP-ECs cannot currently prescribe a controlled substance). The *Controlled Drugs and Substances Act (CDSA)* states that physicians must name the individual patient in the prescription. Because of this restriction, medical directives for a broad range of patients cannot be used to gain possession of a controlled substance. Once the RT is in legal possession of the controlled substance, they may administer the medication via a direct order for a specific patient. **Note:** medical directives cannot be used to authorize the handling, administration or dispensing of a controlled substance.
- **Handling and Storage of Controlled Substances:** The *Narcotics Control Regulation (NCR)* [s.3 (1)] defines “a hospital employee” as someone who is authorized to handle a controlled substance (e.g., picking up narcotics from a pharmacy and transporting them to where they will be administered to the patient). Therefore, the CRYPTO interprets this to authorize RTs employed at a hospital to handle and transport controlled substances. It is important that RT’s, along with all practitioners and staff, play a role in the safety, security, and disposal of controlled substances to avoid narcotic diversion.

5.0 AUTHORITY & MONITORING

- A controlled substance is one that Health Canada has determined to have significant potential for addiction and abuse, including prescription medications and illegal street drugs.
- The possession, handling, dispensing and administration of controlled substances are governed primarily by federal legislation; the *Controlled Drug and Substances Act (CDSA)* and the *Narcotics Control Regulations (NCR)*.
- The *CDSA* lists all controlled substances, which includes narcotic analgesics (e.g. Fentanyl), non-narcotic controlled drugs such as benzodiazepines (e.g. Midazolam) and barbiturates (e.g. Phenobarbital).
- The *NCR* deals specifically with how hospitals and pharmacies are licensed to handle controlled substances.



6.0 RELATED DOCUMENTS

- [*CERTO's Standards of Practice*](#)
- [*CERTO's Administering and Dispensing PPG*](#)
- [*CERTO's Orders for Medical Care PPG*](#)
- [*Regulated Health Professions Act \(RHPA\)*](#)
- [*Respiratory Therapy Act \(RTA\)*](#)
- [*Drug and Pharmacies Regulation Act*](#)
- [*Narcotics Safety and Awareness Act*](#)
- [*Controlled Drugs and Substance Act and Regulation \(Health Canada\)*](#)

7.0 APPENDICES

Authorizing Mechanisms for Controlled Substances

	Medical Directive allowed?	Direct Order required? (i.e., patient specific)	Delegation required?
Handling (e.g., transporting)	No	Yes	No
Administration	No	Yes	No
Dispensing	No	Yes	Yes

8.0 CONTACT INFORMATION

College of Respiratory Therapists of Ontario

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COLLEGE OF COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Possession, Administration and Dispensing of Controlled Substances

Type: Professional Practice Policy

Origin Date: September 24, 2021

Section: PP

Approved By Council on: September 24, 2021

Document Number: PP-105

Next Revision Date: September 2026

1.0 PRACTICE POLICY STATEMENT

The CRTO considers it acceptable for a Respiratory Therapist (RT) to possess, administer and accept delegation to dispense controlled substances, provided that appropriate authorizing mechanisms and employee policies are in place.

2.0 PURPOSE

The CRTO is committed to providing guidance surrounding the possession, administration and dispensing of controlled substances to its Members. The purpose of this policy is to provide a strong framework to enhance the understanding of the role that RTs have in ensuring public and patient safety in the use of narcotics in the healthcare environment.

3.0 APPLICABILITY & SCOPE OF POLICY

RTs who hold an Active General or Graduate Certificate of Registration with the CRTO may “administer a substance by injection or inhalation”, provided they have no terms, conditions or limitations preventing them from performing that authorized act. This included the administration of controlled substances (e.g., narcotics. While the list is not specific, the CRTO’s [Interpretation of Authorized Acts Professional Practice Guideline](#) (PPG) provides examples of medications RTs may administer.

4.0 RESPONSIBILITIES

- **Scope of Practice and Competencies:** It is an expectation that any activity or procedure performed by an RT, including the administration of a controlled substance, falls within the RT’s professional and personal scope of practice. As with any task undertaken as part of their clinical practice, an RT must also have the requisite knowledge, skills, and judgment (competencies).
- **Delegation to Dispense:** One of the 14 controlled acts in the *Regulated Health Professions Act (RHPA)* is “prescribing, dispensing, selling or compounding a drug...”. The *Respiratory Therapy Act (RTA)* does not authorize RTs to perform this controlled act, and the only of



those four (4) tasks that an RT can receive delegation for is “dispensing”. Dispensing occurs when an RT is required to select, prepare, package, and transfer stock medication for one or more prescribed medication doses to a patient for administration later. The authority to dispense medications must be delegated to an RT from another regulated healthcare professional that is authorized to dispense and delegate dispensing. **Note, it is preferable that delegation for dispensing should only occur if there is no pharmacist available.** Once the delegation process is complete, the RT will require an order to dispense the controlled substance. More information on this act can be obtained with the CRTO’s Administering & Dispensing Medications PPG.

- Possession and Transportation of a Controlled Substance:** The [Narcotics Control Regulation \(NCR\)](#) [s.3 (1)] defines “a hospital employee or practitioner” as someone who is authorized to possess a controlled substance. [Health Canada's Guidance Document](#) statement on this is: "A hospital employee who is authorized by the person in charge of the hospital can provide controlled substances to a person pursuant to a prescription (or hospital written order) if the person is under treatment of the hospital as an in/out patient. This includes the hospital employee transporting the medication to an out-patient of the hospital." Therefore, the CRTO interprets this to authorize RTs employed at a hospital to possess and transport controlled substances. Neither “possession” nor “transportation” of a medication is a controlled act, ~~Therefore, an RT does not require an order to remove a stock supply of a controlled substance from an Automated Dispensing Unit (ADU),~~ however most Automated Dispensing Units (ADU) are profiled to increase safety, requiring medications to be removed under a specific patient, and an order must be in place. This is not considered dispensing. Removal for the purposes of dispensing would require a patient-specific prescription.
- In the event that an “override” is required to access stock medication in an emergent situation, facilities will have policies and procedures in place. ~~In addition, delegation to dispense is not required in this situation, as the medication has already been dispensed by the Pharmacist who stocked the ADU.~~ Once in possession of the controlled substance, the RT may transport it to the location where it is to be administered, also without the requirement of an order.

Authorization to Administer a Controlled Substance: The [Controlled Drugs and Substances Act \(CDSA, section 38\)](#) states that ~~physicians~~ practitioners must name the individual patient in the prescription. Therefore, because of this restriction, medical directives for a broad range of patients cannot be used to gain the authority to administer a controlled substance. **Note:** Nurse Practitioners (NPs) in Ontario can prescribe controlled substances if they have completed approved controlled substances education.

- Handling and Storage of Controlled Substances:** All RTs must ensure that they have the knowledge, skills, and judgment to administer controlled substances in a responsible manner. It is important that RTs, along with all practitioners and staff, play a role in the safety, security, and disposal of controlled substances to avoid narcotic misuse and diversion.

5.0 AUTHORITY & MONITORING



- A controlled substance is one that Health Canada has determined to have significant potential for addiction and abuse, including prescription medications and illegal street drugs.
- The possession, handling, dispensing and administration of controlled substances are governed primarily by federal legislation, the *Controlled Drug and Substances Act (CDSA)* and the *Narcotics Control Regulations (NCR)*.
- The *CDSA* lists all controlled substances, which includes narcotic analgesics (e.g. Fentanyl), non-narcotic controlled drugs such as benzodiazepines (e.g. Midazolam) and barbiturates (e.g. Phenobarbital).
- The *NCR* deals specifically with how hospitals and pharmacies are licensed to handle controlled substances.

6.0 RELATED DOCUMENTS

- [CRTO's Standards of Practice](#)
- [CRTO's Administering and Dispensing PPG](#)
- [CRTO's Orders for Medical Care PPG](#)
- [Regulated Health Professions Act \(RHPA\)](#)
- [Respiratory Therapy Act \(RTA\)](#)
- [Drug and Pharmacies Regulation Act](#)
- [Narcotics Safety and Awareness Act](#)
- [Controlled Drugs and Substance Act and Regulation \(Health Canada\)](#)

7.0 APPENDICES

Authorizing Mechanisms for Controlled Substances

	Medical Directive allowed?	Direct Order required? (i.e., patient specific)	Delegation required?
Handling (e.g., transporting)	No	No*	No
Administration	No	Yes	No
Dispensing	No	Yes	Yes

* It is the CRTO's interpretation of the relevant legislation that an RRT does not require a direct order to transport a controlled substance from one area of the hospital to another, provided that they have the approval of their employer.

Appendix B



College of Respiratory
Therapists of Ontario

Ordre des thérapeutes
respiratoires de l'Ontario

Controlled Substances PP-105

8.0 CONTACT INFORMATION

College of Respiratory Therapists of Ontario

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Council Briefing Note

AGENDA ITEM # 9.4

September 22, 2023

From:	Kelly Arndt RRT, Manager, Quality Practice
Topic:	Final Draft Revised Abuse Awareness and Prevention Professional Practice Guideline (PPG)
Purpose:	For Decision
Strategic Focus:	Enhancing Professionalism
Attachment(s):	Appendix A – Final Draft Abuse Awareness and Prevention PPG Appendix B – Consultation survey results
Motion:	It is moved by _____ and seconded by _____ that: Council approves the final draft revised Abuse Awareness and Prevention PPG.

PUBLIC INTEREST RATIONALE:

Ensuring that Respiratory Therapists provide safe and ethical care is consistent with the CRTO’s Mission Statement, as well as the current strategic objectives related to Governance and Accountability and Enhancing Professionalism, in recognizing and preventing abuse.

ISSUE:

The *Regulated Health Professions Act (RHPA)* requires that all health regulatory Colleges in Ontario have measures for preventing and dealing with the sexual abuse of patients/clients and to encourage the reporting of such abuse. Previously revised in December 2018, the Abuse Awareness PPG has been reviewed and updated.

BACKGROUND:

This PPG has been updated and revised to facilitate understanding and clear direction with respect to identifying, preventing, and reporting abuse. This PPG has been reviewed and approved by the Patient Relations Committee on March 22, 2023. It is extremely important that the expectations and guidelines for Members surrounding this topic are clear, current, and concise.

ANALYSIS:

Summary of Changes

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

Public Consultation

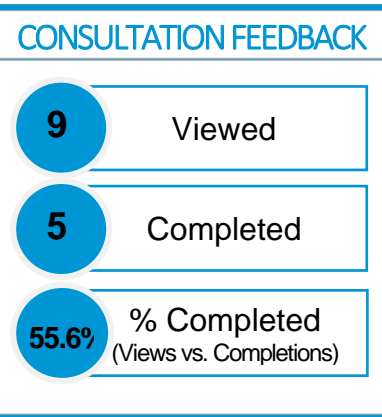
The document was posted according to the CRTO’s [public consultation process](#). A consultation survey was posted on the CRTO’s website and tweeted on the CRTO Twitter account. In total, 9 people viewed the consultation survey, and 5 responses were received (5 Respiratory Therapists).

100% of respondents found the policy clear, understandable, and free from omissions and errors.

For full consultation results see Appendix B.

Length of time consultation was open: 60 days

Date consultation closed: July 31, 2023



RECOMMENDATION:

It is recommended that the CRTO Council review and approve the revised Abuse Prevention and Awareness PPG.

