

CRTO

Council Meeting Materials

September 23, 2022



College of Respiratory
Therapists of Ontario

Ordre des thérapeutes
respiratoires de l'Ontario

CRTO Council Meeting Agenda

Sept. 23, 2022

AGENDA ITEM # 3.0

9 am to 12 pm

Doubletree by Hilton - 108 Chestnut Street, Toronto ON M5G 1R3
Victoria Room

Zoom link: <https://us02web.zoom.us/j/88451557695>

Meeting ID: 884 5155 7695

Passcode: 698735

Time	Item	Agenda	Page No.	Speaker / Presenter	Action	Strategic Focus
0900	1.0	Introduction & Land Acknowledgement		Lindsay Martinek		
	2.0	Conflict of Interest Declarations		Carole Hamp		
	3.0	Approval of Council Agenda	2-4	Lindsay Martinek	Decision	Governance & Accountability
	4.0	Strategic Issues				
	4.1	2021 – 2025 Strategic Direction Update Report	6-16	Carole Hamp	Decision	Governance & Accountability
	4.2	Succession Plan for Senior Leadership Policy	17-27	Carole Hamp	Decision	Governance & Accountability
	5.0	Operational & Administrative Issues				
	5.1	Registrar's Report	28-31	Carole Hamp	Information	Core Business Practices
	5.2	Financial Statements	32-39	Carole Hamp	Information	Core Business Practices
	5.3	Investment Portfolio	40-41	Carole Hamp	Information	Core Business Practices
	5.4	Mid-Year Financial Summary	42-43	Carole Hamp	Information	Core Business Practices
	5.5	Membership Statistics	44-45	Ania Walsh	Information	Core Business Practices
	5.6	Administering and Dispensing Med PPG – Final Approval	46-69	Kelly Arndt	Decision	Enhancing Professionalism
	5.7	Infection, Prevention & Control CBPB – Draft for Consultation	--	Kelly Arndt	Decision	Enhancing Professionalism
	5.8	PDP policy – Revision for Information	70-74	Kelly Arndt	Information	Enhancing Professionalism
	6.0	Consent Agenda Items	Consent Agenda: One Decision for Entire Consent Package			
	6.1	Minutes from May 27, 2022	75-94	Lindsay Martinek		Governance & Accountability

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6.2	Executive Committee Report	95	Lindsay Martinek	Governance & Accountability
6.3	Registration Committee Report	96	Christa Krause	Governance & Accountability
6.4	Quality Assurance Committee Report	97	Ginette Greffe-Laliberte	Governance & Accountability
6.5	Patient Relations Committee Report	98	Kim Morris	Governance & Accountability
6.6	Inquiries, Complaints and Reports Committee Report	99-101	Kim Morris	Governance & Accountability
6.7	Discipline Committee Report	102	Lindsay Martinek	Governance & Accountability
6.8	Fitness to Practise Committee Report	103	Lindsay Martinek	Governance & Accountability
6.9	Finance & Audit Committee	104-105	Derek Clark	Governance & Accountability
7.0	Committee Items Arising			
7.1	Executive Committee Items:			
7.2	Registration Committee Items:			
7.3	Quality Assurance Committee Items:			
7.4	Patient Relations Committee Items:			
7.5	Inquiries, Complaints & Reports Committee Items:			
7.6	Discipline & Fitness to Practise Committees Items:			
7.7	Finance & Audit Committee			
	Terms of Reference	106-113		
8.0	Legislative and General Policy Issues			

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8.1	REVISED Privacy Policy	114-124	Ania Walsh	Decision	Core Business Practices
8.2	REVISED Confidentiality Policy	125-134	Ania Walsh	Decision	Core Business Practices
8.3	REVISED Investments Policy	135-143	Shaf Rahman	Decision	Core Business Practices
8.4	NEW Reserve Policy	144-148	Shaf Rahman	Decision	Core Business Practices
8.5	REVISED Open Forum Policy	149-152	Ania Walsh	Decision	Core Business Practices
8.6	REVISED Registrar's Performance Review Policy	153-173	Ania Walsh	Decision	Core Business Practices
8.7	Policies being Rescinded & Archived	174-182	Carole Hamp	Decision	Core Business Practices
9.0	Other Business				
9.1	Council & Committee 101 <ul style="list-style-type: none"> Expense claims Meetings in a virtual world 		Carole, Shaf & Stephanie	Information	
10.0	Next Meeting - Council: December 2, 2022				
11.0	Adjournment				

Open Forum

Council Motion

AGENDA ITEM # 3.0

Motion Title:	<i>Approval of Council Agenda</i>
Date of Meeting:	<i>Sept. 23, 2022</i>

It is moved by _____ and seconded by _____ that:

The Council approve the Meeting Agenda for September 23, 2022.

Council Briefing Note

AGENDA ITEM # 4.1

Sept. 6, 2022

From:	<i>Executive Committee</i>
Topic:	<i>Strategic Direction Report</i>
Purpose:	<i>For Decision</i>
Strategic Focus:	<i>Governance & Accountability</i>
Attachment(s):	<i>Appendix A: Strategic Direction Report</i>
Motion:	It is moved by _____ and seconded by _____ that: The Council approve the Strategic Direction Report for posting on the CRTO website.

PUBLIC INTEREST RATIONALE:

To ensure the CRTO continues to work towards the objectives outlined its 2021 – 2025 Strategic Plan & Key Priorities and makes information regarding the related activities publicly accessible.

ISSUE:

The College Performance Measurement Framework (CPMF) requires Colleges to “regularly reports publicly on its performance. Performance results related to a College’s strategic objectives and regulatory outcomes are to be made public on the College’s website” (Domain 7: Measurement, Reporting & Improvement).

BACKGROUND:

To remain current with the CRTO’s activities related to our Strategic Direction, staff have created a strategic direction workplan that contains the action items identified for each key priority. Our plan is to update this workplan regularly and transfer the information to our Strategic Direction Report (Appendix A) on a quarterly basis to be posted on our website. In addition, a revised Strategic Direction Report will be presented at each Council meeting.

RECOMMENDATION:

It is recommended that Council approve the Strategic Direction Report for posting on the CRTO website.

Appendix A: Strategic Direction Report

Strategic Plan – Progress Tracking 2022

Key Priorities	Q1 (March – May)	Q2 (June – August)	Q3 (September – November)	Q4 (December – February)
Member Engagement				
Alignment of policies & processes with the principles of Right-Touch regulation.				
Evidence-informed approach to QA selection, assessments & remediation.	The Professional Development Program Policy was reviewed, revised, sent out for public consultation, approved by Council, and has been posted on the CRTC website. This policy outlines the components of the CRTC's Professional Development Program (PDP), the remediation process and the consequences for non-compliance.	Began the planning phase of a full PDP review.		
Framework for the prioritization of investigations, complaints, & reports.	Completed an external review of all Professional Conduct processes and have begun implementation of the recommendations, including developing a mechanism for tracking and reporting the status of all cases.	Conducted a regulatory scan to evaluate other College's risk-based approaches to their QA programs.		
Transparent, objective, impartial, & fair practices.				
Clear direction regarding the registration requirements for all applicants.	The following Registration Policies were reviewed, revised, sent out for public consultation, approved by Council, and have been posted on the CRTC website: Application for Registration Document Requirements , Approval of Canadian Education Programs , Entry-to-Practice Competency Assessment , Entry-to-Practice Competency Assessment Appeal , Labour Mobility: Applicants from Regulated Canadian Jurisdictions , Language Proficiency Requirements & Registration Currency .	Consultation is underway with the Canadian Centre for Language Benchmarking to ensure the CRTC's Language Proficiency Requirements Policy is aligned with the MOH requirements. Updated the Terms, Conditions and Limitations Factsheet and the Guide to TCLs imposed by the Registration Committee.		

Appendix A: Strategic Direction Report

Key Priorities	Q1 (March – May)	Q2 (June – August)	Q3 (September – November)	Q4 (December – February)
A complaints process supported by publicly accessible policies & procedures.	The following Professional Conduct policies were reviewed, revised, sent out for public consultation, approved by Council, and have been posted on the CRTO website: Disclosure of Witness Statements , Health Professions Appeal and Review Board Appeals for ICRC , & Unauthorized Use of Title and Holding out Prior to Registration .	Developed a plan to update the Funding for Therapy Policy.		
Accessible & timely communication.				
Increase the amount of information available on our website in written and online module format.	Policy Consultation - 16 draft revised policies posted on the CRTO website for consultation with the CRTO’s external stakeholders.	Updated the Terms, Conditions and Limitations Factsheet and the Guide to TCLs imposed by the Registration Committee. Updated the Public Register Factsheet		
	CRTO By-laws - reviewed, revised, sent out for public consultation, approved by Council, posted on the CRTO website in a microsite format for easy access.	Posted the updated Administering and Dispensing Medications PPG for consultation		
	The following Professional Practice/Clinical Best Practice Guidelines were reviewed, revised and posted on the CRTO website in a microsite format for easy access: Conflict of Interest , Responsibilities under Consent Legislation & Oxygen Therapy.			
	The 2021 CPMF Full & Summary Reports were posted on the CRTO website.			
	Up-to-date Emergency Preparedness & Infection Prevention and Control			

Appendix A: Strategic Direction Report

Key Priorities	Q1 (March – May)	Q2 (June – August)	Q3 (September – November)	Q4 (December – February)
	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			
	Stakeholder meetings/presentations - College of Respiratory Therapists of Ontario Graduate Presentation (March 28) RT Program Advisory Committee (PAC) – Conestoga (April 4) Michener Orientation (May 09)			
Governance & Accountability A highly competent & effective Council.				
Publicly accessible Council & Committee competency self-evaluation & an online, pre-application learning module.	ROI sent out via HPRO on behalf of the number of other health regulatory bodies for a consultant to assist with this initiative.			
Framework to regularly evaluate the effectiveness of Council meetings & Council with a third-party assessment of Council (min. every three years).	Conducted a Council Effectiveness survey (BoardSource) and reported results at the May Council meeting.			
Ongoing training provided to Council & Committee members informed by the outcome of relevant evaluation(s) and the needs	Planned Council Education Day (Sept. 23rd) – “Risk Management” theme. (Privacy & Risk Management and Cyber Security Awareness).	Developed three (3) eLearning modules to be presented to Council Chairs at the upcoming Chair's Dinner (Sept. 22nd).		