NEXT STEPS:

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

Abuse Awareness & Prevention

June 2014

Professional Practice Guideline

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

If an employer's policies are more restrictive than the CRTO's expectations, the RT must abide by the employer's policies. Where an employer's policies are more permissive than the expectations of the CRTO, the RT must adhere to the expectations of the CRTO.

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

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DRAFT

Introduction

The **Regulated Health Professions Act (RHPA)** requires that all health regulatory Colleges in Ontario have measures for preventing and dealing with the sexual abuse of patients/clients and to encourage the reporting of such abuse. Although this provision in the RHPA specifically addresses the prevention of sexual abuse, Respiratory Therapists (RTs - Registered, Graduate and Limited) should note that any form of abuse (e.g., verbal, physical, emotional, financial) may be considered to be professional misconduct by the College of Respiratory Therapists of Ontario (CRTO). This practice guideline will differentiate between sexual abuse and other forms of abuse. A section of this practice guideline will also discuss the effect of the *Child and Family Services Act* on Respiratory Therapy practice.

This guideline is divided into three primary sections:

1. **Abuse Awareness** – understanding the needs of patients/clients who have experienced, or are experiencing, some form of interpersonal violence;
2. **Abuse Prevention** – ensuring that RTs do not commit any manner of abuse or harassment, and that they report abuse when it occurs. This section includes professional conduct, which outlines the expectations of RTs within their therapeutic and professional relationships; and
3. **Members’ Responsibilities Regarding Abuse Prevention** – reporting obligations, penalties for abuse and for not reporting abuse.

Amendment to the RHPA: Statement of purpose, sexual abuse provisions, 2017

“The purpose of the provisions of this Code with respect to sexual abuse of patients by members is to encourage the reporting of such abuse, to provide funding for therapy and counselling in connection with allegations of sexual abuse by members and, ultimately, to eradicate the sexual abuse of patients by members.”

Definitions

Patient

“Without restricting the ordinary meaning of the term, includes,

- (a) an individual who was a member’s patient within one year or such longer period of time as may be prescribed from the date on which the individual ceased to be the member’s patient, and
- (b) an individual who is determined to be a patient in accordance with the criteria in any regulations made under clause 43 (1) (o) of the *Regulated Health Professions Act, 1991*; (“patient”)

Abuse

For the purposes of this practice guideline, unless otherwise indicated, abuse may be defined as **treating others in a harmful, injurious, or offensive way** and includes, but is not limited to:

- **Physical abuse** (e.g., pushing, shoving, shaking, slapping, hitting or other physical force that may cause harm);
- **Verbal abuse** (e.g., derogatory or demeaning comments, cultural slurs, use of profane language, insults);
- **Emotional abuse** (e.g., threats, intimidation, insults, humiliation and harassment);
- **Financial abuse/exploitation** (e.g., theft, forging a person's signature, influencing a patient/client to change his or her will);
- **Cyber abuse** (e.g., cyber bullying by conveying inappropriate images and words through any form of electronic media); and
- **Sexual abuse/assault/harassment** (see sections on Sexual Abuse, Sexual Assault & Sexual Harassment).

Sexual Abuse

Defined in the *Regulated Health Professions Act (RHPA)* as:

- a) sexual intercourse or other forms of physical sexual relations between the member and the patient;
- b) touching, of a sexual nature, of the patient by the **member**; or
- c) behaviour or remarks of a sexual nature by the member towards the patient¹.

The *RHPA* outlines an exception to the sexual abuse provision stating that “sexual nature does not include touching, behaviour or remarks of a clinical nature which are appropriate for the professional service being provided”².

Sexual Assault

Certain situations can magnify the gravity of a sexual assault, such as when the assailant is in a position of trust or authority over the individual. Sexual assault is defined in the *Criminal Code of Canada* (CCC) as any form of sexual contact without both parties' voluntary consent³.

According to the CCC, there is no consent if:

¹ Ministry of Health and Long Term Care. (1991). *Regulated Health Professions Act, Health Professions Procedural Code, s.1(3)*. Retrieved from http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_91r18_e.htm

² *Ibid.*

³ Government of Canada. (1985). *Criminal Code of Canada, s. 153(2) (3)*. Retrieved from <http://laws-lois.justice.gc.ca/eng/acts/C-46/>

The accused counsels or incites the complainant to engage in the activity by abusing a position of trust, power or authority⁴.

“Sexual harassment is engaging in a course of vexatious comments or conduct that is known or ought to be known to be unwelcome”
(Ontario Human Rights Code, 2013).

Sexual Harassment

The five (5) common types of sexual harassment are:

1. Threatening – (e.g., threatening punishment or offering rewards in return for sexual favours);
2. Physical harassment;
3. Verbal harassment;
4. Non-verbal harassment – (e.g., body language, sexual gestures);
5. Environmental harassment – (e.g., sexually suggestive pictures or objects in the workplace).

Sexual harassment can also take place virtually (i.e., cyber abuse) through such media as email and/or social media posts containing sexual content.

⁴ *Ibid.*

Abuse Awareness

It is important for all RTs to recognize that sexual abuse, assault and harassment can be perpetrated against men, women and children from all cultures and economic backgrounds. The prevalence of abuse is such that a significant number of healthcare consumers are survivors of some form of interpersonal violence (abuse, sexual abuse/assault), and that their past experiences may affect how they perceive the treatments provided to them.

Prevalence & Implications of Abuse

Accurate statistics on the prevalence of abuse, particularly sexual abuse, cannot be obtained because it is believed that only “about one in ten sexual assaults are reported to police”⁵. However, it is likely that healthcare practitioners will encounter survivors of sexual abuse/assault and other forms of abuse in their practice⁶. Research indicates (as of March 2023) that:

- Approximately 33% of women and 14% of men are survivors of childhood sexual abuse⁷; and
- Aboriginal women were almost three times more likely than non-Aboriginal women to report having been a victim of a violent crime, such as sexual assault⁸.

The effects of assault are far reaching and can severely impact an individual's emotional stability, physical health, and the ability to form and maintain adult relationships. A history of childhood sexual abuse or a range of childhood traumas is correlated with:

- greater use of medical services;
- substance abuse, self-mutilation, suicide; and
- ischemic heart disease, cancer, chronic lung disease⁹.

Principles of Sensitive Professional Practice

⁵ Statistics Canada. (2008). *Sexual assault in Canada 2004 and 2007*. (Canadian Centre for Justice Statistics Profile Series). Retrieved from <http://www.statcan.gc.ca/pub/85f0033m/85f0033m2008019-eng.pdf>

⁶ Public Health Agency of Canada. (2009). *Handbook on Sensitive Practice for Health Care Practitioners: Lessons from Adult Survivors of Childhood Sexual Abuse*. Ottawa, ON: Public Health Agency of Canada.

⁷ *Ibid.*

⁸ Statistics Canada. (2011). *Violent victimization of Aboriginal women in the Canadian provinces, 2009*. Retrieved from <http://www.statcan.gc.ca/pub/85-002-x/2011001/article/11439-eng.htm>

⁹ Public Health Agency of Canada. (2009). *Handbook on Sensitive Practice for Health Care Practitioners: Lessons from Adult Survivors of Childhood Sexual Abuse*. Ottawa, ON: Public Health Agency of Canada.

The prevalence of abuse/assault is such that the principles of sensitive practice should become “universal precautions” that RTs observe in all healthcare encounters¹⁰. Procedures that may appear routine may be very traumatizing for abuse survivors, as it can cause them to feel exposed, vulnerable and powerless. **The Handbook on Sensitive Practice for Health Care Practitioners: Lessons from Adult Survivors of Childhood Sexual Abuse** outlines nine (9) principles of sensitive practice that include respect, taking time, sharing information and respecting boundaries¹¹. The primary goal of sensitive practice is to facilitate feelings of safety and control. The following should be taken into consideration during every patient/client interaction:

- Obtain consent at every stage of the procedure;
- Ensure the patient/client knows s/he can stop the procedure at any time;
- Allow as much time as needed for the patient/client interaction; and
- Be aware of potential triggers (e.g., exposing the chest, touching, inserting objects into the mouth).

In the course of providing care, RTs must respect their patient’s/client’s cultural diversity, sexual orientation and physical and intellectual differences.

Communication Principles

Communication occurs through words, body language and active listening. RTs can ensure that they practise in a sensitive manner by:

- Being aware of the communication needs and styles of others;
- Introducing themselves using their name and professional title (this also includes introducing any students or other staff members who may be present);
- Explaining the procedures carefully, choosing words that ensure the patients/clients understand what will be done and what is required of them;
- Obtaining consent (whenever possible) prior to touching patients/clients and informing them that they may withdraw their consent at any time;

¹⁰ Public Health Agency of Canada. (2009). *Handbook on Sensitive Practice for Health Care Practitioners: Lessons from Adult Survivors of Childhood Sexual Abuse*. Ottawa, ON: Public Health Agency of Canada.

¹¹ Ibid.

***Scenario:** A physician obtains consent from a female patient/client for a Pulmonary Function Test (PFT). However, the patient/client arrives for the test and the RT explains that the patient/client must put a device in her mouth and have a clip put on her nose. The patient/client becomes agitated and refuses to have the test done.*

It should be remembered that **consent** is a process, not a single event. Despite the best attempts to obtain prior informed consent, the patient/client may not fully anticipate how they could react to a test or procedure until they are actually in the situation. If it is an RT performing the task, then it is they who is responsible for ensuring that the patient/client understands that consent is a process and that it can be withdrawn at any stage of the interaction.

- Speaking directly to patients/clients and maintaining culturally appropriate eye contact;
- Allowing the patients/clients with opportunities to ask questions;
- Providing reassurance and explanations throughout the procedure;
- Asking for the patient's/client's consent for student or staff observation, assistance or performance of a procedure; and
- Refraining from making any sexually suggestive or other types of inappropriate comments (e.g., sarcasm, racial slurs, teasing, swearing).

In Western culture, eye contact is generally interpreted as attentiveness and honesty. However, other cultures may perceive direct eye contact as being disrespectful or rude.

What a healthcare professional might view as “terms of endearment” such as “honey”, “sweetie”, “dear” can be interpreted by others as “terms of diminishment”. (Ontario Human Rights Commission, 2013).

Speaking about a patient/client in his/her presence or carrying on a conversation near a patient/client in a language other than English or French (and that the patient/client likely does not understand) can be perceived as disrespectful and unprofessional.

Touching Principles

Appropriate words, behaviour and touching can reduce the embarrassment, distress, and fear that some patients/clients experience in the course of receiving care. Touching must be appropriate to the service the RT is providing. RTs can ensure that they practise in a sensitive manner by:

- Obtaining consent, whenever possible, prior to touching the patient/client;
- Allowing the patient/client to disrobe themselves and only touch body areas needed to facilitate removal of clothing when providing assistance to disrobe;
- Respecting the client and her/his personal space;
- Providing the patient/client with an opportunity to have another person present during the interaction;

- Respect cultural diversity;

Scenario: *An RT goes into a patient's/client's room to perform a routine bedside spirometry assessment and finds the patient/client in the middle of their daily prayers.*

When possible and appropriate to the urgency of the service being provided, it is essential that RTs respect and accommodate the cultures, beliefs and traditions of the patients/clients they care for, as well as family members and other members of the healthcare team.

- Avoid placing instruments or other materials on a patient/client; and

Time and space constraints, especially in an acute care setting, sometimes mean that things are done to and around a patient/client that would not normally occur in other person-to-person interactions (e.g., intubation equipment placed on patient's/client's chest, oxygen tanks placed between a patient's/client's legs). RTs must always do what is necessary in a given situation to provide the best possible care to their patient/client, while also respecting the patient's/client's personal space and autonomy.

- Help maintain the patient's/client's dignity wherever possible (e.g., use appropriate draping to provide privacy).

Abuse Prevention

CRTO Zero Tolerance Position Statement

In February 2014, the CRTO approved the following position statement regarding abuse:

The College of Respiratory Therapists of Ontario (CRTO) recognizes the seriousness and extent of harm that sexual abuse and other forms of abuse can cause patients/clients, their family members, and to members of the healthcare team. Therefore, the CRTO has a position of zero tolerance for any form of abuse (physical, verbal, emotional, financial, cyber or sexual) by its Members and will endeavour to ensure all Respiratory Therapists understand that abuse in any form is unacceptable and will not be tolerated.

Please note that abuse in any form is considered to be professional misconduct and allegations will be referred to the Inquiries, Complaints and Reports Committee (ICRC).

Therapeutic & Professional Relationships

Most RTs engage in two key relationships in the course of practicing; therapeutic and professional:

1. **Therapeutic Relationships** – between patients/clients, their family members, substitute decision maker and/or guardians.
2. **Professional Relationships** – between other members of the healthcare team, such as co-workers, colleagues and students.

Both types of relationships are built on trust, respect, compassion and honesty. RTs must always conduct themselves within these relationships in a manner that is free of all forms of abuse, including sexual context or connotation. The responsibility falls on the RT to know what meets the legal obligations and professional standards of acceptable conduct. Ignorance of these obligations or standards is not an acceptable defense. Professional standards regarding Therapeutic & Professional Relationships are outlined in the [CRTO Standards of Practice](#) [CRTO Standards of Practice](#). RTs are also expected to adhere to their organizational policies regarding conduct.

Managing Power Imbalances

In both therapeutic and professional relationships an inherent power imbalance exists that favours the RT (e.g., between RT and patient/client, between staff RT and student, etc.). This power imbalance occurs because the RT has authority, knowledge, access to information and influence. This inequity can increase the potential for abuse and cannot be managed by obtaining consent.¹²

Sexual activity cannot be consensual when there is a power imbalance. The *Criminal Code of Canada* states the “consent is never a defense” when a trust relationship exists.

Therapeutic Relationships

Patients/clients depend on the unique knowledge and skills of RTs to provide them with the care they need. The power imbalance places the patient/client in a dependent position, and it is the responsibility of the RTs to ensure that a proper therapeutic relationship is established and maintained. To do so, RTs must respect the dignity and privacy of the patient/client and their cultural, religious and sexual diversity.

It is the expectation that RTs:

- act with attitudes and behaviours that are appropriate to the services or care provided;
- not engage in behaviour, conversations, or make comments that cause inappropriate discomfort in the presence of patients/clients;
- not engage in any sexual activity with a patient/client;
- not condone abusive behaviour of others by any means including words, actions, body language or silence;

Scenario: An RT observes a colleague telling an inappropriate joke to an attractive teenage patient. The RT doesn't laugh or take part in the joke but she also does not say anything to the colleague or the colleague's supervisor.

By her silence, the RT has given her unspoken approval for the colleague's behaviour and has done nothing to prevent this type of conduct in the future.

- understand that patients are frequently in a vulnerable state and may not be able to advocate for themselves; and
- learn about attitudes and behaviours (e.g., cultural, religious, societal) that are appropriate to the patient/client services you provide.

To learn more about providing culturally competent care, please see the CRTO [Commitment to Ethical Practice](#)

¹² McPhedran, M., & Sutton, W. (2004). *Preventing Sexual Abuse of Patients: A Legal Guide for Health Care Professionals*. Toronto, ON, Canada: LexisNexis Butterworths.

Professional Relationships

RTs often work within an interprofessional team and are required to use a wide range of communication and interpersonal skills to effectively establish and maintain professional relationships. In addition, RTs teach students, manage staff and take part in the administration of their organization. It is essential that the standards for interactions in these professional relationships mirror the standards that apply to therapeutic relationships.

Scenario: *An RT thinks that another healthcare professional that they work with is lazy and argumentative, and doesn't hesitate to tell this to their peers in the lunchroom.*

The CRTO *Standards of Practice* requires that RTs refrain from falsely challenging the reputation of any colleague.

Professional Boundaries

Issues related to abuse, sexual abuse, sexual assault and sexual harassment can also arise for RTs outside of therapeutic relationships with patients/clients. Just as in therapeutic relationships, professional relationships are based on trust and respect for boundaries. As outlined in the CRTO *Standards of Practice*, the RT is expected to appropriately manage these professional relationships by:

- collaborating and co-operating with peers and other health professionals in order to serve the best interest of their patients/clients; and
- maintaining clear and appropriate professional boundaries in all professional interactions.

Scenario: *An RT sees a particular patient in the Asthma Clinic on a regular basis. They begin to interact on Facebook™ and then the patient/client starts calling the RT at her home seeking advice between visits.*

In all patient/client – RT interactions, the RT is responsible for identifying and maintaining clear professional boundaries. It makes no difference if the patient/client agrees or even initiates the interactions.

Please note...

The ***Professional Misconduct*** regulation (s.29) states that it is an act of professional misconduct for an RT to be:

Engaging in conduct or performing an act, relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

Students

Student RTs (as well as other students that an RT may be teaching) are dependent on the RT for their training and for an unbiased evaluation. As a result a power imbalance exists in both the school setting (RT professor to student) and in the clinical care setting (staff RT to student). It is important to understand that the relationship an RT has in these situations is purely to assist the student in gaining the knowledge, skills and abilities necessary to become a competent professional. Students also must understand that abuse of any form by an RT should not be tolerated. If a student feels s/he is being abused by an RT, the student should follow the process of their educational facility and contact the CRTO.

Scenario: *A staff RT is responsible for supervising an RT student and over a number of shifts they develop a friendly rapport. They begin following each other on Twitter and commenting on each other's Tweets initially in a good natured manner. After a few weeks, however, the RT's tweets become increasingly personal and full of innuendo. The student RT feels very uncomfortable with these interactions but is afraid to speak up or "unfollow" the RT for fear of offending him and jeopardizing her clinical rotation.*

The person favoured by the power imbalance, in this case the staff RT, bears the responsibility for managing the professional relationship. Students are vulnerable because they are dependent on the RT for an unbiased evaluation that may not only impact their clinical rotation, but also future job prospects. Students are also at a disadvantage and are often hesitant to speak up, because they are unsure of the cultural norms and expectations. The staff RT, in this scenario, is accountable for the relationship s/he has with the student. If a complaint was lodged with the CRTO, the RT could face disciplinary action.

"Sexual harassment is a form of sex discrimination and is therefore prohibited in educational settings"
(Ontario Human Rights Code, 2013).

Dating

Dating and other forms of affectionate behaviour between an RT and his or her patient/client may constitute sexual abuse as defined by the *RHPA*. While it is not possible to address every possible type of relationship, the CRTO provides the following guidance with respect to personal relationships for its Members:

As discussed earlier in this document, the relationship between an RT and their patient/client has an inherent power imbalance, which exists as long as the Member has influence over the services provided. If an RT intends to date a patient/client s/he must make alternate arrangements for the provision of services BEFORE becoming involved and BEFORE withdrawing services. The transfer of care or services must be appropriately documented. For more information of Transfer of Accountability, please see the CRTO [Commitment to Ethical Practice](#) document.

Scenario: *An RT works at the paediatric hospital and frequently speaks with the single father of a child she cares for in the Cystic Fibrosis (CF) Clinic. At one point, the father asks the RT if she would like to go for coffee sometime.*

In this scenario, the father is not a patient/client of the RT. However, there is still a power imbalance because the father is dependent upon the RT for the care she provides to his child. The RT must refrain from developing a social relationship with the father until his child has been formally discharged from the CF Clinic.

An RT may date a former patient/client when there is no longer any influence over the patient's/client's care or the provision of services to him or her. Once a patient/client is discharged from the hospital or **permanently** transferred to another RT, it may be interpreted that the sphere of influence has stopped. In the case of a student RT, an instructor will have influence over that student until graduation, but a staff person at a specific hospital will likely only have influence as long as the student is on rotation at that hospital.

Penalties for Abusing a Patient/Client

Abusing a patient/client is professional misconduct [O.Reg 753/93 - Professional Misconduct section 5]. If there are allegations of abuse against an RT, they will be referred to ICRC and may be referred on to a Discipline hearing. Discipline proceedings are open to the public, and information may be placed on the Public Register.

A Member found guilty of **professional misconduct** (abusing a patient/client; failing to file a report of abuse; contravening the *RHPA*, etc.) **may** be subject to any one or more of the following [*Health Professions Procedural Code (HPPC) s. 51(2)*]:

1. Directing the Registrar to revoke the member's certificate of registration.
2. Directing the Registrar to suspend the member's certificate of registration for a specified period of time.
3. Directing the Registrar to impose specified terms, conditions and limitations on the member's certificate of registration for a specified or indefinite period of time.
4. Requiring the member to appear before the panel to be reprimanded.
5. Requiring the member to pay a fine of not more than \$35,000 to the Minister of Finance.

5.1 If the act of professional misconduct was the sexual abuse of a patient, requiring the member to reimburse the College for funding provided for that patient under the program required under section 85.7.

5.2 If the panel makes an order under paragraph 5.1, requiring the member to post security acceptable to the College to guarantee the payment of any amounts the member may be required to reimburse under the order under paragraph 5.1. When the misconduct is sexual abuse, the Member **will** also be subject to the following [*HPPC* section 51(5)]:

1. a reprimand; and
2. a minimum five year revocation of the Member's certificate of registration if the sexual abuse consisted of:
 - i. sexual intercourse;
 - ii. genital to genital, genital to anal, oral to genital or oral to anal contact;
 - iii. masturbation of the Member by, or in the presence of, the patient/client;
 - iv. masturbation of the patient/client by the Member; and/or
 - v. encouragement of the patient/client by the Member to masturbate in the presence of the Member

Reporting Suspected Abuse

Suspected abuse by a health professional is difficult to deal with in any situation. It is an RT's ethical, professional, and sometimes legal responsibility to report any incidents of unsafe professional practice or professional misconduct - physical, verbal, emotional and/or financial abuse involving a regulated or non-regulated health care provider - to the appropriate authority. The CRTO ***Standards of Practice*** states that an RT is accountable for:

- reporting sexual abuse of a patient/client by a regulated health professional to the appropriate College;
- reporting to the CRTO whenever, for reasons of professional misconduct, incompetence or incapacity, s/he terminates the employment of a Member;
- reporting a Member of the CRTO to the College where s/he has reason to suspect incompetence, professional misconduct or incapacity; and
- reporting incidents of unsafe professional practice or professional misconduct
- reporting physical, verbal, emotional and/or financial abuse of a patient/client by a regulated or non-regulated healthcare provider to the appropriate authority.

In addition, the *RHPA* requires RTs to submit a report when they have reasonable grounds, obtained during the course of practising their profession to believe that a member of the CRTO or a different College has sexually abused a patient/client. For more information, please refer to the **CRTO Mandatory Reporting of Sexual Abuse Fact Sheet**.