Appendix A: Strategic Direction Report

Key Priorities	Q1 (March – May)	Q2 (June – August)	Q3 (September – November)	Q4 (December – February)
identified by Council and Committee members.				
Independent, evidence-informed & transparent decision-making processes.				
Publicly accessible Code of Conduct & Conflict of Interest policy for Council & Committee members.	Revised By-laws (approved at the March 4 th Council meeting) include an updated Code of Conduct and Rules of Order that have been standardized and attached as a schedule. Developed new online Conflict of Interest Declaration form that was rolled out at the May 27 nd Council meeting.	Continue to refine COI declaration processes for RC, QA & ICRC panels.		
An ongoing commitment to performance improvement.				
Tracking & review of Key Performance Indicators (KPIs) linked to the CRTO strategic objectives.	One of the recommendations from the external review of all Professional Conduct processes is to enhance data collection, tracking and reporting. The Finance & Audit Committee began the development of KPIs relevant to the financial management of the CRTO. The 2021 – 2025 Strategic Direction Update Report presented at the May 27 th Council meeting. Updated QAC & ICRC Terms of Reference and Action Plans approved at the May 27 th Council meeting.	KPIs are currently under development.		
Ongoing monitoring on KPI dashboard.	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.	Policy Framework – classifies our regulatory documents into clear definitions and guides the CRTO's processes for establishing and revising these documents. Commenced an	The CRTO continues its full-scale policy review, with a focus on Administrative & Council/Committee policies & procedures. The ongoing review		

Appendix A: Strategic Direction Report

Key Priorities	Q1 (March – May)	Q2 (June – August)	Q3 (September – November)	Q4 (December – February)
	internal review of all Administrative and Council Policies.	& revision of Professional & Clinical Best Practice Guidelines continues, with 2 practice guides set to be presented at the Sept. Council meeting.		
	16 Policies approved <ol style="list-style-type: none"> 1. Disclosure of Witness Statements 2. Health Professions Appeal and Review Board Appeals for ICRC 3. Entry-to-Practice Competency Assessment 4. Entry-to-Practice Competency Assessment Appeal 5. Labour Mobility 6. Language Proficiency Requirements 7. Registration Currency 8. Professional Development Program 9. Code of Conduct for Public Observers Policy 10. Unauthorized Use of Title and Holding Out Prior to Registration 11. Graduate Certificate of Registration 12. Approval of Canadian Education Programs Policy 13. Application for Registration Document Requirements 14. Application for Registration -File Closure 15. Deferral of Professional Development Program Requirements 16. Supervision 	2 Administrative Policies Updated and Approved <ol style="list-style-type: none"> 1. Office Security 2. Council and Committee Meeting Materials 		

Appendix A: Strategic Direction Report

Key Priorities	Q1 (March – May)	Q2 (June – August)	Q3 (September – November)	Q4 (December – February)
	9 Archived Policies 1. Appointment of Non-Council Committee Members Policy 2. Election Process - Executive Committee Policy 3. In-Camera Council Meeting Policy 4. Responsibilities of Committee Chairs Policy 5. Code of Conduct for Council Members and Non-Council Members of Committees Policy 6. Appointment of Committee Chairs and Vice-Chairs Policy 7. Change of Name Requests Policy 8. Professional Liability Insurance (PLI) Policy 9. Notations of Suspension/Revocation of a Certificate of Registration Policy Rescinded & Archived	4 Archived Policies 1. Information Disclosed for the Purpose of 3rd Party Studies/Surveys Policy and Procedure 2. Non-Sufficient Funds Policy and Procedure 3. Correspondence to Council and Non-Council Committee Members Policy and Procedure 4. Certificates of Registration Policy		
Professional Practice Guidelines (PPGs) regularly revised & sent out for consultation	1. Use of Social Media by RTs PPG 2. Administering and Dispensing Medication PPG	Posted the updated Administering and Dispensing Medications PPG for consultation		
Revised Professional Practice Guidelines (PPGs) approved by Council	1. Conflict of Interest PPG 2. Responsibilities Under Consent Legislation PPG 3. Oxygen Therapy Clinical Best Practice Guideline (CBPG)	Infection Control PPG revision in progress Update to the "Am I Practicing" Fact Sheet Update to PDP policy		
Review/Revision of CRTO By-Laws & Regulations (as required)	Revised CRTO By-laws approved at the March 2022 Council meeting			
Standards of Practice & Ethical Practice documents	Began a Standards of Practice review and revision with the National Alliance			

Appendix A: Strategic Direction Report

Key Priorities	Q1 (March – May)	Q2 (June – August)	Q3 (September – November)	Q4 (December – February)
promote Diversity, Equity, and Inclusion (DEI).	of Respiratory Therapy Regulatory Bodies (NARTRB) that includes expanding the existing guidance related to DEI.			
Supporting the application of new or amended practice standards.				
Online modules to support difficult-to-understand and novel practice standards.		Storyboard preparation for an online module regarding delegation/authorizing mechanisms.		
The application of Risk-Based regulation.				
Formal risk assessments in all RC, QAC & ICRC decisions.	<p>RC - All panels utilize an updated risk assessment tool for making registration decisions.</p> <p>QAC - The revised Professional Development Program Policy includes a risk-based referral to the practice assessment component of the QA Program</p>	QAC - Conducted a regulatory scan to evaluate other College's risk-based approaches to their QA programs.		
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 NARTRB Standards of Practice Working Group met twice during this period to determine what the CRTO/SCRT standard already consist of and what the Alliance feel need to be added. Part of the background work required all jurisdictions to provide information on the number & nature of complaints and reports matters.</p> <p>The CRTO also participated in a review of the current NARTRB Jurisdictional Verification form.</p>		

Appendix A: Strategic Direction Report

Key Priorities	Q1 (March – May)	Q2 (June – August)	Q3 (September – November)	Q4 (December – February)
Engaging with stakeholders to enhance quality patient care.				
Demonstrate how stakeholder feedback is incorporated into the development/revision of policies, standards, and practice guidelines.	The CRTC Policy Framework consists of a consultation process for revised policies, practice guidelines, by-laws and Standards of Practice. Draft Policies and Guidelines are posted online for consultation. All survey results were reviewed by Council/respective Committee prior to approval			
Core Business Practices				
Clear financial alignment with strategic priorities.				
Revised financial statement & investment portfolio presentation	The reporting format of financial statements were streamlined to highlight how it aligns with College's strategic direction and key priorities.	Newly developed Mid-Year Financial Report prepared and presented to the FAC at its August meeting.		
Finance & Audit Committee (FAC)	Newly formed non-statutory committee met to: <ul style="list-style-type: none"> Establish their Goals & Terms of Reference Assisted the Executive Committee in the review of the CRTC's 2021 – 2022 Financial Audit, the 2022 – 2023 budget, & evaluation of the External Auditor. 	At its August meeting, the FAC began the creation of a tool to assist with the annual review of the CRTC's Membership Fee Structure.		
A policy that clearly outlines the management of financial reserves	The FAC began a review of both the Investment and Management of Net Assets Policies and Procedures.	The FAC reviewed drafts of the Investment and Management of Net Assets Policies and Procedures.		
Embedding the principles of diversity, equity, and inclusion in College processes.				
Diversity, Equity and Inclusion (DEI) training for Council, Committee & staff members	Anti-Black Racism, Anti-Indigenous Racism, Anti-Racism/Anti-Oppression (ARAO) facilitated session was attended by CRTC staff, Council and Committee members on March 22, 2022.	CEC developed a customized DEI survey for CRTC staff that is to be completed the end of August.		

Appendix A: Strategic Direction Report

Key Priorities	Q1 (March – May)	Q2 (June – August)	Q3 (September – November)	Q4 (December – February)
	<p>Facilitated ARAO discussion took place involving CRTO staff on May 10, 2022.</p> <p>The CRTO’s DEI Plan approved at the March Council meeting.</p> <p>Established a partnership with external consultants, Canadian Equality Consulting (CEC) to begin developing of an organization DEI plan.</p>			
Equity Impact Assessment	<p>At the March 2022 meeting, Council approved the use of Ministry of Health’s Health Equity Impact Assessment (HEIA) tool and workbook.</p> <p>The PRC is in the process of revising HEIA to meet the CRTO’s needs.</p>			
A comprehensive Risk Management Framework				
The formal process to identify & monitor internal & external organizational risk (e.g., financial & human resources, cyber security, etc.)	<p>Draft Organization Risk Management Framework currently under development.</p> <p>IT Infrastructure Architecture review completed & process begun to implement recommendations.</p> <p>Started the process of moving all members’ files to a digital format</p>	<ul style="list-style-type: none"> • Began an externally hosted security awareness program which includes phishing campaigns and general security awareness training. • Based on the recommendations of the security architecture assessment, we installed a dedicated firewall to reduce security risk and improve the organization’s security posture. 		

Appendix A: Strategic Direction Report

Key Priorities	Q1 (March – May)	Q2 (June – August)	Q3 (September – November)	Q4 (December – February)
		<ul style="list-style-type: none">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) "		
Succession plan for senior leadership	Appointment of a Deputy Registrar & creation of new Manager of Regulatory Affairs position.	Drafted the Succession Planning for Senior Leadership Policy - to be presented at the Sept. Council meeting		

Council Briefing Note

AGENDA ITEM # 4.2

September 23, 2022

From:	<i>Carole Hamp, Registrar & CEO</i>
Topic:	<i>Succession Plan for Senior Leadership Policy</i>
Purpose:	<i>For Decision</i>
Strategic Focus:	<i>Governance & Accountability</i>
Attachment(s):	<i>Appendix A – Succession Plan for Senior Leadership Policy (with Appendices)</i> <i>Appendix B - Succession Plan for Senior Leadership Procedure</i>
Motion:	It is moved by _____ and seconded by _____ that: <i>That Council approves the Succession Plan for Senior Leadership Policy.</i>

PUBLIC INTEREST RATIONALE:

This policy has been drafted under the new Policy Framework. The policy reflects the CRTO's Succession Plan for Senior Leadership, approved in March 2022. The purpose of this policy is to ensure the CRTO has the necessary human resources to meet its statutory objectives and regulatory mandate.

ISSUE:

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

BACKGROUND:

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

ANALYSIS:

Although staffing decisions are primarily the prerogative of the Registrar, it is essential to engage the Executive Committee and Council in selecting employees who could potentially be required to fill the Registrar position. In particular, the policy applies to the following three (3) scenarios:

1. The appointment of an Acting Registrar
2. The selection of a Deputy Registrar
3. The appointment of a Registrar

The Registrar is also the Chief Executive Officer of the CRTC and is responsible for and directs the administration of the affairs and operations of the CRTC.

The Acting Registrar appointed by Council during the Registrar's unplanned absence is expected to discharge all the duties of the Registrar.

The Deputy Registrar works closely with and supports the Registrar in providing effective leadership, management, and administration of the CRTC, including supporting Council and various committees. They serve as an integral member of the CRTC leadership team, externally representing the CRTC and attending Executive Committee meetings.

RECOMMENDATION:

It is recommended that the CRTC Council approve the Succession Plan for Senior Leadership Policy.

NEXT STEPS:

If the motion is approved, the policy will replace the Succession Plan approved in March 2022, the Succession Plan Procedure will be updated accordingly.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Succession Plan for Senior Leadership

Type: Policy

Origin Date:

Section: CP

Approved By Council on:

Document Number:

Next Revision Date: 5 Years After Approval

1.0 POLICY STATEMENT

It is the policy of the College of Respiratory Therapists of Ontario (CRTO) Council to ensure the CRTO has the ongoing senior leadership capacity to continue to meet its regulatory mandate.

2.0 PURPOSE

The purpose of this policy is to ensure that the organization's obligations can continue in the face of a loss of senior leadership, specifically the Registrar & CEO.