Under the *RHPA*, Members must report sexual abuse in the following circumstances:

1. *When they know the name of the alleged abuser (member).*
(You are not required to file a report if you do not know the name of the alleged abuser).
2. *Where the alleged abuser is registered with one of the health regulatory Colleges.*
(If you are not sure, you can check with the College that regulates his or her profession).
3. *Where the person being abused was a patient/client.*
4. *If the conduct involved sexual abuse as defined by the RHPA.*
(See the definition of "sexual abuse" on page 4).
5. *Where you have "reasonable grounds" to believe sexual abuse occurred.*
(For example, concrete information from a reliable source or a patient/client, as opposed to rumour), and
6. *Where they obtained the information concerning sexual abuse during the course of practising the profession.*
(The reporting requirement is not intended to capture a member's conduct or behaviour outside the patient care/employment setting).

Any questions regarding the reporting requirements and process can be directed to the CRTO.

Although there is no obligation under the *RHPA* to report sexual abuse of non-patients, (e.g. co-workers or students) there is a **professional obligation** to report another member of the CRTO where there is reason to suspect professional misconduct.
(CRTO Standards of Practice - 1.9)

A report must be filed with the Registrar of the appropriate College within thirty days of the incident being brought to the RTs attention, unless the RT reasonably believes the abuser will continue to abuse, in which case they must file the report immediately. The report must be in writing and include:

- the RT's name, address, and a phone number where they can be reached;
- the name of the alleged abuser (regulated health care professional);
- details/description of the alleged abuse;
- the name of the patient/client, only if the patient/client consents, in writing, to their name being included (if the patient will not give consent you must still submit the report but do not include the patient/client's name. You should include the fact that you have tried to obtain consent, and that it was refused, in the report);
- the names of witnesses or any other persons who might have information about the alleged abuse is also helpful.

The following tips will help you assist someone if they tell you they have been abused:

DO

- Listen calmly and with an open mind.
- Take the information seriously.
- Reassure the person that they are not to blame, and that they are not alone.
- Be supportive.
- Involve the appropriate corporation or institution staff, while respecting the person's privacy.
- Report the incident to the Registrar of the appropriate College.
- Ask the person for their written permission to include their name in the report.

DON'T

- Make light of the situation.
- Assume that the crisis has passed.
- Try to explain the behaviour as having been misinterpreted.
- Guarantee quick fixes or other promises that cannot be kept.
- Display a strong emotional reaction of shock, disgust, or embarrassment.

Anyone who fails to file a required report as outlined above, is guilty of an offence and if convicted is liable for a fine up to \$25,000 [HPPC section 93(4)]. Additionally, if you, as a Member of the CRTO, fail to file a report as required, you may be subject to professional misconduct proceedings [O. Reg 753/93 Professional Misconduct Section 24, and HPPC section 51(2)].

The *RHPA* expressly states that anyone making a report in good faith and on the belief that there are reasonable grounds is protected from retaliation (*HPPC*, Ss.92.1).

Responsibilities related to the *Child and Family Services Act*

The *Child and Family Services Act* (CFSA) exists to protect and promote the best interests and well-being of children under the age of 16 years of age. The legislation articulates the duty to report a child in need of protection and outlines the reasons a child might be in need of protection (Ss. 72.1), which includes but is not limited to a child that:

- has suffered, or is likely to suffer, physical harm;
- is neglected or is subject to a pattern of neglect;
- has been, or is likely to be, sexually molested or exploited;
- requires medical treatment to cure, prevent or alleviate physical harm or suffering and the child's parent or other person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, the treatment; and/or
- has been abandoned.

The *Child and Family Services Act* outlines that healthcare professionals have a particular responsibility to report suspicions of abuse of children. The Act makes it an offence for a healthcare professional to not report their suspicion when it is based on “information obtained in the course of his or her professional or official duties” [(s.72.0(5))]. The act also articulates the ongoing duty to report subsequent suspicions of abuse, even if the healthcare professional has already made previous reports on the same child.

As with reporting abuse of adults under the *RHPA*, the *Child & Family Services Act* has several provisions protecting anyone “providing information in good faith” (*Child & Family Services Act*).

Scenario: *A child is brought into emergency with a severe asthma exacerbation. Upon chest x-ray it is noted that he has lateral and posterior rib fractures that are highly specific for abuse. The healthcare team discusses their suspicions of abuse and the RT assumes that the physician or one of the nurses will file a report with CAS.*

A person who has reasonable grounds to suspect a child is or may be in need of protection must report immediately and directly to the CAS and **cannot rely on anyone else to make the report**. There is also an ongoing duty to report any additional suspicions, even if previous incidents have already been brought to the attention of the CAS.

RTs Experiencing Abuse

Occasionally, an RT may be subject to abuse by a patient/client, the patient's/client's family members, and/or other individuals in their workplace environments. RTs should take the appropriate steps to protect themselves when their personal safety is threatened and report all incidents of abuse to the appropriate person (i.e., manager/supervisor). If there is a significant threat or risk of injury to a Member, it may be necessary to leave the area and reassess the situation. The decision to withdraw or withhold care or services from a patient/client is not common and only used as a last resort. Please refer to your employer's policy. For information on documenting such incidents, see CRTO PPG on *Documentation - Withdrawal of Care/Services Due to Abuse or Violence*.

Additional Resources

[Commitment to Ethical Practice](#)

[CRTO Funding for Therapy & Counselling Fact Sheet](#)

[CRTO Mandatory Reporting by Members Fact Sheet](#)

[CRTO Standards of Practice](#)

[Use of Social Media by Respiratory Therapists Fact Sheet](#)

Glossary

Member: refers to a Respiratory Therapist (RT) who is registered with the CRTO as either a Registered Respiratory Therapists (RRT), Practical (limited) Respiratory Therapist (PRT) or Graduate Respiratory Therapists (GRT).

References

Child and Family Services Act.

Criminal Code of Canada.

Handbook on Sensitive Practice for Health Care Practitioners: Lessons from Adult Survivors of Childhood Sexual Abuse. In Public Health Agency of Canada (Eds.),. Ottawa: Public Health Agency of Canada.

McPhedran, M., & Sutton, W. (2004). *Preventing Sexual Abuse of Patients: A Legal Guide for Health Care Professionals.* Toronto, ON, Canada: LexisNexis Butterworths.

Ontario Human Rights Commission (2013). *Policy on Preventing Sexual and Gender-Based Harassment.*

Regulated Health Professions Act.

Victimization of Indigenous Women and Girls (July 2017)

Statistics Canada (2014): What is family violence?

Women and Gender Equality Canada

World Health Organization (2021): Violence against women

Appendix B: Abuse Awareness and Prevention PPG Consultation Survey Results

Answers to Questions Abuse Awareness and Prevention PPG Consultation 2023 As of: 7/20/2023 11:35:16 AM		
Page: Abuse Awareness and Prevention PPG Background		
Question: Introduction/Overview		
Number Who Answered: 0		View Details
Page: About You		
Question: Are you a...		
Number Who Answered: 9		View Details
Respiratory Therapist (including retired)	5	83 %
Graduate Respiratory Therapist	0	0 %
Student of a Respiratory Therapy Program	0	0 %
Member of the Public	0	0 %
Other Respiratory Therapy Regulator or Association	0	0 %
Other Health Care Professional (including retired)	0	0 %
Other Health Care Regulator or Association	1	17 %
Prefer Not to Say	0	0 %
Question: I live in...		
Number Who Answered: 9		View Details
Ontario	6	100 %
Canada, but outside Ontario	0	0 %
Outside of Canada	0	0 %
Prefer Not to Say	0	0 %
Page: Questions		
Question: Abuse Awareness and Prevention PPG		
Number Who Answered: 0		View Details
Question: Is the purpose of the Abuse Awareness and Prevention PPG clear?		
Number Who Answered: 8		View Details
Yes	No	
5	0	
100 %	0%	
Question: If no, please provide further details:		
Number Who Answered: 0		View Details
Question: Do you agree that the Abuse Awareness and Prevention PPG clear? is clear and understandable?		
Number Who Answered: 8		View Details
Yes	No	
5	0	
100 %	0 %	
Question: If no, please provide further details:		
Number Who Answered: 0		View Details
Question: Is the Abuse Awareness and Prevention PPG free from omissions and/or errors?		
Number Who Answered: 6		View Details
Yes	No	
5	0	
100 %	0 %	
Question: If no, please provide further details:		

Appendix B: Abuse Awareness and Prevention PPG Consultation Survey Results

<i>Number Who Answered: 0</i>		View Details
Question: Does this Abuse Awareness and Prevention PPG provide you with sufficient understanding of the expectations?		
<i>Number Who Answered: 8</i>		View Details
Yes	No	
5	0	
100 %	0 %	
Question: If no, please provide further details:		
<i>Number Who Answered: 0</i>		View Details
Page: Additional Comments		
Question: Do you have any additional comments you would like to share?		
<i>Number Who Answered: 0</i>		View Details

Council Briefing Note

AGENDA ITEM # 9.5

September 22, 2023

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

PUBLIC INTEREST RATIONALE

Ensuring that Respiratory Therapists understand their professional and legislative requirements and responsibilities when practicing as Anesthesia Assistants.

ISSUE:

Previously revised in September 2018, the Respiratory Therapists as Anesthesia Assistants PPG has been reviewed and updated. In the current state of healthcare, AA’s provide safe anesthetic practices, improving access to healthcare for patients, which can improve access options and wait times. This PPG provides information regarding the applicable legislation and expectations for RT’s who provide anesthesia assistance.

BACKGROUND:

This PPG has been updated and revised, using subject matter experts, to facilitate understanding and clear direction with respect to anesthesia assistance.

ANALYSIS:**Summary of Changes**

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

RECOMMENDATION:

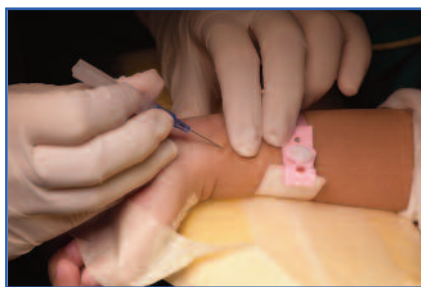
It is recommended that the CRTO Council review and approve the revised Respiratory Therapists as Anesthesia Assistants PPG for circulation for consultation.

NEXT STEPS:

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

Respiratory Therapists As Anesthesia Assistants

PROFESSIONAL PRACTICE GUIDELINE



Professional Practice Guideline

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

It is important to note that employers may have policies related to Respiratory Therapists authority to perform certain procedures; including controlled acts and acts that fall within the public domain. If an employer's policies are more restrictive than the CERTO's expectations, the RT must abide by the employer's policies. Where an employer's policies are more permissive than the expectations of the CERTO, the RT must adhere to the expectations of the CERTO.

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Introduction

For several decades, Registered Respiratory Therapists (RRTs) have worked alongside anesthesiologists in Ontario operating rooms, providing technical support on the proper use and maintenance of the anesthetic gas machine in addition to airway management. Since the implementation of the Anesthesia Care Team model in 2009, the role of the Respiratory Therapists practicing under the supervision of an anesthesiologist has evolved to include a number of additional activities, such as the provision of conscious sedation, administration of anesthetic gases medications, insertion and management of arterial lines and the assessment of the depth of anesthesia. The locations where RRTs now provide these services have also expanded to include labour and delivery, emergency departments, specialty suites such as endoscopy and private dental practices.

Professional Titles, Roles & Responsibilities

Professional Titles

The title for this role RRTs play in varies between institutions. Although the title of “Anesthesia Assistant” (AA) is not a legislatively protected title, it has been associated with this role in some facilities in Ontario. In the Canadian Anesthesia Society’s (CAS) [2018 Position Paper on Anesthesia Assistants](#), the CAS states that individuals working as AAs “should be experienced healthcare professionals who have pursued a defined period of didactic and clinical training specific to the competencies required to be an AA”. In addition, it is the position of the CRTO is that an RRT must not use the title of Anesthesia Assistant unless they have completed a recognized Anesthesia Assistant educational program.

CSRT's Certified Clinical Anesthesia Assistant (CCAA)

The Canadian Society for Respiratory Therapy (CSRT) offers a credential for Anesthesia Assistants – the Certified Clinical Anesthesia Assistant (CCAA). This credential is awarded to regulated health care professionals who (1) have completed an accredited anesthesia assistant program, and (2) have successfully passed the credentialing exam offered by the Canadian Board for Respiratory Care (CBRC). Those holding the CCAA credential must remain registered with the CSRT and participate in the continuing education program for the CCAA.

Details of the program can be found on the CSRT website: www.csrt.com.

The CCAA is not a substitute for registration with a regulatory body – in fact, maintenance of the CCAA requires ongoing registration with a regulator. ALL RTs wishing to practice in Ontario must be registered with the CRTO. The CRTO does not require its Members who work as AAs to obtain the CCAA designation.

Anesthesia Assistants & Advanced Practice Roles

In 2010, the CRTO released a discussion paper examining the question of whether or not anesthesia assistance could be considered an area of advanced practice. The report used the Strong model of advance practice as the basis for determination and concluded that, while anesthesia assistance does require additional training beyond that of an entry-to-practice respiratory therapy program, it did not meet the criteria for advanced practice.

The report can be viewed here: www.crto.on.ca/pdf/Reports/AA_Final_Report.pdf

Working under the Direction and Supervision of an Anesthesiologist

The CAS 2018 [Position Paper on Anesthesia Assistants](#) stipulates that AAs work under the direction and supervision of an anesthesiologist. The same principle applies to all RTs, regardless of whether they have received AA training or not, which is that the RT is not to be the primary provider of anesthesia services.

Scope of Practice, Competencies & Authorized Acts

Scope of Practice

The CRTO has determined that the concept of Respiratory Therapists (RTs) as Anesthesia Assistants is consistent with the scope of practice outlined in the *Respiratory Therapy Act* (RTA), which is as follows:

The providing of oxygen therapy, cardio-respiratory equipment monitoring and the assessment and treatment of cardio-respiratory and associated disorders to maintain or restore ventilation.

Competencies

Many of the procedures that Respiratory Therapists perform in the area of anesthesia are entry-to-practice competencies taught in respiratory therapy programs. For those skills beyond entry-to-practice competency, many of the RRTs performing these activities have undergone on-site training. Others have completed Anesthesia Assistant educational programs. Although the CRTO does not specifically require its Members undergo additional certification or “proof” of formalized training from its Members to carry out or to enhance their practice, the CRTO supports and encourages a consistent and measurable process to enhance the skills of its members.

Authorized Acts Performed by RRTs in an Operating Room Setting

Many of the tasks performed by RRTs under the supervision of an anesthesiologist are done under the controlled acts that are authorized to Respiratory Therapists via the RTA, which are as follows:

1. ***Performing a prescribed procedure below the dermis***, such as:
 - Arterial line insertion
 - Intravenous and/or intra-arterial catheter insertion
 - Pulmonary artery catheters and central venous catheter insertion
2. ***Intubation beyond the point in the nasal passages where they normally narrow or beyond the larynx.***
 - Routine and difficult airway management
 - Oro/nasogastric tube insertion
 - Performing Bronchoscopy
 - Assisting in emergence from anesthesia (e.g., tracheal extubation, removal of laryngeal mask airway)
3. ***Suctioning beyond the point in the nasal passages where they normally narrow or beyond the larynx.***

4. ***Administering a substance by injection or inhalation.***
 - Assisting with induction and maintenance of anesthesia
 - Providing procedural sedation (e.g., administration of narcotics)
 - Administering blood products
 - Ventilation management
5. ***Administering a prescribed substance by inhalation.***

More information on controlled acts authorized to Respiratory Therapists can be found in the [CRTO's Interpretation of Authorized Act Professional Practice Guideline](#).

Public Domain Activities Performed by RRTs in an Operating Room Setting

Other tasks performed by RRTs under the direction and supervision of an |anesthesiologist are not controlled acts, and therefore rest within the public domain. This means that these activities can be performed by any healthcare professional who possesses the requisite competencies. The following are examples of public domain activities routinely performed by RRTs providing anesthesia services:

- Pre-operative assessments
- Set up, calibration and troubleshooting of anesthesia equipment and patient monitors
- Intraoperative and post-operative patient monitoring (e.g., EtCO₂, SpO₂)
- Patient transfer to/from various care areas (e.g., Post Anesthetic Care Unit, ED, ICU, Surgical Floor)

Authorizing Mechanisms

AAs execute medical orders and directives as prescribed by anesthesiologists. The RTA requires an order for all controlled acts authorized to Respiratory Therapists (regardless of practice setting) except* for:

- *Suctioning beyond the point in the nasal passages where they normally narrow or beyond the larynx; and*
- *Administering a prescribed substance by inhalation.*

* **Please note:** depending on the practice setting, other legislation may require an order even for these acts (e.g., the Public Hospitals Act). Almost all controlled acts authorized to Respiratory Therapists require a valid order.

Both direct orders and medical directives are valid authorizing mechanisms and either be used by an RRT providing anesthesia services. The only exception to this is when controlled substances are administer, in which case a direct order must be used. More information on this can be found in the section entitled [Controlled Substances](#).

More information on authorizing mechanisms can be found in the [CRTO's Orders for Medical Care Professional Practice Guideline](#).

Delegation

Delegation is the transfer of legal authority to perform a controlled act to a person not authorized to perform that controlled act. When the task to be performed is neither authorized to Respiratory Therapists nor part of the public domain, it must be delegated to the RRT from another competent, regulated health care professional who has the authority to perform the controlled act. The following are examples of tasks that RRTs might receive delegation for when providing anesthesia services:

- Dispensing medication
- Putting an instrument, hand or finger beyond the opening of the urethra, beyond the anal verge or into an artificial opening into the body
- Application of a form of energy for nerve conduction studies, cardioversion, defibrillation or transcutaneous cardiac pacing

More information on delegation can be found in the [CRTO's Delegation of Controlled Acts Professional Practice Guideline](#).

Please Note:

As of January 1, 2019, RRTs who wish to use ultrasound in their practice (e.g., for guided arterial line insertions) will require delegation. Therefore, two things are needed to continue using ultrasound in your practice:

1. An order
 - As outlined in the [CRTO Orders for Medical Care Professional Practice Guideline \(PPG\)](#) (pp. 10 – 11) & the [CRTO Position Statement on Medical Directives](#), there are two types of orders:
 - i. A direct order (naming an individual patient)
 - ii. A medical directive (for a broad group/type of patient)
2. Delegation
 - As outlined in the [CRTO Delegation PPG](#), delegation is the transfer of legal authority from a profession who has the authority (e.g., a physician) to someone who does not (in this case, an RRT or group of RRTs).

The Federation of Health Regulatory Colleges of Ontario (FHRCO) has additional information on these processes, as well as [templates](#) that combine a medical directive with a delegation document.

Controlled Substances

RRTs are authorized to administer controlled substances and other medications to a particular patient or group of patients, provided they have a valid order. It is essential to first determine if a controlled substance is being administered or dispensed. If the obtained medication is prepared and administered at that time to a patient, then it's considered to be administration and not dispensing (e.g., providing procedural sedation to a patient in the OR).

The *Controlled Drugs and Substances Act* states that the physician who orders a controlled substance must name the individual patient in the prescription. Because of this restriction, medical directives for a broad range of patients cannot be used to gain possession of a controlled substance.

More information on controlled substances can be found in the [CRTO's Handling, Administration and Dispensing of Controlled Substances Position Statement](#).

Dispensing

The RTA does not authorize RTs to dispense medication, however, this controlled act can be delegated to an RT from a regulated health care professional who has the authority to delegate dispensing. In addition, RTs can obtain possession of a controlled substance through a prescription issued by an authorized practitioner; usually a physician.

More information on Dispensing can be found in the [CRTO's Administering & Dispensing Medications Professional Practice Guideline](#).

Documentation

The purpose of documentation is to preserve a permanent and accurate record of the care a patient receives. This includes documentation in the patient's Personal Health Records (PHR), as well as equipment maintenance records, transfer of accountability (TOA) reports, adverse event/critical incident reports, etc. RTs working as AAs may be to document in a paper record, in an electronic system, or a combination, as specified by the facility where the patient care is provided. In addition, each phase of the continuum of anesthesia care (pre-operative, intra-operative and post-operative) has its own unique documentation requirements. However, RTs working as Anesthesia Assistants are required to adhere to the same documentation standards as RTs in any other practice setting.

More information on the CRTO's Documentation Standards can be found in the [CRTO's Documentation Professional Practice Guideline](#) and the [CRTO Standards of Practice](#) document (Standard 7).



**College of Respiratory
Therapists of Ontario**

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

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Respiratory Therapists As Anesthesia Assistants

PROFESSIONAL PRACTICE GUIDELINE



Professional Practice Guideline

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

It is important to note that employers may have policies related to Respiratory Therapists authority to perform certain procedures; including controlled acts and acts that fall within the public domain. If an employer's policies are more restrictive than the CRTO's expectations, the RT must abide by the employer's policies. Where an employer's policies are more permissive than the expectations of the CRTO, the RT must adhere to the expectations of the CRTO.

The CRTO will update and revise this document every five years, or earlier, if necessary.

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Introduction

For several decades, Registered Respiratory Therapists (RRTs) have worked alongside anesthesiologists in Ontario operating rooms, providing technical support on the proper use and maintenance of the anesthetic gas machine in addition to airway management. Since the implementation of the Anesthesia Care Team model in 2009, the role of Respiratory Therapists practicing under the supervision of an anesthesiologist has evolved to include a number of additional activities, such as the provision of conscious sedation, administration of anesthetic gas medications, insertion and management of arterial lines and the assessment of the depth of anesthesia. The locations where RRTs now provide these services have also expanded to include labor and delivery, emergency departments, specialty suites such as endoscopy and private dental practices.

Professional Titles, Roles & Responsibilities

Professional Titles

The title for this role RRTs play in varies between institutions. Although the title of “Anesthesia Assistant” (AA) is not a legislatively protected title, it has been associated with this role in some facilities in Ontario. In the Canadian Anesthesia Society’s (CAS) [2018 Position Paper on Anesthesia Assistants](#), [2022 Position Paper on Anesthesia Assistants](#) the CAS has supported the development of the “Anesthesia Care Team” (ACT) concept of care in which the specialist physician anesthesiologist practices with the assistance of dedicated, trained and certified Anesthesia Assistants individuals.

Those working as AAs “should be experienced healthcare professionals who have pursued a defined period of didactic and clinical training specific to the competencies required to be an AA”.

In addition, it is the position of the CRTO and the CAS is that an RRT must not use the title of Anesthesia Assistant unless they have completed a recognized Anesthesia Assistant educational program.

CSRT's Certified Clinical Anesthesia Assistant (CCAA)

The Canadian Society for Respiratory Therapy (CSRT) offers a credential for Anesthesia Assistants – the Certified Clinical Anesthesia Assistant (CCAA). This credential is awarded to regulated health care professionals who (1) have completed an accredited anesthesia assistant program, and (2) have successfully passed the credentialing exam offered by the Canadian Board for Respiratory Care (CBRC). Those holding the CCAA credential must remain registered with the CSRT and participate in the continuing education program for the CCAA.