3.0 APPLICABILITY

The CRTO's succession plan defines the process in the following three (3) scenarios:

1. The appointment of an Acting Registrar
2. The selection of a Deputy Registrar
3. The appointment of a Registrar

4.0 RESPONSIBILITIES

a) The appointment of an Acting Registrar

In the event of a short-term, long-term, or permanent prolonged absence of the Registrar, the Deputy Registrar is the most likely person to be appointed as Acting Registrar. The Acting Registrar shall have the same responsibilities and authority for decision-making and action as the Registrar & CEO.

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

In accordance with the CRTO By-Laws (By-Law 1: General CRTO Administration - s.5.01), the appointment of an Acting Registrar must ultimately be granted by Council but can be approved



by the Executive Committee in the interim. Ratification of the appointment must take place at the next meeting of Council.

b) The selection of a Deputy Registrar

The CROTO has created and will maintain the position of Deputy Registrar to ensure the continuous fulfillment of its statutory obligations, and as part of its succession planning. The Deputy Registrar shall work closely with and support the Registrar in providing effective leadership, management, and administration of the CROTO, including supporting Council and various committees.

Council is responsible for appointing the Registrar, but all other staffing decisions are the prerogative of the Registrar. However, seeing that the defining characteristic of a Deputy Registrar is their ability to step into the Registrar role at a moment's notice, it is essential that Council have input into the selection of the Deputy Registrar.

c) The appointment of a Registrar

In accordance with the CROTO By-Laws, (By-Law 1: General CROTO Administration - s.4.01), the Registrar can be hired or fired only by a motion passed by a 2/3rds majority of the sitting Council Members in attendance at a Council meeting.

7.0 APPROVALS/AUTHORITY

CROTO By-Laws - By-Law 1 – s.4 & 5

8.0 RELATED DOCUMENTS

CROTO By-law 1
Succession Plan for Senior Leadership Procedure.

9.0 CONTACT INFORMATION

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Appendix B

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Succession Plan for Senior Leadership

Type: Procedure

Origin Date:

Section: CP

Updated On: Month Day, Year

Document Number:

Next Revision Date: 5 Years After Approval

BACKGROUND

The loss of or unplanned absence of senior leadership, and specifically the position of Registrar & CEO, is a significant risk to the operations of any health regulatory College. The CROTO's Succession Plan for Senior Leadership is meant to ensure that the organization's regulatory obligations can continue in the face of such a loss.

OBJECTIVE

To define the processes for appointing/selecting a Registrar/Acting Registrar and selecting a Deputy Registrar.

KEY CONCEPTS

The Registrar is also the Chief Executive Officer of the CROTO and is responsible for and directs the administration of the affairs and operations of the CROTO. For an overview of the Registrar's job description, please see Appendix A - Registrar - Roles and Responsibilities.

The Acting Registrar appointed by Council during the Registrar's unplanned absence is expected to discharge all the duties of the Registrar.

The Deputy Registrar works closely with and supports the Registrar in providing effective leadership, management, and administration of the CROTO, including supporting Council and various committees. They serve as an integral member of the CROTO leadership team, externally representing the CROTO and attending Executive Committee meetings. For an overview of the Deputy Registrar's job description, please see Appendix B - Deputy Registrar - Roles and Responsibilities.

It is Council's position that, at a minimum, either the Registrar or the Deputy Registrar must be a member of the profession.



STEPS

Scenario 1: The appointment of an Acting Registrar

- i. The Registrar, Deputy Registrar (or designate) shall immediately inform the President of the Registrar's unplanned absence.
- ii. As soon as reasonably practical, the President shall convene a meeting of the Executive Committee (or Council) to vote on the appointment.
- iii. If the Executive Committee appoints the Deputy Registrar to be Acting Registrar, the appointment must be ratified by Council at their next meeting. In circumstances where there is no Deputy Registrar, or if they become unable at any point to act in the capacity of Acting Registrar, the Executive Committee (or Council) may temporarily appoint another CRTO employee to that role.
- iv. The President will communicate the appointment to the CRTO's stakeholders in accordance with a communication plan prepared by the President or designate.
- v. The Executive Committee (or Council) shall be responsible for monitoring and supporting the work of the Acting Registrar during the relevant period and for assisting as required.
- vi. The Deputy Registrar acting as Acting Registrar may be offered a bonus or salary increase as determined by the Executive Committee (or Council).

Scenario 2: The selection of a Deputy Registrar

- i. When the Deputy Registrar position becomes vacant, the Registrar shall inform the Executive Committee (or Council) that a Search Committee needs to be struck. In addition to the Registrar, this Committee must consist of (at a minimum) the Council President and one other member of Council. Note: The Search Committee must be comprised of at least one member appointed by the Ontario Public Appointments Secretariat.
- ii. If there are strong internal candidates, the posting for the Deputy Registrar position may be limited to CRTO staff only. If no potential internal candidates are identified, the Search Committee will post the position externally. The Search Committee can conduct the external posting themselves, or they can retain the services of an Executive Search firm.



- iii. The Search Committee will conduct the interviews for the Deputy Registrar position and then make a recommendation to Council. A simple consensus is required for Council to approve the selection of a new Deputy Registrar. If a consensus cannot be obtained, the Registrar will make the final decision.

Scenario 3: The appointment of a Registrar

- i. As soon as it becomes evident that the Registrar position will become vacant, a Search Committee needs to be struck. The Search Committee must consist of (at a minimum) the Council President and two other members of Council. Note: Search Committee must be comprised of at least one member appointed by the Ontario Public Appointments Secretariat. It is recommended that CRTO staff nominate one staff member to participate as a non-voting member of the Search Committee.
- ii. The position of Registrar must be posted externally. CRTO staff are welcome to apply but must undergo the same process as any other candidate. The Search Committee can conduct the external posting themselves, or they can retain the services of an Executive Search firm.
- iii. Once the interviews and all other aspects of the search are completed, the President will present the Search Committee's recommendation at an in-camera session of Council. This presentation must be made in the form of a motion to either accept or reject the Search Committee's recommended candidate. The appointment of the new Registrar requires that a motion be passed by a two-thirds (2/3) majority of the sitting Council Members in attendance at a Council meeting. (By-Law 1: General CRTO Administration - s.4.01).

APPROVALS/AUTHORITY

CRTO By-Laws - By-Law 1 – s.4 & 5

RELATED DOCUMENTS

Succession Plan for Senior Leadership Policy

CONTACT INFORMATION

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Canada

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Fax: 416-591-7890

General Email:
questions@crtto.on.ca



APPENDIX A REGISTRAR: JOB DESCRIPTION

POSITION: REGISTRAR AND CEO

REPORTS TO: EXECUTIVE COMMITTEE AND COUNCIL

EFFECTIVE DATE:

STATUS: FULL-TIME, PERMANENT

Specific responsibilities include:

- Providing advice and support to the Council and committees including guidance on the mandate and roles of Council and Committees and development and interpretation of legislation, policy and bylaws.
- Ensuring the implementation of the vision, mission, and strategic initiatives of the CROTO.
- Acting as a liaison between the Council and staff, including delegating staff to work with Council and committees and ensuring effective communication between Council, Committees and staff.
- Acting as a representative and spokesperson for the CROTO.
- Developing and maintaining relationships and strategic alliances with government and other organizations in order to raise awareness of the CROTO and ensure that respiratory therapy is included in the consultation and decision-making process related to health care issues.
- Overseeing the administration of the CROTO and report to Council on the administration on the affairs and operations of the CROTO.
- Overseeing the financial operations of the CROTO including keeping a full and accurate account of all CROTO financial affairs and preparing the CROTO's annual operating budget and financial statements for ongoing review by the Executive Committee.
- Ensuring the human resources needs of the CROTO are met effectively including the recruitment and evaluation, determination of the terms of employment of all other employees of the CROTO.
- Fulfilling the CROTO's statutory responsibilities in accordance with the RHPA, the Respiratory Therapy Act, the Regulations, the By-laws and the Policies and Procedures of the CROTO and performing the Registrar's statutory duties.
- Overseeing the development and implementation of new and amended statutes, regulations, by-laws, and policies.



- As an ex-officio member of all committees attending all Council meetings and such Committee meetings as are required in the proper performance of his/her duties.
- Performing such other duties as may be determined, from time to time, by the Council.



Appendix B DEPUTY REGISTRAR

ACCOUNTABLE TO: Registrar & CEO

JOB SUMMARY

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

KEY FUNCTIONS AND RESPONSIBILITIES:

The Deputy Registrar serves as an integral member of the leadership team by:

STRATEGY & GOVERNANCE

- Assisting the Registrar with implementing the key priorities identified in the CRTO's Strategic Direction, the College Performance Measurement Framework, and MOH-led governance modernization initiatives.
- Assisting the Registrar with the competency-based selection and onboarding of Council and Committee members.
- Working in collaboration with the Manager of Regulatory Affairs in developing an organizational Risk Management Plan and monitoring, benchmarking, and reporting Key Performance Indicator (KPI) data.
- Being a spokesperson for and representing the CRTO externally on various committees and boards.
- Assisting in drafting responses for inquiries from key stakeholders (e.g., MOH, OFC, etc.).
- Assuming the duties Registrar, should they become temporarily unavailable or unable to fulfil their regulatory obligations.

COUNCIL & COMMITTEE SUPPORT

- Serving as primary staff support for the CRTO Finance & Audit Committee.



- Attending meetings for and providing support to Council and the Executive Committee and other statutory and non-statutory committees, as required.
- Overseeing the development of a framework to regularly evaluate Council meetings' effectiveness.
- Ensuring the application of appropriate decision-making frameworks to enable a risk-based approach to all Council and Committee decisions

OTHER DUTIES

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

Registrar's Report – Council Meeting

September 23, 2022

AGENDA ITEM # 5.1

From:	<i>Carole Hamp, Registrar</i>
Topic:	<i>Registrar's Report</i>
Purpose:	<i>For Information</i>

INTERNAL

CURRENT INITIATIVES

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

CRTO staff continue to review and revise our policies and procedures. At the September 23rd Council meeting, five (5) revised policies will be presented for approval and Three (3) policies will be rescinded and archived.

Strategic Direction Update Report

The College Performance Measurement Framework (CPMF) requires all Colleges to maintain a publicly accessible performance report relative to their strategic objectives. CRTO staff have created a preliminary version of its Strategic Direction Report, which is being presented for approval at this Council meeting. Once approved, the report will be placed on the CRTO website. Plans for an enhanced version of this report will be implemented once the new website is launched in the spring of 2023.

Office Hybrid Workplace & Workspace Expansion

As of September, all staff will be in the office on at least one of the two (2) “common days” (Tuesday & Thursday). We have added four additional workspaces to accommodate our growing staff's increased presence in the office.

ADMINISTRATION

INTERNAL

Staffing Changes

Over the summer, we were delighted to welcome our two newest members of the CRTO team:

- Peter Laframboise - Manager of Professional Conduct
- Misbah Chaudhry - Coordinator of Professional Conduct

Sophia Rose (formerly Coordinator and Manager of Professional Conduct) left the CRTO

Registrar's Report

mid-July to pursue her Masters's degree in Health Policy.

Mid-Year Financial Summary

A mid-year financial review (March 1 – August 8) was presented at the most recent meetings of the Finance & Audit and Executive Committees and is being presented at this Council meeting. Based on the expenses for this fiscal year-to-date, last fiscal year-to-date and the total costs in the previous fiscal year, an estimate was made for each budget item as to the anticipated yearly expenses. This was compared to the budget projections to determine where we might be over/under budget by the end of February 2023.

It is evident from this review that there are two (2) cost centres that may be significantly over budget by the end of this fiscal year: **Investigations & Hearing Expenses** and **Consulting**. Interestingly, the overall Investigations & Hearing Expenses expenditure is almost equal to the cost of our office space. Salaries have increased slightly due to increases in staffing, but overall costs for Wages & Benefits will likely remain within budget. Fortunately, overall expenses currently look to be comfortably under budget. Of course, this is only an estimate and could be impacted by unforeseen events, such as a contested discipline hearing or staffing issues.

EXTERNAL

National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB)

NCF Review & Revision

The first meeting of the NARTRB for the review and revision of the National Competency Framework (NCF 2.0) took place on July 18th in Montreal, and there have been two subsequent meetings of the NCF Steering Committee where the following items were discussed:

- External consultant - CAMPROF Canada
- Scope and of the project (e.g., Entry-To-Practice (ETP) only, not career stages)
- Budget – which will likely be significantly less than previously due to the exclusive focus on ETP
- Competency assessment & the role of simulation
- Inclusion criteria for the validation surveys (e.g., timeframe for “ETP”)
- Timelines for completion – version to be submitted by CAMPROF to the NARTRB for review by July 2023, with final approval by the NARTRB by Sept. 2023. Planned educational program implementation for fall 2025

The next steps involve CAMPROF shortly providing a final version of the contract and then joining the NARTRB board and NCF stakeholders at its next Business Meeting Business & Annual General Meetings in Toronto, **November 4 – 5, 2022**.

Registrar's Report

Standards of Practice Working Group

The NARTRB hopes to create a national professional standard of practice based on the CRTO/SCRT 2019 Standards of Practice. A working group has been formed, which includes the CRTO, and several proposed standards have been identified, some of which are:

- Vaccine administration
- Non-sexual boundary violation
- Supervision of students
- Transfer of accountability/care
- Electronic communication

The working group has met several times to create a response to the proposed additions and is now waiting for all jurisdictions to provide their input.

Registration Verification Form Working Group

A working group, which includes the CRTO, has been created to look at the current common registration verification form. The group met on August 22nd, and the following edits have been proposed:

- Clarification that professional misconduct includes sexual misconduct and sexual abuse.
- Cover page to clarify the information the applicant is consenting to release.
- Space under each statement to provide additional pertinent information.

The working group has submitted their proposed amendments to the rest of the NARTRB board, and this matter will likely be discussed at the November meeting.

Language Proficiency Working Group

Bill 106 - *Pandemic and Emergency Preparedness Act* (schedule 6) requires health regulatory bodies to accept (at a minimum) the language test approved by Immigration, Refugees and Citizenship Canada. This includes:

- International English Language Testing System (IELTS)
- Test d'évaluation de français (TEF Canada)
- Test de connaissance du français (TCF Canada)
- Canadian English Language Proficiency Index Program (CELPPI)

In addition to the above, Bill 106 permits Colleges to accept other language assessments as they see fit. The CRTO has a *Language Proficiency Requirements Policy* that outlines all of the approved assessment tools and their relevant test score in the required domains (reading, writing, listening & speaking). The policy currently states that the CRTO accepts both IELTS and TEF Canada and is working on adding the other two language assessments,

along with the appropriate benchmarks. The NARTRB also has a policy that sets out the scores on the accepted English and French language fluency tests necessary to practice the professions. It is essential that these remain aligned with the CRTO's benchmarks to facilitate safe and seamless labour mobility under the Canada Free Trade Agreement.

Health Profession Regulators of Ontario (HPRO)

The HPRO Board continues to meet every other week to discuss a wide variety of timely topics, such as:

- Anti-BIPOC Racism Project
- Public member appointments
- Status of outstanding regulations
- Governance reform & Bill 106 regulations consultation submissions
- CPMF initiatives
- Approaches to KPI dashboards
- Post pandemic workplace plans

New Regulation under the *Regulated Health Professions Act (RHPA)* – Registration Requirements

The Health Workforce Regulatory Oversight Branch of the Ministry of Health (MOH) met with the HPRO board and other stakeholders on Tuesday, August 30th, to outline the new regulation to be created under the *RHPA* regarding *Registration Requirements*, which involve:

- Exemption from Canadian experience requirements
- Language proficiency testing requirements
- Timely Decisions/Notifications
- Emergency Registration Regulation

All Colleges were required to submit their feedback to the MOH by Sept. 2nd. The CRTO concerns are primarily regarding the Timely Decisions/Notifications portion of the regulation, chiefly the need for each College to determine what constitutes a “completed application.” The proposed timeline for commencement of the first three (3) items is March 2023 and March 2024 for an Emergency Registration Regulation approval.

Registrars

Sadly, Rod Hamilton, Registrar for the College of Physiotherapists of Ontario, recently passed away after a brief but challenging illness. On a lighter note, Silvie Crawford was named Executive Director and CEO of the College of Nurses of Ontario, and she began in her new role on September 8th.

Council Briefing Note

AGENDA ITEM # 5.2

Sept. 23, 2022

From:	<i>Carole Hamp, RRT – Registrar & CEO</i>
Topic:	<i>Financial Statements – March 1, 2022 – August 31, 2022</i>
Purpose:	<i>For Decision</i>
Strategic Focus:	<i>Core Business Practice</i>
Attachment(s):	<i>Appendix A: Highlights of the Financial Statements Appendix B: Balance Sheet Summary Report Appendix C: Income Statement Summary Report Appendix D: Income Statement Reporting Codes Appendix E: Financial Report Summary</i>
Motion:	It is moved by _____ and seconded by _____ that: The Council approve the Financial Statements for May 1, 2022 – August 31, 2022.

PUBLIC INTEREST RATIONALE:

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

ISSUE:

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

BACKGROUND:

To align the CRTO's finances more closely with its strategic plan, it is first necessary to streamline the financial reports reviewed by the Finance and Audit Committee, the Executive Committee, and Council.

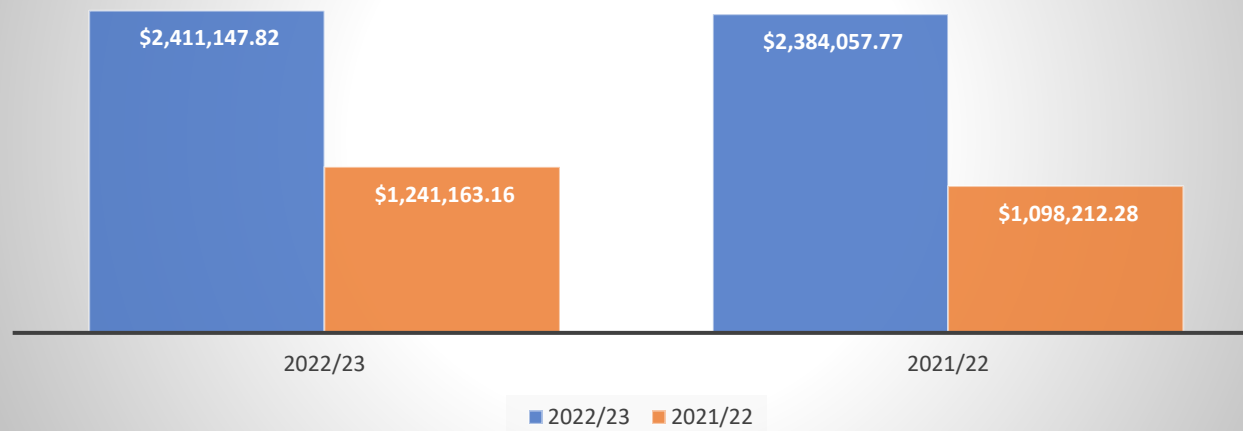
ANALYSIS:

The “Highlights of the Financial Statements” (Appendix A) document is provided to emphasize any significant fluctuations in either our revenue or expenses. A summary of both the Balance Sheet (Appendix B) and the Income Statement (Appendix C) have been created to make it easier to compare revenue and expenses from one year to the next. For the Income Statement, categories have been established for similar types of income and costs (Appendix D). Financial Key Performance Indicators (Appendix E) underscore some critical data that Council may wish to consider tracking on an ongoing basis.

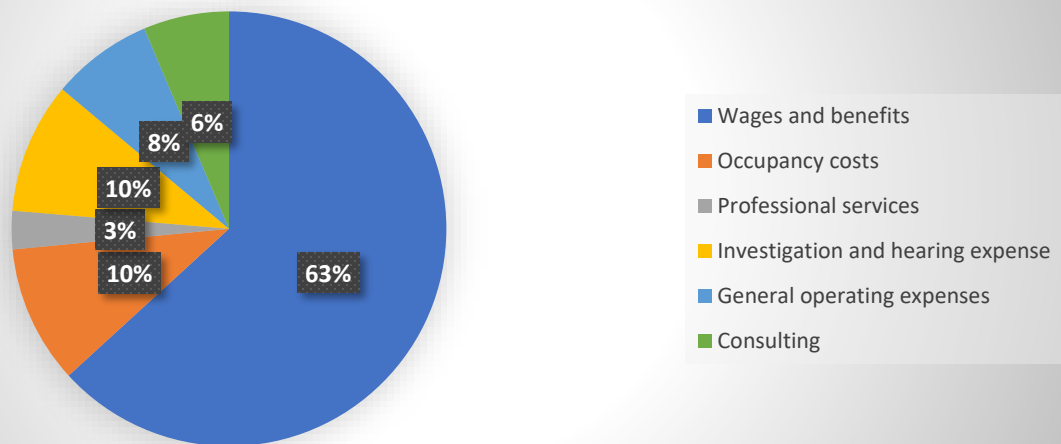
RECOMMENDATION:

It is recommended that Council approves the CRTO Interim Financial Statements for March 1, 2022 – August 31, 2022.