Details of the program can be found on the CSRT website: www.csrt.com.

The CCAA is not a substitute for registration with a regulatory body – in fact, maintenance of the CCAA requires ongoing registration with a regulator. ALL RTs wishing to practice in Ontario must be registered with the CRTO. The CRTO does not require its Members who work as AAs to obtain the CCAA designation.

~~Anesthesia Assistants & Advanced Practice Roles~~

~~In 2010, the CRTO released a discussion paper examining the question of whether or not anesthesia assistance could be considered an area of advanced practice. The report used the Strong model of advanced practice as the basis for determination and concluded that, while anesthesia assistance does require additional training beyond that of an entry-to-practice respiratory therapy program, it did not meet the criteria for advanced practice.~~

~~The report can be viewed here: www.crto.on.ca/pdf/Reports/AA_Final_Report.pdf~~

Working under the Direction and Supervision of an Anesthesiologist

The CAS [2022 Position Paper on Anesthesia Assistants](#) ~~CAS 2018 Position Paper on Anesthesia Assistants~~ stipulates that AAs work under the direction and supervision of an anesthesiologist. **“The AA must not be used as a replacement for a physician anesthesiologist”**. The same principle applies to all RTs, regardless of whether they have received AA training or not, which is that the RT is not to be the primary provider of anesthesia services.

Scope of Practice, Competencies & Authorized Acts

Scope of Practice

The CRTO has determined that the concept of Respiratory Therapists (RTs) as Anesthesia Assistants is consistent with the scope of practice outlined in the *Respiratory Therapy Act* (RTA), which is as follows:

The providing of oxygen therapy, cardio-respiratory equipment monitoring and the assessment and treatment of cardio-respiratory and associated disorders to maintain or restore ventilation.

For a comprehensive list of examples of technical, professional and administrative duties an AA may assist with, see the [CAS 2019 Position Paper](#) and the [National Competency Framework 2016](#) document.

Competencies

Many of the procedures that Respiratory Therapists perform in the area of anesthesia are entry-to-practice competencies taught in respiratory therapy programs, **however the degree of competency and skill can be expanded with the completion of the additional training.** For those skills beyond entry-to-practice competency, many of the RRTs performing these activities have undergone on-site training.

Others have completed Anesthesia Assistant educational programs. Although the CRTO does not specifically require its Members to undergo additional certification or “proof” of formalized training from its Members to carry out or to enhance their practice, the CRTO supports and encourages a consistent and measurable process to enhance the skills of its members **through the completion of the AA educational program.**

Authorized Acts Performed by AAs/RRTs in an Operating Room Setting

Many of the tasks performed by RRTs under the supervision of an anesthetists are done under the controlled acts that are authorized to Respiratory Therapists via the RTA, which are as follows:

1. ***Performing a prescribed procedure below the dermis***, such as:
 - Arterial line insertion
 - Intravenous and/or intra-arterial catheter insertion
 - Pulmonary artery catheters and central venous catheter insertion
2. ***Intubation beyond the point in the nasal passages where they normally narrow or beyond the larynx.***
 - Routine and difficult airway management
 - Oro/nasogastric tube insertion
 - Performing Bronchoscopy
 - Assisting in emergence from anesthesia (e.g., tracheal extubation, removal of laryngeal mask airway)

3. *Suctioning beyond the point in the nasal passages where they normally narrow or beyond the larynx.*

4. *Administering a substance by injection or inhalation.*

- Assisting with induction and maintenance of anesthesia
- Providing procedural sedation (e.g., administration of narcotics)
- Administering blood products
- Ventilation management

5. *Administering a prescribed substance by inhalation.*

More information on controlled acts authorized to Respiratory Therapists can be found in the [CRTO's Interpretation of Authorized Act Professional Practice Guideline](#).

Procedural Sedation

The CAS position paper on [Procedural sedation](#) states that sedation may be provided by a team that includes a sedation supervisor (typically the anesthesiologist/physician) and an approved and credentialed sedation assistant(s) (e.g., Respiratory Therapist, Anesthesia Assistant.) Sedation administration may be delegated to the AA/RRT by the sedation supervision. The sedation supervisor retains responsibility for the patient and must remain immediately available to support the sedation assistant as necessary.

Public Domain Activities Performed by AAs/RRTs in an Operating Room Setting

Other tasks performed by RRTs under the direction and supervision of an | anesthesiologist are not controlled acts, and therefore rest within the public domain. This means that these activities can be performed by any healthcare professional who possesses the requisite competencies. The following are examples of public domain activities routinely performed by RRTs providing anesthesia services:

- Pre-operative assessments
- Set up, calibration and troubleshooting of anesthesia equipment and patient monitors
- Intraoperative and post-operative patient monitoring (e.g., EtCO₂, SpO₂)
- Patient transfer to/from various care areas (e.g., Post Anesthetic Care Unit, ED, ICU, Surgical Floor)

Authorizing Mechanisms

AAs execute medical orders and directives as prescribed by anesthesiologists. The RTA requires an order for all controlled acts authorized to Respiratory Therapists (regardless of practice setting) except* for:

- *Suctioning beyond the point in the nasal passages where they normally narrow or beyond the larynx; and*
- *Administering a prescribed substance by inhalation.*

* **Please note:** depending on the practice setting, other legislation may require an order even for these acts (e.g., the Public Hospitals Act). Almost all controlled acts authorized to Respiratory Therapists require a valid order.

Both direct orders and medical directives are valid authorizing mechanisms and either be used by an RRT providing anesthesia services. The only exception to this is when controlled substances are administered, in which case a direct order must be used. More information on this can be found in the section entitled [Controlled Substances](#).

More information on authorizing mechanisms can be found in the [CRTO's Orders for Medical Care Professional Practice Guideline](#).

Delegation

Delegation is the transfer of legal authority to perform a controlled act to a person not authorized to perform that controlled act. When the task to be performed is neither authorized to Respiratory Therapists nor part of the public domain, it must be delegated to the RRT from another competent, regulated health care professional who has the authority to perform the controlled act. The following are examples of tasks that RRTs might receive delegation for when providing anesthesia services:

- Dispensing medication
- Putting an instrument, hand or finger beyond the opening of the urethra, beyond the anal verge or into an artificial opening into the body
- Application of a form of energy for nerve conduction studies, cardioversion, defibrillation or transcutaneous cardiac pacing

More information on delegation can be found in the [CRTO's Delegation of Controlled Acts Professional Practice Guideline](#).

Please Note:

As of ~~January 1, 2019~~, RRTs who wish to use ultrasound in their practice (e.g., for guided arterial line insertions) will require delegation. Therefore, two things are needed to continue using ultrasound in your practice:

1. An order
 - As outlined in the [CRTO Orders for Medical Care Professional Practice Guideline \(PPG\)](#) (pp. 10 – 11) & the [CRTO Position Statement on Medical Directives](#), there are two types of orders:
 - i. A direct order (naming an individual patient)
 - ii. A medical directive (for a broad group/type of patient)
2. Delegation
 - As outlined in the [CRTO Delegation PPG](#), delegation is the transfer of legal authority from a profession who has the authority (e.g., a physician) to someone who does not (in this case, an RRT or group of RRTs).

The Federation of Health Regulatory Colleges of Ontario (FHRCO) has additional information on these processes, as well as [templates](#) that combine a medical directive with a delegation document.

Controlled Substances

RRTs are authorized to administer controlled substances and other medications to a particular patient or group of patients, provided they have a valid order. It is essential to first determine if a controlled substance is being administered or dispensed. If the obtained medication is prepared and administered at that time to a patient, then it's considered to be administration and not dispensing (e.g., providing procedural sedation to a patient in the OR).

The *Controlled Drugs and Substances Act* states that the physician who orders a controlled substance must name the individual patient in the prescription. Because of this restriction, medical directives for a broad range of patients cannot be used to gain possession of a controlled substance.

More information on controlled substances can be found in the CRYPTO's [Handling, Administration and Dispensing of Controlled Substances Position Statement](#).

Dispensing

The RTA does not authorize RTs to dispense medication, however, this controlled act can be delegated to an RT from a regulated health care professional who has the authority to delegate dispensing. In addition, RTs can obtain possession of a controlled substance through a prescription issued by an authorized practitioner; usually a physician.

More information on Dispensing can be found in the [CRYPTO's Administering & Dispensing Medications Professional Practice Guideline](#) ~~CRYPTO's Administering & Dispensing Medications Professional Practice Guideline~~.

Documentation

The purpose of documentation is to preserve a permanent and accurate record of the care a patient receives. This includes documentation in the patient's Personal Health Records (PHR), as well as equipment maintenance records, transfer of accountability (TOA) reports, adverse event/critical incident reports, etc. RTs working as AAs may be to document in a paper record, in an electronic system, or a combination, as specified by the facility where the patient care is provided. In addition, each phase of the continuum of anesthesia care (pre-operative, intra-operative and post-operative) has its own unique documentation requirements. However, RTs working as Anesthesia Assistants are required to adhere to the same documentation standards as RTs in any other practice setting **and are responsible for documenting their own actions. Note: It is not acceptable to allow another healthcare provider to record or document for the AA/RRT.**

More information on the CRYPTO's Documentation Standards can be found in the [CRYPTO's Documentation PPG](#) and [CRYPTO's Standards of Practice - Standard 7](#) ~~CRYPTO's Documentation Professional Practice Guideline~~ and the ~~CRYPTO Standards of Practice document (Standard 7)~~.



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Council Briefing Note

AGENDA ITEM # 9.6

September 22, 2023

From:	Shaf Rahman, Deputy Registrar
Topic:	Criminal Reference Checks
Purpose:	Discussion
Strategic Focus:	Core Business Practices
Attachment(s):	Appendix A: Types of Criminal Record Checks Appendix B: ORAC Criminal Records Check Survey Results Appendix C: NARTRB Criminal Records Check Survey Results

PUBLIC INTEREST RATIONALE:

Ensuring the CRTO has the necessary safeguards in place to meet its mandate of regulating the profession of Respiratory Therapy in the public interest/safety.

BACKGROUND:

Under section 53(1)1 of the *Respiratory Therapy Act, 1991 (O. Reg. 596/94)*, all CRTO applicants must disclose to the CRTO 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). However, this relies on the applicant being forthcoming and truthful without any mechanism in place for the CRTO to ensure that the applicant has provided a full disclosure of their criminal matters.

Accordingly, to ensure that the CRTO is conducting a diligent background check of their applicants for membership, the CRTO is engaging in initial information gathering to determine if the CRTO should conduct a criminal background check and how best to implement such a requirement.

As part of the initial research, three (3) different considerations have been looked at:

- 1.) What type of criminal reference check are currently available for the CRTO to conduct?
- 2.) What are other regulators in Ontario doing in relation to criminal reference checks?
- 3.) What are other Respiratory Therapy regulators in Canada doing in relation to criminal reference checks?

ISSUE:

As the CRTO proceeds with introducing a criminal reference check, the CRTO must determine the following items:

- 1.) What is the best form of criminal reference check to conduct?
- 2.) Should we also conduct criminal reference check of current members?
- 3.) If yes to question 2, how do we go about conducting a criminal reference check for current members?
- 4.) What are the costs associated with a criminal reference check, and who will incur the cost of a reference check?
- 5.) How long of a period of time is a criminal reference check valid?

ANALYSIS/DISCUSSION:

This section will discuss the questions posed in the “ISSUE” section of the briefing note.