Income vs. Expenses



Major Expenses



Appendix B: Balance Sheet Summary Report

Total Equity	\$	2,592,613.26	\$	2,643,349.55
CRTC Balance Sheet Summary				
	As of Aug. 31, 2022		As of Aug. 31, 2021	
Assets				
Current Assets				
Cash and Cash Equivalent	\$	1,034,257.21	\$	1,008,577.11
Accounts Receivable	\$	(9,035.14)	\$	11,417.52
Investments	\$	1,531,642.97	\$	1,527,675.64
Prepays	\$	53,733.62	\$	95,988.23
Total current assets	\$	2,610,598.66	\$	2,643,658.50
Property, plant and equipment	\$	62,630.77	\$	70,807.85
Total assets	\$	2,610,598.66	\$	2,744,595.53
Liabilities				
Accrued liability	\$	80,616.17	\$	101,245.98
Net Assets				
General contingency reserve fund	\$	500,000.00	\$	500,000.00
Reserve for funding of therapy	\$	80,000.00	\$	80,000.00
Reserve for COVID-19	\$	250,000.00	\$	250,000.00
Reserve for investigations and hearings	\$	150,000.00	\$	150,000.00
Special projects reserve fund	\$	300,000.00	\$	3,000,000.00
Total Restricted funds	\$	1,312,613.26	\$	1,280,000.00
Unrestricted Reserves	\$	1,306,398.26	\$	1,363,349.55

Monthly operating expenses = \$206,860.56

6-months operating expenses = \$1,241,163.36

Appendix C: Income Statement Summary Report

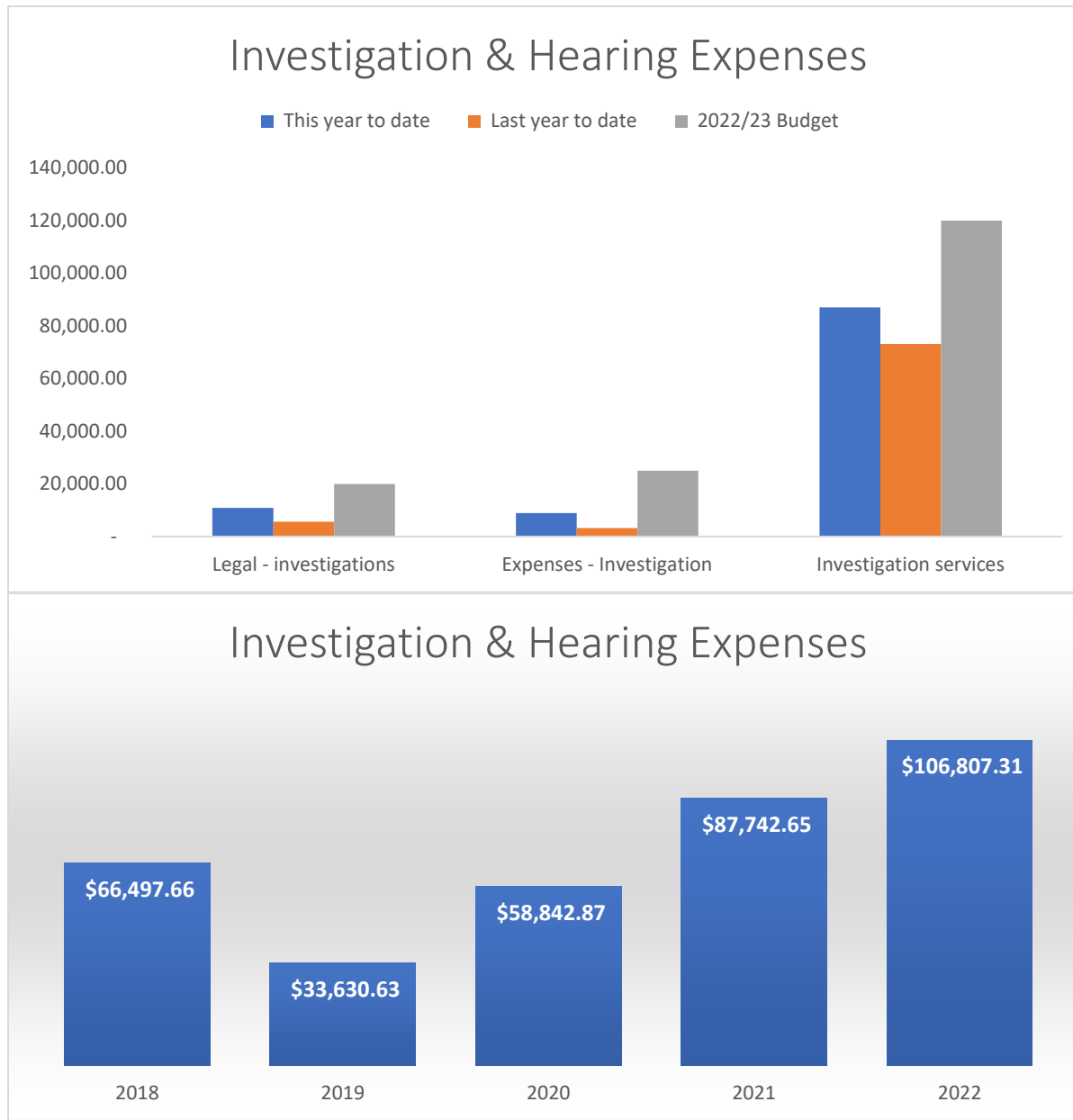
Code	CRTO Income Statement Summary	Mar 1-Aug. 31, 2022	Budget for year	Over (Under) Budget	% (Under) Over Budget	Mar 1 - Aug. 31, 2021
0	Revenue	\$ 2,405,397.82	\$ 2,527,507.54	-\$ 122,109.72	-4.8%	\$ 2,379,807.77
0.5	Competency Assessment Income	\$ 5,750.00	\$ 12,500.00	-\$ 6,750.00	-54.0%	\$ 4,250.00
	Total Income	\$ 2,411,147.82	\$ 2,540,007.54	-\$ 128,859.72	-5.1%	\$ 2,384,057.77
0.6	Competency Assessment Expense	\$ 300.00	\$ 24,000.00	-\$ 23,700.00	-98.8%	\$ 17,430.22
1	Wages and benefits	\$ 691,616.81	\$ 1,315,680.75	-\$ 624,063.94	-47.4%	\$ 704,464.47
2	Occupancy costs	\$ 112,547.61	\$ 250,154.33	-\$ 137,606.72	-55.0%	\$ 114,461.73
3	Professional services	\$ 31,181.69	\$ 155,467.82	-\$ 124,286.13	-79.9%	\$ 42,963.05
4	Investigation and hearing expense	\$ 106,807.31	\$ 165,000.00	-\$ 58,192.69	-35.3%	\$ 82,067.93
5	Technology / Website	\$ 54,447.64	\$ 121,904.00	-\$ 67,456.36	-55.3%	\$ 25,977.38
6	General operating expenses	\$ 82,525.15	\$ 146,614.07	-\$ 64,088.92	-43.7%	\$ 28,609.67
7	Credit card and Paypal fees	\$ 10,772.51	\$ 63,716.93	-\$ 52,944.42	-83.1%	\$ 9,728.14
8	Memerbership and dues	\$ 25,799.07	\$ 35,766.67	-\$ 9,967.60	-98.8%	\$ 16,899.87
9	Quality assurance expenses	\$ 20,300.00	\$ 59,550.00	-\$ 39,250.00	-65.9%	\$ 15,939.48
11	Unrealized (gains) losses	-\$ 2,555.00	\$ -	-\$ 2,555.00		-\$ 2,164.00
12	Council and committee	\$ 28,000.27	\$ 117,650.00	-\$ 89,649.73	-76.2%	\$ 17,158.39
14	Consulting	\$ 69,693.40	\$ 78,000.00	-\$ 8,306.60	-10.6%	\$ 16,921.70
99	Equipment purchased	\$ 9,726.70	\$ 6,500.00	\$ 3,226.70	49.6%	\$ 7,754.25
	Total Expenses	\$ 1,241,163.16	\$ 2,540,004.57	-\$ 1,298,841.41	-51.1%	\$ 1,098,212.28
	Net Income	\$ 1,169,984.66				\$ 1,285,845.49

Appendix D: Income Statement Reporting Codes

Description	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	RST
		5035	EHT
		5040	Training and Dev
		5041	Personal education
		5045	Staff Travel & Exp
2	Occupancy costs	5060	Rent
		5070	Equ lease and Mtce
		5090	Insurance
		5320	Office mtce / upkeep
3	Professional services	5110	Audit
		5120	Legal - general
		5210	Telephone, etc
4	Investigation and hearing expense	5121	Legal - investigations
		5130	Expenses - Investigation
		5131	Investigation services
5	Technology / Website	5223	Website hosting
		5224	Website development
		5620	Data base development
		5623	Data base Annual software fee
		5624	Data base 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
		5547	Communications - Social Media
		5610	Education day expenses
		5624	Data Management
7	Credit card and Paypal fees	5331	Paypal charges
		5340	Credit card merch fees
8	Membership and dues	5380	Membership / subs
		5385	Accreditation services
9	Quality assurance expenses	5500	QA Portfolio Reviewers
		5516	QA Port Annual Fee
11	Unrealized (gains) losses	5700	Unrealized (gain) / loss
12	Council and committee	6000	Total Council
		6100	Total Executive
		6200	Total Reg Committee
		6300	Total PRC Committee
		6400	Total Q&A Committee
		6500	Total IRC Committee
		6600	Total Discipline Committee
		6800	Finance & Audit Committee
		5600	Chair's Event (Dinner)
13	Government Relations	5555	Government Relations
14	Consulting	5140	Consulting - general
		5154	Consulting - core functions
		5142	Consulting - governance
99	Equipment purchased	5050	Equip purchases
		5221	Computer hardware

Appendix E: Financial Report Summary



Council Briefing Note

AGENDA ITEM # 5.3

September 23, 2022

From:	<i>Carole Hamp, RRT – Registrar & CEO</i>
Topic:	<i>Investment Portfolio</i>
Purpose:	<i>For Decision</i>
Strategic Focus:	<i>Core Business Practice</i>
Attachment(s):	<i>Appendix A– Investment Portfolio Summary</i>
Motion:	It is moved by _____ and seconded by _____ that: The Council approves the Investment Portfolio Summary.

PUBLIC INTEREST RATIONALE:

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

ISSUE:

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

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

BACKGROUND:

The Finance and Audit Committee (FAC) is currently revising the policies and procedures for both CRTO's Investment and Management of Reserves.

RECOMMENDATION:

That Council approves the Investment Portfolio Summary.

Appendix B: Revised Investment Statement

Cash – CRTO	As of Aug. 31/22	As of Aug. 31/21
Chequing Account	\$1,033,957	\$1,003,963
Renaissance High-Interest Savings	\$291,411	\$5,105
CIBC High-Interest Savings	\$102,987	\$102,318
Total Cash	\$1,428,355	\$1,111,385

CIBC Wood Gundy GICs		Interest Rates	Due Date	Comments
Effort Trust	\$100,000	0.8%	May 3/23	
Fairstone Bank	\$100,000	4.37%	July 4/24	
Concentra Bank	\$100,000	4.1%	June 13/24	
CIBC Lock-In	\$250,586	3%	April 26/23	
CIBC Flexible	\$250,000	1.65%	April 26/23	
Haventree	\$47,314	0.97%	Oct. 27/22	\$129,895 coming due in late October.
Home Trust	\$36,600	0.9%	Oct. 27/22	
Industrial & Commercial	\$45,981	0.85%	Oct. 27/22	
CDN Western Bank	\$100,000	1.25%	Dec. 9/23	
Equitable Bank	\$100,000	1.25%	Dec. 9/23	
Total GICs	\$1,130,481	\$742,638		

Total Cash & Investments	\$2,558,836	\$1,854,023
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Council Briefing Note

AGENDA ITEM # 5.4

September 23, 2022

From:	<i>Carole Hamp, RRT – Registrar & CEO</i>
Topic:	<i>Mid-Year Financial Report</i>
Purpose:	<i>For Discussion</i>
Strategic Focus:	<i>Clear financial alignment with strategic priorities</i>
Attachment(s):	<i>Appendix A: Mid-Year Financial Report</i>

PUBLIC INTEREST RATIONALE:

Ensuring the CRTO has the necessary financial resources to continue its mandate of regulating the profession of Respiratory Therapy in the public interest.

ISSUE:

August marks the halfway point in the CRTO's fiscal year, making it a suitable time for the CRTO Finance & Audit Committee (FAC), Executive and Council to take stock of our current financial situation.

BACKGROUND:

An in-depth review of our costs to date (March 1 – August 8) was conducted for each budget line. Based on the expenses for this fiscal year-to-date, last fiscal year-to-date and the total costs in the previous fiscal year, an estimate was made for each budget item as to the anticipated yearly expenses. This was then compared to the budget projections to determine where we might be over or under budget by the end of February 2023.

ANALYSIS:

It is evident from this review that there are two cost centres where we may be significantly over budget by the end of this fiscal year, and these are **Investigations & Hearing Expenses** and **Consulting**. It is interesting to note that the overall Investigations & Hearing Expenses expenditure is almost equal to the cost of our office space. Salaries have increased slightly due to increases in staffing, but overall costs for Wages & Benefits will likely remain within budget. Fortunately, overall expenses currently look to be comfortably under budget. It is important to note, however, that these are only approximations. Several factors could impact our expenses over the remaining six months (e, g. unexpected staffing costs, large or contested discipline hearings).

Appendix A: Mid-Year Financial Report

Appendix A: Mid-Year Financial Report (as of August 8, 2022)

Wages & Benefits	2022/23 Budget	Estimated Total for this Fiscal Year	Estimated Total Under/ Over Budget
5010 Staff Salaries	\$ 1,119,325.48	\$ 1,120,835.22	-\$ 1,509.74
5020 Staff Benefits	\$ 91,338.40	\$ 77,065.87	\$ 14,272.53
5030 CPP&EI-Employer Contribution	\$ 48,969.14	\$ 54,188.21	-\$ 5,219.07
5031 Staff RSP	\$ 31,920.88	\$ 30,717.97	\$ 1,202.91
5035 Employer Health Tax (EHT)	\$ 2,326.85	\$ 2,500.00	-\$ 173.15
5040 Staff Training & Development	\$ 8,000.00	\$ 7,347.26	\$ 652.74
5041 Staff Personal Education	\$ 8,800.00	\$ 4,373.28	\$ 4,426.72
5045 Staff-Travel & Expense-Misc.	\$ 5,000.00	\$ 4,145.16	\$ 854.84
Total	\$ 1,315,680.75	\$ 1,301,172.97	\$ 14,507.78

Investigation & Hearing Expenses	2022/23 Budget	Estimated Total for this Fiscal Year	Estimated Total Under/ Over Budget
5121 Legal – Investigation & Hearing	\$ 20,000.00	\$ 16,809.43	\$ 3,190.57
5130 Expenses-Investigations & Hearing	\$ 25,000.00	\$ 17,000.00	\$ 8,000.00
5131 Investigation Services	\$ 120,000.00	\$ 172,334.48	-\$ 52,334.48
Total	\$ 165,000.00	\$ 206,143.91	-\$ 41,143.91

5060 Rent & Occupancy	\$ 222,490.00	\$ 221,387.76	\$ 1,102.24
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Consulting	2022/23 Budget	Estimated Total for this Fiscal Year	Estimated Total Under/ Over Budget
5140 Consulting - General	\$ 15,000.00	\$ 39,966.72	-\$ 24,966.72
5141 Consulting - Core Functions	\$ 48,000.00	\$ 49,872.82	-\$ 1,872.82
5142 Consulting - Governance	\$ 15,000.00	\$ 19,210.00	-\$ 4,210.00
Total	\$ 78,000.00	\$ 109,049.54	-\$ 31,049.54

Council Briefing Note


AGENDA ITEM # 5.5

September 23, 2022

From:	Ania Walsh, Manager, Regulatory Affairs
Topic:	Membership Statistics
Purpose:	For Information
Strategic Focus:	Core Business Practices

CRTO Membership Statistics for the September 23, 2022, Council

(Report generated on September 6, 2022)



		At last Council	1 year ago	5 years ago
Membership	Sept. 2022	May 2022	Sept. 2021	Sept. 2017
Total members	3930	3887	3871	3535
General Class	3581	3487	3560	3258
Graduate Class	23	86	27	21
Limited Class	4	4	4	6
Inactive Class	322	310	280	250
Status Changes	Mar 2022 - Sept. 2022	Mar 2022 - May 2022	Mar 2022 - Sept. 2021	Mar 2017 - Sept. 2017
Resigned	51	37	165	33
Retired	27	16	82	13
Moved out of Ontario	11	8	44	7
Working in other profession	6	6	23	8
Personal/Other Reasons	7	7	16	5
Undertaking	0	0	0	0
Suspended	12	11	20	31
due to non-payment of fees	12	11	19	29
due to disciplinary decisions	0	0	1	0
other reasons	0	0	0	2
Revoked	6	5	16	13
due to non-payment of fees	4	4	13	12
due to disciplinary decisions	0	0	0	0
due to expiration of Grad Certs	2	1	3	1
Reinstated	8	4	39	10
from resigned	5	2	22	4
from suspended	1	0	2	4
from revoked	2	2	15	2

New Applications	Mar 2022 - Sept. 2022	Mar 2022 - May 2022	Mar 2020 - Sept. 2021	Mar 2017 - Sept. 2017
Applications Received	146	106	406	153
Ontario Graduates	128	100	350	147
Other Canadian Grads	9	3	33	4
USA Graduates	5	1	7	1
International Graduates	4	2	16	1

Council Briefing Note

AGENDA ITEM # 5.6

September 23, 2022

From:	<i>Kelly Arndt RRT, Manager, Quality Practice</i>
Topic:	<i>Draft Revised Administering and Dispensing Medication (PPG)</i>
Purpose:	<i>For Decision</i>
Strategic Focus:	<i>Protecting public interest by ensuring that Respiratory Therapists understand their professional responsibilities and obligations with respect to medications</i>
Attachment(s):	Appendix A – Revised Administering and Dispensing Medication PPG Appendix B – Consultation Survey results
Motion:	It is moved by _____ and seconded by _____ that: <i>Council approves final draft for publication</i>

PUBLIC INTEREST RATIONALE

Ensuring that Respiratory Therapists understand their professional and legislative requirements and responsibilities with respect to medication administration and dispensing.

ISSUE:

Previously revised in November 2014, the Administering and Dispensing Medication PPG has been reviewed and updated. RTs are responsible for administering medications within both their personal and professional scope of practice. This PPG provides information regarding accepting delegation to dispense, legislative requirements surrounding narcotics, and the requirements of orders and documentation when administering medication.

BACKGROUND:

This PPG has been condensed, with updated and simplified content to facilitate understanding and clear direction with respect to delegation of dispensing. 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, gender neutral pronouns and updated links and references. Additions made to the medication error section, the stages of medication administration, and the rights of a patient to refuse medication.

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, 41 people viewed the consultation survey, and 3 responses were received (3 Respiratory Therapists).

All respondents found the policy clear, understandable, and free from omissions and errors. One comment was received and as a result, a wording change was made.

For full consultation results see appendix B.

Length of time consultation was open: 30-days

Date consultation closed: August 17, 2022

CONSULTATION FEEDBACK**41**

Viewed

3

Completed

7%% Completed
(Views vs. Completions)**RECOMMENDATION:**

It is recommended that the CRTO Council review and approve the revised final draft Administering and Dispensing Medication PPG for circulation for publication as per the attached motion.

NEXT STEPS:

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

Appendix A: Administering and Dispensing Medication PPG

Final Draft Administering and Dispensing Medication PPG

College of Respiratory Therapists of Ontario

Professional Practice Guideline

Administering & Dispensing Medications

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

It is important to note that employers may have policies related to an RT's ability to accept delegation to dispense medications. If an employer's policies are more restrictive than the 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.

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

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- Who an RT Can Accept Delegation From
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- Factors to Consider when Accepting Delegation to Dispense
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INTRODUCTION

The Regulated Health Professions Act (RHPA) identifies ~~thirteen~~ **fourteen controlled acts** that pose significant risk of harm to the public of Ontario [RHPA section 27(2)]. Dispensing medications falls under the 8th controlled act in the *RHPA*:

“Prescribing, dispensing, selling or **compounding a drug** as defined in the *Drug and Pharmacies Regulation Act*, or supervising the part of a **pharmacy** where such drugs are kept.”

Since the ~~Respiratory Therapy Act~~ Respiratory Therapy Act (RTA) does not authorize **Respiratory Therapists** (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 (i.e., physicians). Therefore, RT’s can only receive **delegation** for the dispensing portion of this controlled act. Respiratory Therapists must not prescribe, sell, or compound a drug, or supervise the part of a pharmacy where such drugs are kept.

Please note...

Other regulated health care professionals who are authorized to perform this controlled act in its entirety, or parts of it, have additional regulations and standards guiding these practices. For example, only Pharmacists and wholesalers are permitted to sell medications. Selling implies the possession of the medication. RTs cannot accept payment for medications dispensed or invoice clients on behalf of their employers.

For additional information, please see the *Interpretation of Authorized Acts* and ~~*Delegation of Controlled Acts*~~ Delegation of Controlled Acts (PPGs).

Other legislation regulating the practices of prescribing, dispensing, selling, or compounding a drug, and supervising a pharmacy, includes but is not limited to:

Provincial Legislation:

- *Pharmacy Act, 1991*
- *Drug and Pharmacies Regulation Act, 1990*
- *Drug Interchangeability and Dispensing Fee Act, 1990*
- *Narcotics Safety and Awareness Act, 2010*

Federal Legislation:

- *Food and Drugs Act, 1985*
- *Controlled Drugs and Substances Act, 1996*
- *Narcotics Control Regulation (amended 2014)*

There are five stages of the medication process:

- (a) ordering/prescribing,
- (b) transcribing and verifying,
- (c) dispensing and delivering,
- (d) administering, and
- (e) monitoring and reporting.

RT's are involved in several of these stages. This PPG outlines the expectations related to medication practices that promote and ensure public protection and safety.

ADMINISTRATION

RTs commonly administer medications via the authority granted to them by the *Respiratory Therapy Act* - “administering a substance by injection or inhalation” [s.4 (4)]. Dispensing occurs less often and will be explained later in this PPG. RTs are responsible for administering medications within both their personal and professional scope of practice. The safe and competent administration of medication requires the RT to have the competencies (knowledge, skill and abilities) to:

Examples of administering medication:

- Obtaining, preparing and administering a narcotic for use during conscious sedation of a patient/client
- Obtaining, preparing and administering a drug from a supervised hospital or departmental “stock” of medications (e.g. sedatives kept in a bronchoscopy suite for use during an outpatient procedure)

- assess the appropriateness of a particular medication for the patient/client, including indications and contraindications;
- be aware of the actions, interactions, dose, route, side-effects and adverse effects of the drug;
- be able to calculate the correct dosage and prepare the medication correctly, when necessary; and
- to monitor the patient/client during and following **administration**, as well as manage any side-effects or adverse reactions to the drug, intervening when necessary.