1.) What is the best form of criminal reference check to conduct?

Currently, there are 3 types of criminal reference checks that can be conducted. They include Criminal Record Check, Criminal Record & Judicial Matters Check, and Vulnerable Sector Check. Of these 3, the Criminal Record Check provides the least amount of information, whereas the Vulnerable Sector Check provides the most amount of information. Please see Appendix A for a full breakdown of the types of information that can be obtained from each type of check.

You will note that the criminal record check is very basic and only allows for disclosure of findings of guilt in which a pardon has not been issued or granted.

Whereas the Criminal Record & Judicial Matters Check provides the above, and further provides information on any court orders against an individual (including outstanding warrant/charge).

Finally, as mentioned, the Vulnerable Sector check provides the disclosure of all the above noted matters and in addition, includes disclosure of findings of not criminally responsible on account of mental disorder and any non-convictions including charges that were dismissed, withdrawn, or stayed.

As discussed earlier, the CRTO conducted a survey of other regulators in Ontario as well as Respiratory Therapists regulators in Canada. Summary of results pertaining to the question of “if they conduct a record check, and if so, what kind?”, is below.

Total Number of Responses: 26

Total Number of Regulators who indicated they conduct some sort of check of applicants: 21 (80.8% of regulators who responded).

What type of Record Check do you Conduct:

- i. Criminal Record Check (or equivalent): 5
- ii. Criminal Record and Judicial Record Check (or equivalent): 4
- iii. Vulnerable Sector Check (or equivalent): 10

** Two regulators indicated they will accept either criminal record or vulnerable sector checks.*

*** Of the 6 Respiratory Therapist regulators who responded, 4 indicated they conduct a vulnerable sector check.*

2.) Should we also conduct criminal reference check of current members?

If we are to contemplate a requirement that current members provide some sort of criminal reference check, we must first discuss how to implement the requirement. Currently, the Manitoba Respiratory Therapist regulator (who requires applicants to submit a Vulnerable Sector Check), keeps track of the date of the check when the applicant first submits it. Once a period of 5 years has lapsed, the members will be notified that they are required to submit a new Vulnerable Sector Check. Since the CRTO has not required applicants in the past to submit a criminal record check of any kind, implementing a strategy like Manitoba's would be difficult. It is important to note however that this approach would be administratively difficult, as CRTO has approximately 90% more members as compared to Manitoba.

Quebec is also contemplating a similar strategy to that of Manitoba; however, it has not been implemented.

Of the 26 regulators who responded to the CRTO survey, 24 of the 26 (92%) indicated that they do not require current members to provide a criminal record check, and they rely solely on the member's renewal declarations. Of the 24 regulators, 2 of them responded that if a member does suggest some sort of criminal matter in their declarations, they will then be required to submit a criminal record check.

3.) If yes to question 2, how do we go about conducting a criminal record check for current members?

As discussed in the analysis for question 2, very few regulators require a criminal reference check for current members. However, if the CRTO were to implement such a process, the two possible ways to conduct such a check would be to:

- i.) Conduct a random audit of a percentage of the membership yearly:
 - 5% = ~190 members
 - 10% = ~ 380 members

- ii.) Request all participants of the QA Portfolio program to submit a criminal record check. This would result in approximately 800+ members submitting their record check yearly.

4.) What are the costs associated with a criminal record check and who will incur the cost of a record check?

Regardless of the type of check to be conducted, based on the jurisdictions in Ontario, the cost of a check conducted by the local police jurisdictions will cost somewhere between \$45-\$70.

If the CRTO were to incur the cost of such a request, the administrative hurdles to administer such a program would cause delays in the processing of applications. Further, at a projected cost of \$60 per record check, with an average of 230 applications a year, the cost would be high, at approximately, \$13,800.

Whereas, if an applicant was required to submit their record check as part of the application process, or a member is required to provide a copy of the record at a certain point in time, the CRTO would be in a better position to process the information in an expedited manner. Further, the cost per applicant/member would not be an unjust burden.

5.) How long of a period of time is a criminal reference check valid?

Police records checks are a point-in-time search and only valid on the day they are issued since information can change daily. Therefore, a timeframe of validity must be established. Once a criminal reference check is received by an applicant/member, a maximum amount of time must be established for applicant/member to provide that information to the CRTO and for the CRTO consider the reference check to be valid.

RECOMMENDATION:

After our initial research and environmental scans, the CRTO staff and Registration Committee recommend the following course of action, however, this is subject to change based on further research.

1.) What is the best form of criminal reference check to conduct for applicants?

- a. We recommend that the CRTO conduct a Vulnerable Sector Check. 57% of regulators surveyed indicated that they conduct a Vulnerable Sector Check.

- 2.) Should we also conduct criminal reference check of current members?
 - a. Adopt a wait and see approach. Implement a criminal reference check for applicants first. Once that is up and running, we will have greater insight into the process. This will inform the CRTO in the future on how to roll out a requirement for current members to submit a criminal reference check.

- 3.) If yes to question 2, how do we go about conducting a criminal reference check for current members?
 - a. N/A

- 4.) What are the costs associated with a criminal reference check and who will incur the cost of a record check?
 - a. It is recommended that the applicant and/or current member incur the cost of such a check. The cost associated with such a check would be a financial burden on the limited revenue the CRTO generates.

- 5.) How long of a period of time is a criminal record check valid?
 - a. Based on the above analysis, it is recommended that the CRTO only accept reference checks that are dated no earlier than 6 months prior to the date of submission by the applicant/member.

The rationale for this is that often new applicants have recently done a criminal reference check for either their RT program or for a new job. Therefore, by allowing a 6-month period to accept the check, an applicant can submit a copy of the record check (as long as it is a vulnerable sector check) that they have already completed for either school or work. They would not have to pay twice for the same check.

NEXT STEPS:

Based on additional information gathered during the Council meeting, the CRTO staff will take all feedback, continue its research, and propose a draft policy on Criminal Reference Check at a future meeting of the Registration Committee. This will then be forwarded to Council, once approved by the Registration Committee.

Appendix A:

Types of Criminal Background Checks – Overview

In Ontario, the [Police Record Checks Reform Act](https://www.ontario.ca/page/police-record-checks) governs how police record checks are conducted and what is included in the check (<https://www.ontario.ca/page/police-record-checks>). The act authorizes three different types of police record checks:

1. **Criminal record check**
2. **Criminal record and judicial matters check**
3. **Vulnerable sector check.**

The table below provides an overview of the information disclosed under each police record check:

Information disclosed/type	Criminal record	Criminal record and judicial matters	Vulnerable sector
Criminal offence convictions, unless a pardon has been issued or granted.	Disclosed ¹	Disclosed ¹	Disclosed ¹
Guilty findings under the federal Youth Criminal Justice Act during the applicable period of access under that Act.	Disclosed ²	Disclosed ²	Disclosed ²
Every criminal offence of which the individual has been found guilty and received an absolute discharge.	Not disclosed	Disclosed ³	Disclosed ³
Every criminal offence of which the individual has been found guilty and received a conditional discharge on conditions set out in a probation order.	Not disclosed	Disclosed ⁴	Disclosed ⁴
Every criminal offence for which there is an outstanding charge or warrant to arrest in respect of the individual.	Not disclosed	Disclosed	Disclosed
Every court order made against the individual.	Not disclosed	Disclosed ⁵	Disclosed ⁵
Every criminal offence with which the individual has been charged that resulted in a finding of not criminally responsible on account of mental disorder.	Not disclosed	Not disclosed	Disclosed ⁶
Any conviction for which a pardon has been granted.	Not disclosed unless authorized under the <i>Criminal Records Act (Canada)</i> .	Not disclosed unless authorized under the <i>Criminal Records Act (Canada)</i> .	Not disclosed unless authorized under the <i>Criminal Records Act (Canada)</i> .
Any non-conviction information (charges that have been dismissed, withdrawn or stayed, or that resulted in a stay of proceedings or an acquittal) authorized for exceptional disclosure in accordance	Not disclosed	Not disclosed	Disclosed

Appendix A:

Information disclosed/type	Criminal record	Criminal record and judicial matters	Vulnerable sector
with Section 10 of the Police Record Checks Reform Act.			

Notes:

¹ However, does not disclose summary convictions if the request is made more than five years after the date of the summary conviction.

² Disclosed in accordance with restrictions under the *Youth Criminal Justice Act* and *Police Record Checks Reform Act* requirements.

³ However, not disclosed if the request is made more than one year after the date of the absolute discharge.

⁴ However, not disclosed if the request is made more than three years after the date of the conditional discharge.

⁵ However, does not disclose:

- court orders made under the *Mental Health Act* or under Part XX.1 of the *Criminal Code (Canada)*
- court orders made in relation to a charge that has been withdrawn
- restraining orders made against the individual under the *Family Law Act*, the *Children's Law Reform Act* or the *Child and Family Services Act*.

⁶ However, does not disclose if the request is made more than five years after the date of the finding or if the individual received an absolute discharge.

Additional Information

- In Ontario, a person can request a police record check from:
 - municipal police service
 - a First Nations police service
 - the Ontario Provincial Police
 - a private business that is authorized to provide police record checks.
- The **fees and timelines** vary depending on where the service is provided. The table below provides examples of fees and processing timelines (where available).

	Criminal record	Criminal record and judicial matters	Vulnerable sector
Toronto Police	\$20 processing fee 7 to 10 business days processing time (may fluctuate due to volume and time of year – currently 14 days)	\$20 processing fee 7 to 10 business days processing time (may fluctuate due to volume and time of year – currently 14 days)	\$65 processing fee 14 business days processing time (may fluctuate due to volume and time of year)

Appendix A:

	Criminal record	Criminal record and judicial matters	Vulnerable sector
London Police	\$45 processing fee ? processing time	\$45 processing fee ? processing time	\$45 processing fee ? processing time
Ottawa Police	\$69? 7-10 business days	\$69? 7-10 business days	\$52 7-10 business days
Hamilton Police	\$50 processing fee 14 calendar days processing time	\$50 processing fee 14 calendar days processing time	\$50 processing fee 14 calendar days processing time
Sudbury Police	\$41 processing fee ? processing time	\$41 processing fee ? processing time	\$41 processing fee ? processing time
OPP	\$41 processing fee ? processing time	\$41 processing fee ? processing time	\$41 processing fee ? processing time

- Police records checks are a point-in-time search and only valid on the day they are issued since information can change daily.

Need to consider an acceptable expiry date, e.g., would we accept a police check that is six/twelve months old?

- Most police services will only conduct Criminal Records Checks (CRC) or Criminal Record & Judicial Matters Checks (CRJMC) for local residents, although some may extend this to persons living outside their communities as long as they reside in Canada.

Vulnerable Sector Checks (VS) must be conducted by the police of local jurisdiction in accordance with the [Ministerial Directive Concerning the Release of Criminal Record Information](#) .

Appendix B

ORAC - Environmental Scan - Criminal Records Checks

Questions:

- 1) Do you require a criminal check for applicants at the time of initial registration/application?
- 2) If yes to question 1, what type of check do you require (e.g., Criminal Record Check, Judicial Matters Check, Vulnerable Sector Check)?
- 3) Do you require current registrants/members to provide a criminal check?
- 4) If yes to question 3, how do you conduct it (e.g., random sample audit, all registrants are required to submit one, etc)?
- 5) Can you provide links to policies related to criminal records/background checks?