*Prior to administering any substance, the *Respiratory Therapy Act* requires RTs to obtain a valid **order** (direct order or medical directive) from:

- (a) a member of the College of Physicians and Surgeons of Ontario, the College of Midwives of Ontario or the Royal College of Dental Surgeons of Ontario;
- (b) a member of the College of Nurses of Ontario who holds an extended certificate of registration under the *Nursing Act, 1991*; or
- (c) a member of a health profession that is prescribed by regulation.

It is important to note that the Members of the regulated professions above must also abide by their own legislation when it comes to delegation. Please see Accepting Delegation to Dispense.

The 9 10 Rights of Competent Medication Administration

1. right PATIENT/CLIENT –should be at least two unique identifiers (not room number);
2. right MEDICATION to be given - compare Medication Administration Record (MAR) with order;
3. right ROUTE– includes site (e.g., IV, IM);
4. right TIME/ DAY – includes frequency;
5. right DOSE – check calculation and label;
6. right DOCUMENTATION – i.e., after medication is administered;
7. right FORM – e.g., liquid, tablet, etc.;
8. right REASON **or ACTION** – to treat the appropriate condition; and
9. right RESPONSE - monitor to ensure that the medication has the desired effect¹.
10. right to REFUSE – respecting the patient's right of choice

Medication Management Systems

Most facilities now use some form of medication management system, which usually includes an automated medication dispensing unit. The purpose of implementing this type of delivery system is to avoid preventable medication errors and improve patient safety. The pharmacy receives the medication order electronically from the physician and dispenses the medication into the unit. The medication can then be accessed by staff to be administered when needed.

Please note...

Dispensing can only occur once. After a drug is labeled and dispensed to a patient/client via an automated medication dispensing unit, physically giving the medication to the patient/client is **administration**, not dispensing.

Oral and Topical Medication

Administration of a substance orally or topically is not a controlled act under the *RHPA* and is not considered dispensing unless a supply was given to the patient/client to take at another time. An RT may assist a patient/client in taking their prescribed tablets at the time they are due; however, an RT may not leave extra tablets from a stock at the bedside for the patient/client to take. As with all other medications, to administer oral (e.g., Prednisone) and topical medications (e.g., Lidocaine) the RT needs to know the indications, contraindications, proper dosages and potential side-effects. The **prescription** and medication container must be checked, along with the patient/client's identity and any potential allergies/drug sensitivities, as with any other medication. Oral medications in a tablet form should be given to the patient in a disposable container, and liquid preparations should be measured using syringes specifically designed for that purpose. The RT must ensure that the medication was taken by the patient/client as directed, and document accordingly.

¹ Koppel, R., Wetterneck, T., Telles, J. L., & Karsh, B. T. (2008). Workarounds to barcode medication administration systems: their occurrences, causes, and threats to patient safety. *Journal of the American Medical Informatics Association*, 15(4), 408-423.

Over the Counter (OTC) Medication

OTC refers to medications that can be obtained in the community without a prescription from an authorized regulated health care professional. **However, in a hospital setting an order is still required to administer an OTC medication.** Many facilities also have policies requiring that any OTC medication brought in from home by a patient/client must be sent to the pharmacy for **labelling**, and then approved by the most responsible physician before returning it to the patient/client.

If an RT is giving out OTC medication in a community setting (e.g., nicotine replacement therapy or (NRT) in an outpatient smoking cessation clinic), they are responsible for ensuring the medication is stored securely and must dispose of any medication that is past its expiry date. For more information, please see the section on Safe Storage and Handling.

Q&A

Q: In order for me to hand out OTC NRT in our Family Health Team, do I need to get delegation to dispense?

A: OTC medication does not require an order from a physician in the community and is not “dispensed”. Therefore, RTs do not need delegation ~~in order~~ to provide OTC NRT to a patient/client to take home. **However, if this was an in- hospital PFT clinic, an order would be required for the NRT to be given to the patient.**

DISPENSING

RTs do not have the legislative authority to dispense medication but can receive delegation to dispense. RTs may dispense medications when it's in the best interest of the patient/client, such as a patient/client having difficulty accessing a pharmacy.

Dispensing is a controlled act that authorizes an RT to select, prepare and provide stock medication that has been prescribed to a patient/client (or his or her representative) for administration at a later time.

Example: Allowing a patient/client to take home a properly labeled metered dose inhaler from the Emergency Department stock after counseling a patient/client about their prescription and medication.

The process of dispensing has both technical and cognitive components. The technical component includes tasks such as receiving and reading the prescription, selecting the drug to dispense, checking the expiry date, labeling the product, and record keeping.

The cognitive component of dispensing involves assessing the therapeutic appropriateness of the prescription, applying approved substitution policies, being able to make recommendations to the **prescriber** and advising the patient/client.

When it's Appropriate for an RT to Dispense

Registered Respiratory Therapists (RRTs) require delegation to dispense medication. It is important to note that Graduate Respiratory Therapists (GRTs) cannot accept delegation for any controlled act, including dispensing.

Depending on an RT's personal scope of practice, it may be practical and in the best interest of the patient/client for an RT to accept delegation to dispense medications in certain practice settings, such as:

- hospital emergency departments;
- asthma care centres;
- pulmonary function laboratories;
- cystic fibrosis care centres;
- respiratory rehabilitation centres;
- COPD care centres;
- polysomnography laboratories; and
- Family Health Team (FHT).

Please note...

Only RRT Members of the CRTO (subject to any terms, conditions and limitations on **their** ~~his/her~~ certificate of registration that are related to accepting delegation and/or dispensing) may receive delegation to dispense medications.

Example:

Providing a patient/client with a pharmaceutically supplied sample of a medication to take home from an asthma clinic. (For more information, please see the section on **Dispensing Samples**.)

Accepting Delegation to Dispense

The delegation to dispense medication requires the same steps as any other delegation process. For additional information, please see the CRTC [Delegation](#) PPG. The **Regulated Health Professions Regulators of Ontario** Federation of Health Regulatory Colleges of Ontario (FHRCO) also has resource information and templates for developing delegation processes, which can be accessed [here](http://mdguide.regulatedhealthprofessions.on.ca/templates/default.asp): <http://mdguide.regulatedhealthprofessions.on.ca/templates/default.asp> templates for delegation

Who an RT can accept delegation to dispense from

The following are health care professions authorized to dispense medication and **can delegate dispensing to RT's**: ~~and who RTs can accept orders to dispense from:~~

- Dentists;
- Physicians;
- Pharmacist*
- ~~Nurse Practitioners~~
- ~~Midwives.~~

Please note...

~~As of January 1, 2014,~~ RNs and RPNs are authorized to dispense medications provided they have an order for the medication from an **authorized provider**. However, RNs/RPNs cannot delegate dispensing (~~CNO, Medication, 2014~~).

~~*Pharmacists can dispense, and can therefore delegate dispensing, however RT's are not permitted to accept an order from Members of the Ontario College of Pharmacists.~~ *Pharmacists can dispense medication under the Regulated Health Professions Regulators of Ontario and can therefore delegate dispensing. However currently RT's are not permitted to accept an order for from Members of the Ontario College of Pharmacists. For example, and physician can order a medication and a pharmacist may delegate the dispensing of the medication to a RT

~~Midwives are not permitted to dispense, sell, or compound a drug, and therefore can not delegate dispensing. (College of Midwives of Ontario)~~

~~Nurse Practitioners can dispense medications however they cannot delegate prescribing, dispensing, selling, or compounding medication. (College of Nurses of Ontario)~~

~~For more information regarding health care professionals who can dispense medication, please see the FHRCO [Interprofessional Collaboration \(IPC\) eTool](#).~~

Please note...

RTs require both a order for the medication AND an order to dispense the medication. However, it does not have to be same healthcare professional who provides both. For example, a physician can write the order for the medication and a pharmacist can delegate dispensing of that medication. For more information, please see TABLE 1.

TABLE 1: Who can order medication and who can order **delegation to dispensing-dispense medication.**

Healthcare Professional	Ability to Order Medication	Ability to Order the Dispensing of Medication	Ability to Delegate the Dispensing of Medication
Physician	✓	✓	✓
Nurse Practitioner	✓	✓—✗	x
Midwife	✓	✓—✗	x
Dentist	✓	✓	✓
Pharmacist	✓ *	✓	✓
Reg. Nurse/Reg. Practical Nurse	x	✗	x

*Pharmacists can perform the controlled act of “prescribing a drug” specified in the regulations (initiating therapy with varenicline or bupropion for smoking cessation) or in accordance with the regulations (adapting or renewing a previously prescribed prescription). Ref: Pharmacy Act; O. Reg. 202/94; Initiating, Adapting and Renewing Prescriptions Guideline.

Note that in a hospital setting, regulations under the Public Hospitals Act determine who can order treatments for patients: “physician, dentist, midwife or registered nurse in the extended class”. Ref: RRO 1990 Reg 965.

Orders for Dispensing

An order to dispense must include the following:

- order date,
- client name,
- medication name,
- dose in units,
- route,
- frequency,
- purpose, quantity to dispense; and
- prescriber’s name, signature, and designation.

Factors to Consider when Accepting Delegation to Dispense

1. Is your certificate clear of any terms, conditions or limitations that prevent you from dispensing or accepting delegation to dispense?

2. Do you reasonably believe that the person who delegated dispensing to you has the authority and the **competence** to do so?
3. Do you have the competence to dispense medication?
4. Is it appropriate and in the best interest of the patient/client that you accept delegation to dispense medication, given the known risks and benefits?
5. Are there other controlled acts involved and are you authorized to perform them?

Respiratory Therapists are reminded that they are not obligated to accept delegation to dispense medications if it is, in their judgment, not appropriate to do so. For more information, please see the CRTO [Delegation](#) [Delegation](#).

Labelling Dispensed Medication

If medication is being dispensed based on a prescription, the label must meet all the requirements outlined in the [Drugs and Pharmacies Regulation Act](#) (s.156 (3) – **Identification Markings**), which means that The container in which the drug is dispensed shall be marked with,:

- (a) *the identification number that is on the prescription;*
- (b) *the name, address and telephone number of the pharmacy in which the prescription is dispensed (if applicable);*
- (c) *the identification of the drug as to its name (preferably both generic and trade name), its strength (where applicable) and its manufacturer, unless directed otherwise by the prescriber;*
- (d) *the quantity where the drug dispensed is in solid oral dosage form;*
- (e) *the name of the owner of the pharmacy (if applicable);*
- (f) *the date the prescription is dispensed;*
- (g) *the name of the prescriber (along with professional designation (e.g., MD);*
- (h) *the name of the person for whom it is prescribed;*

Please note...The label can be handwritten, or computer generated. However, it's important that:

- the information contained on the label is legible; and
- the dispensed medication is added to the patient's/client's record.

(i) the directions for use as prescribed.