College	Criminal check for applicants	Criminal check for current members	Resources
Ontario Health Regulatory Colleges			
Audiologists and Speech-Language Pathologists	If the applicant indicates that they have been convicted of an offence in their application declaration, the College will ask the applicant to provide a criminal check.	If the registrant reports that they have been convicted of a criminal offence, the College will require the registrant to submit a criminal check.	We do not have a policy specifically related to criminal records/background checks.
Chiropractors	Yes - Vulnerable Sector Check	No, ask for declaration on annual renewal	https://cco.on.ca/wp-content/uploads/2018/02/P-056.pdf
Dental Technologists	No, the College does not require a criminal check. Applicants self-declare any convictions or findings of guilt.	No, the College does not require a criminal check. Registrants self-declare any convictions or findings of guilt during annual renewal.	
Dental Surgeons	No - The RCDSO does not currently require a criminal record check of applicants. We ask for self-disclosure of information related to criminal history on our application for registration. Applicants are required to declare that the contents of their application are true and accurate, which gives us confidence to rely on the self-disclosure of this information. So far, we have not had any issues with this process. I would be interested in seeing the information you collect on this.		
Denturists	Yes - Criminal Record and Judicial Matters Check	No	Criminal-Record-and-Judicial-Matters-Check-Policy.aspx (denturists-cdo.com)

Appendix B

Dietitians	No	No	https://www.collegeofdietitians.org/programs/registration/registration-policies.aspx https://www.collegeofdietitians.org/programs/registration/suitability-to-practice.aspx
Kinesiologists	Yes - Currently our policy refers to “police criminal record check”, a term that was adopted prior to and without consideration of Ontario’s Police Record Checks Reform Act. The only specific requirement is that the check includes a search of the CPIC database, and that it not be completed by a third-party commercial vendor. I hope to take this as an item to Council for consideration in December, to determine if they would like to establish a specific level or set out other required criteria (e.g., outstanding charges, local indices) for the report to include. In terms of the source, we accept the checks either as a hardcopy by mail, or electronically if we have verified the police sender or it is downloaded via an established portal.	No	Good Conduct (formerly known as Police Background Check Policy)
Massage Therapists	Yes - Vulnerable Sector Check	No	https://www.cmtto.com/policies/vulnerable-sector-check-prior-to-registration/
Medical Laboratory Technologists	Yes - Criminal Record and Judicial Matters Check (level 2) completed within the preceding 6 months. Vulnerable Sector Check (level 3) is also acceptable	No	http://cmlto.com/images/stories/Applicants/rc_16_background_check.pdf
Midwives	Yes – Vulnerable Sector Check	On rare occasions, requiring current registrants/members to provide a criminal check, under grounds for concern which may lead to an investigation.	https://cmo.on.ca/wp-content/uploads/2018/11/Criminal-Record-Screening-Policy-Updated-January-2020.pdf

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Nurses	Yes - Criminal Record Check	No	cno.org/globalassets/3-becomeanurse/registration-requirements/pcrc-policy.pdf
Occupational Therapists	Coto does ask any applicants for a recent vulnerable sector check. Once you are registered, we do not ask for a period update to one	We are thinking of implementing a policy where we will be asking for period updates to ensure that the public remain safe.	
Opticians	Yes - Vulnerable Sector Check	No, we rely on self-declaration.	https://collegeofop@cians.ca/applicants/disclosure-requirements
Optometrists	Yes - Vulnerable Sector Check	No	
Pharmacists and Pharmacy Technicians	Yes – upon each application for a certificate of registration as a student, intern, pharmacist, pharmacy technician, pharmacist (Emergency Assignment) or pharmacy technician (Emergency Assignment), we require a policy background check. Accept an Enhanced information Check (E-PIC) provided through an online third-party provider or a criminal record check or a Vulnerable Sector Check	No	https://www.ocpinfo.com/registration/registration-requirements/good-character/ https://www.ocpinfo.com/registration/registration-requirements/good-character/police-background-checks/
Traditional Chinese Medicine Practitioners and Acupuncturists	Yes – applicants for registration in any class must submit a criminal record check with their application. This requirement is set out in section 4 of our Registration Regulation . We require a name-based criminal record check, but will also accept vulnerable sector checks.	No	CTCMPAO Criminal Background Check Policy
Non-health regulatory Colleges			
Early Childhood Educators	We don't require a Criminal Record Check for new applicants, but we do ask that applicants inform us if they have: <ul style="list-style-type: none"> • have ever been charged and/or found guilty of an offence under the Controlled Drugs and Substances Act (Canada) or the Food and Drugs Act (Canada) • have ever been charged and/or found guilty of a criminal offence in Canada or in any jurisdiction outside of Canada. 	We don't require current members provide a criminal check, but we do ask when they renew annually whether: <ul style="list-style-type: none"> • Since your last membership renewal with the College, have you been charged and/or found guilty of an offence under the Controlled Drugs and 	college-ece.ca/wp-content/uploads/2021/10/Policy_for_Assessing_Issues_That_May_Affect_the_Practice_of_Early_Childhood_Education.pdf

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	<ul style="list-style-type: none"> Has a Children’s Aid Society or equivalent authority in any jurisdiction ever verified allegations or concerns made against you? <p>If an applicant answers "yes" to these questions, the Registrar may request that the applicant submit a Criminal Reference Check with Vulnerable Sector Screen, to support the review of their application. Reviews are completing in accordance with the College's Policy for Assessing Issues That May Affect the Practice of Early Childhood Criminal Record Checks with Vulnerable Sector Screen is a requirement of employment with almost all organizations that employ RECEs (e.g. licensed child care programs, schools, family resource centres etc.).</p>	<p>Substances Act (Canada) or the Food and Drugs Act (Canada)?</p> <ul style="list-style-type: none"> Since your last membership renewal with the College, have you been charged and/or found guilty of a criminal offence in Canada or in any jurisdiction outside of Canada? Since your last membership renewal with the College, has a Children’s Aid Society or equivalent authority in any jurisdiction verified allegations or concerns made against you? 	
Law Society	No	No	N/A
Patent Agents and Trademark Agents	Yes – required when they apply for a class 3 agent-in-training licence. We are a federal regulator, so it depends on the province. For Ontario applicants, we require the Judicial Matters Check level.	Not specified anywhere, but there is a catchall phrase that allows the Registrar to request additional information based on the situation, so that may include a current criminal background check. We have not come across this situation yet.	https://cpata-cabamc.ca/en/about-us/regulatory-policies/good-character-fitness-to-practise/
Teachers	Yes – Criminal Record Check	No – however, school boards as employers may do so when hiring	APPLICATION GUIDE
Veterinarians	Yes – Criminal Record and Judicial Matters Check	No – however, veterinarians must update the College within 30 days if there is a change to their Professional Conduct and Suitability to Practice Veterinary Medicine Information.	https://cvo.org/Veterinary-Professionals/Licensure/Updating-Your-Information.aspx https://cvo.org/getmedia/5b9dbbd4-9fad-409f-8cc5-2087e2f51815/PSCriminalRecordChecks.pdf.aspx

Appendix C

CRC Environmental Scan – NARTRB

Regulatory College	Do you require a background check for applicants at the time of initial registration/application? If yes, what type of check do you require (e.g., Criminal Record Check, Judicial Matters Check, Vulnerable Sector Check)?	Do you require existing members to: Submit a valid CRC/VSC on a regular basis (e.g., at renewal, upon random selection)? OR Do you rely on a declaration at the time of renewal?
NSCRT (Nova Scotia)	The NSCRT requires a vulnerable sector check for initial applications and if an individual allows their license to lapse for any reason and later reappplies.	The NSCRT relies on a declaration for renewals.
NBART (New Brunswick)	Anyone new to the NBART as well as anyone who has let their license lapse and is returning. We are also now accepting EPIC from mybackcheck.com as criminal record checks during and since COVID exceeded 2 months in some areas.	
OPIQ (Quebec)	We do not require a formal police certificate or a criminal record check from our applicants. We rely on the applicant’s declaration at the time of the initial application.	We rely on a declaration, at the time of renewal - but also, at all times. According to the provincial professional law, members have 10 days to notify the Order, that they are or have been the subject of a judicial or disciplinary decision or, a proceeding for an offence punishable by a term of imprisonment of five years or more. Also, we have a written agreement with the Director of Criminal and Penal Prosecutions which allow us to be informed of any charge brought against an RRT (this agreement is possible due to the provincial professional law).

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Regulatory College	Do you require a background check for applicants at the time of initial registration/application? If yes, what type of check do you require (e.g., Criminal Record Check, Judicial Matters Check, Vulnerable Sector Check)?	Do you require existing members to: Submit a valid CRC/VSC on a regular basis (e.g., at renewal, upon random selection)? OR Do you rely on a declaration at the time of renewal?
<p>MARRT (Manitoba)</p>	<p>The MARRT requires a Criminal Record Check that includes a Vulnerable Sector Search, Child Abuse Registry Check, and an Adult Abuse Registry Check. For a new or initial applicant, the date on these documents must be within six months of the application date to the MARRT. For inactive registrants seeking reactivation, the checks are valid from providing the date on the document is within two years from the date of reactivation. For license renewal of a current registrant, the documents are valid if dated within five years since the renewal date. Documents must be submitted via email. The MARRT tracks the CRC date to determine the expiry of all the checks. The documents are valid for five years from the date the CRC was completed.</p>	<p>At the time of renewal, the registrant must declare their CRC, CARC and AARC are all valid. However, the MARRT database tracks the CRC date to determine the expiry of all the checks. The documents are valid for five years from the date the CRC was completed and it is the expiry date that is entered in the registrant's profile. At 90, 60, 30 and 7 days prior to the expiry date of the CRC, a letter is sent to the registrant advising of the pending expiry of the Criminal Record Check. Each of the letters has a stronger tone of urgency within it and by the 7-day notice letter, it is made clear that their license could be impacted should they not submit the documents before the CRC on file expires. The registrant must submit a new CRC, Child and Adult Abuse Registry Checks when the CRC expires. These letters are generated through a trigger system in our database making it very easy to track.</p> <p>Below is the segment that is on our website:</p> <p>Effective in the 2021/2022 licensing year, MARRT implemented the requirement that all Respiratory Therapists licensed by MARRT were to submit the following checks:</p> <ul style="list-style-type: none"> • Criminal Record Check (CRC) • Vulnerable Sector Check (VSC) • Adult Abuse Registry (AAR) • Child Abuse Registry Check (CAR)

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Regulatory College	Do you require a background check for applicants at the time of initial registration/application? If yes, what type of check do you require (e.g., Criminal Record Check, Judicial Matters Check, Vulnerable Sector Check)?	Do you require existing members to: Submit a valid CRC/VSC on a regular basis (e.g., at renewal, upon random selection)? OR Do you rely on a declaration at the time of renewal?
SCRT (Saskatchewan)	Yes. We require an original copy of a CRC with the VSC.	We are exploring a request to members for submission of proof of professional liability insurance. We currently accept a declaration, however, we have found that not many have purchased insurance through CSRT and assume they have not purchased it elsewhere. We would add this submission of proof within our member portal. Still to be approved by our Council.
CARTA (Alberta)	Yes. We require 2 good character declarations (verified) executed by 2 people who know the applicant (how long and in what capacity), a police information check including vulnerable sector, decisions to criminal proceedings, professional disciplinary prosecutions etc.	We are considering (new) receiving an updated police information check, including vulnerable sector on renewal every five years after initial registration and self-declaration every year at the time of renewal as required by the Act. We will stagger every five years for those already registered in an attempt to evenly distribute the office workload.