Safe Storage and Handling

If an RT is responsible for maintaining a supply of medication, they must be sure to:

- Keep an up-to-date inventory of all medication in stock;
- Ensure that the medication is stored securely;
- Check to see if medications require refrigeration;
- Discard any medication that has been discontinued or is expired; and
- Store the medication in a clean and well organized area (e.g., metered dose inhalers should be capped, clean aerosol holding chambers should be stored hygienically (as per manufacturer's recommendation).

DOCUMENTATION

When administering medication, documentation is essential to communicate outcomes and prevent errors - such as accidentally missed doses or double dosing. When preparing and administering medications, a copy of the order (care plan) should be used as a reference to check the correct dosage three times, as follows:

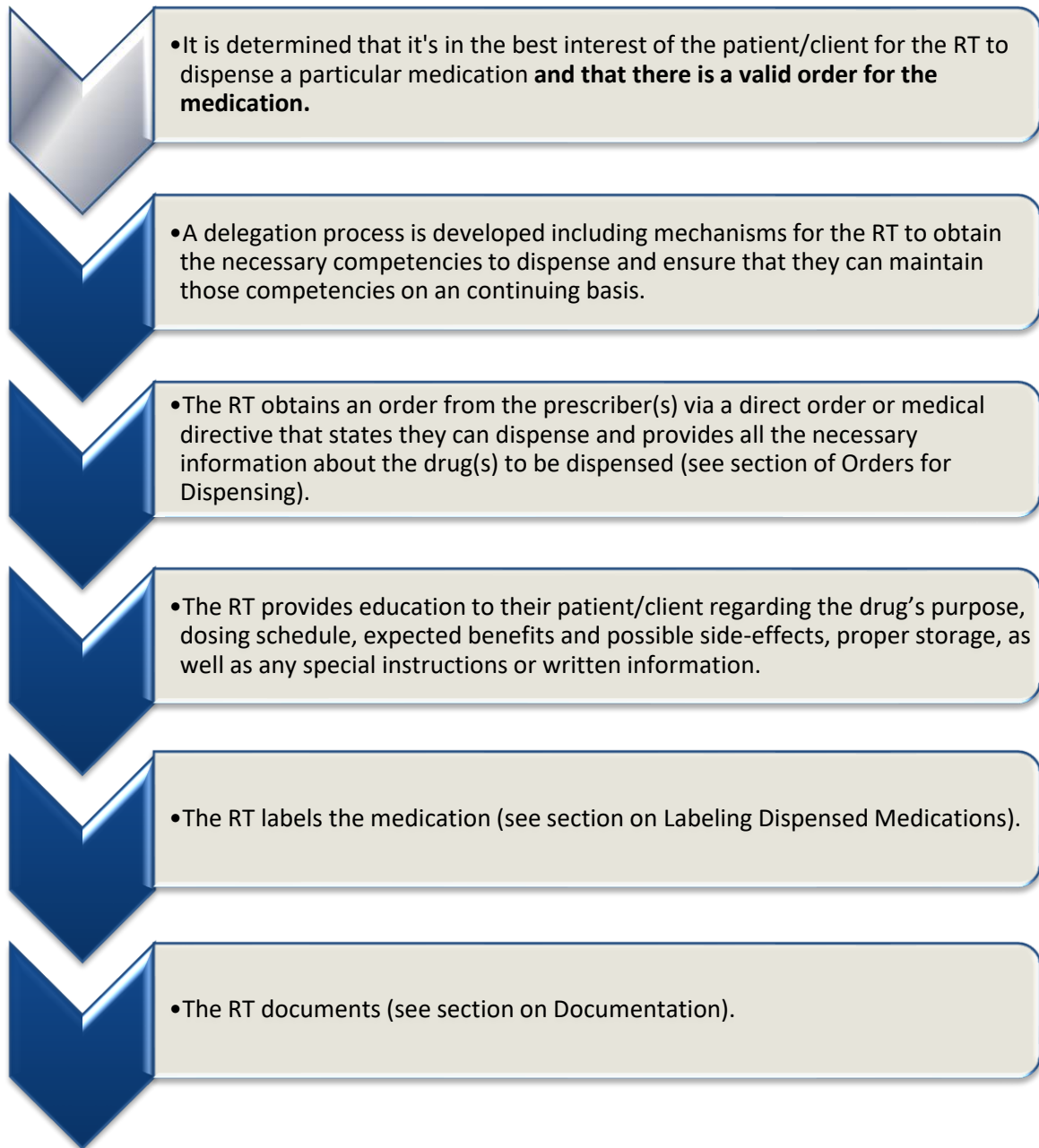
- First when one identifies the vial/syringe/bottle/bag/powder/capsule/tablet the medication is packaged in;
- Secondly when one is preparing the medication; and
- Thirdly after one has completed the preparation process

When dispensing medication, the following documentation is required:

- Patient/client name, contact information, birth date and gender;
- Any allergies and adverse reactions;
- Date, time and (if appropriate) the location that the dispensing took place;
- Medication name, strength, dose and quantity dispensed;
- Length of therapy;
- Any instructions provided to patient/client;
- RT's signature and professional designation; and
- Any other relevant information.

Documentation, in the event of a patient refusal of medication, is very important.

DISPENSING PROCESS MAP



SPECIAL CONSIDERATIONS

Substitution Policies

An RT's employer may have developed, and approved policies related to substituting certain medications. Substitution policies are also known as "therapeutic interchange policies". RTs must have the knowledge, skill and judgement to apply approved substitution policies in their practice. For more information, please refer to the [Drug Interchangeability and Dispensing Fee Act](#).

Please Note:

An "**interchangeable drug product**" is defined as a drug or combination of drugs in a particular dosage, form, and strength, that have been determined as interchangeable with another (e.g., exchanging one asthma medication for another).

Repackaging

Repackaging a medication that has already been dispensed (e.g., into a daily use container) is not a controlled act and is not considered dispensing. In this case, the RT is responsible for ensuring that the medication has been repackaged safely.

Narcotics and other Controlled Substances

These are drugs as defined in the [Controlled Drugs and Substances Act](#) and the [Narcotic Control Regulations](#). The CRTO's position is that there is nothing in current provincial or federal legislation to prevent an RT from receiving delegation to dispense a controlled substance. RTs may dispense narcotics and other controlled substances but must first obtain delegation to dispense the medication, as with other medications. For more information on delegation, please see the CRTO [Practice Policy Handling, Administration and Dispensing of Controlled Substances](#) ~~Position Statement~~ ~~[Handling, Administration and Dispensing of Controlled Substances](#)~~.

A direct order is required for the administration of a controlled substance.

For example: A medical directive is not an acceptable substitution for a direct order for a narcotic in the Operating Room.

Dispensing Samples

A medication sample is defined as a trial package of medication distributed to a health care professional free of charge. If an RT is dispensing sample medications to patients/clients, it is important that they do the following:

- Ensure there is a valid order (direct order or medical directive) for the correct medication;
- Obtain informed consent before providing drug samples;
- Label the medication if it's being dispensed based on a prescription² (see section on **Labeling Dispensed Medication**);
- Provide the patient/client with all the necessary information about the medication (e.g., dose, frequency, mode of administration);
- Document the drug samples given to patients, including: the date provided, name of the drug, drug strength, quantity or duration of therapy, instructions for use, and that the drug's material risks (including material side effects, contraindications or precautions) were discussed with the patient;
- Communicate the need for follow-up to monitor whether any changes to the treatment plan are required; and
- Share information about drug samples provided with other health care providers, as appropriate³.

Please note...

Schedule II Schedule II narcotic substances may not be provided as drug samples.

²Ontario College of Pharmacists (OCP). (2006). *Policy Respecting the Distribution of Medication Samples*. Retrieved from OCP website at <http://www.occinfo.com/regulations-standards/policies-guidelines/distribution-samples/>

³College of Physicians and Surgeons of Ontario. (2019). Prescribing drugs. *CPSO Policies*. Retrieved from <http://www.cpso.on.ca/policies-publications/policy/prescribing-drugs#DRUGsamples>

Medication Errors

Medication errors and preventable adverse drug events present a serious threat to patient/client safety. They can result in serious adverse drug events (ADEs) due to the wrong medication being administered to the wrong patient/client at the incorrect dose, time, reason, and/or route. ADEs can also occur as a result of missing, incorrect or incomplete documentation. RTs play an important role in reducing the incidence of medication errors by carefully following the eight principles outlined previously, (please see section on **Administration**) and by ensuring their organization applies processes aimed at reducing the possibility of medication errors.

Please note...

Any abbreviations, symbols and dose designations must be recognizable to all those involved with the administration and dispensing of the medication to the patient/client.

Some of the factors associated with medication errors include the following:

- Medications with similar names or similar packaging
- Medications that are not commonly used or prescribed
- Commonly used medications to which many patients are allergic (e.g., antibiotics, opiates, and nonsteroidal anti-inflammatory drugs)
- Medications that require testing to ensure proper (i.e., nontoxic) therapeutic levels are maintained (e.g., lithium, warfarin, theophylline, and digoxin)

Additional information can also be found on the [Institute for Safe Medication Practices \(ISMP\) Canada](#) website.

When a medication error occurs, the RT must take immediate steps to ensure the patient's/client's safety, resolve the problem and report it. It is essential for the RT to document the error on the patient's/ client's chart, including :

- what happened;
- the intervention(s) carried out;
- the patient's/client's response to the intervention(s); and
- all other organizational requirements s for reporting errors.

It is also important to participate in reflection, identifying challenges and barriers that impact safe medication delivery, and as a team, focus on improvement and solutions.

GL **Please note...** Your employer may have policies that support safe administration and dispensing of medication by its health professionals.
Please familiarize yourself with your organization's policies.

administration (of a medication): the direct application of a drug to the body of a specific patient or research subject by injection, inhalation, ingestion, or any other means.

authority: the right to act, as outlined in the legislation, usually related to terms, conditions or limitations imposed on a certificate of registration.

controlled act: one of the 13 acts defined in the RHPA [section 27(2)]

compounding: the act of combining two or more elements to create a distinct pharmaceutical product. Compounding is not authorized to Respiratory Therapists. Delegation is not required when combining elements to prepare a drug for administration. For example: mixing liquid bronchodilators in normal saline for aerosolized therapy.

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

delegation: the transfer of the legal authority to perform a procedure within a controlled act to a person not otherwise authorized to perform the procedure.

drug: as defined in the *Drug and Pharmacies Regulation Act*.

labelling: the process of preparing and affixing a label to any drug container. Any such label shall include all information required by provincial regulations. In this context, labelling does not include the labelling by the manufacturer, packer or distributor of a non-prescription drug or commercially packaged drug or device.

Order: An “order” is the authority to undertake an intervention if the circumstances are appropriate and, in your professional judgement, it is appropriate to undertake the intervention. For more information of what constitutes a valid order, please see the [Orders for Medication Care](#) PPG.

pharmacy: a premise in or in part of which prescriptions are compounded or dispensed for the public.

prescriber: a person authorized to give a prescription within the scope of his or her practice of a health discipline or profession.

prescription: an authorization from a prescriber permitting the dispensing of any drug or mixture of drugs for a designated person or animal.

regulated health care professional — a health care provider who is a member of a CRTO and is regulated by the RHPA (e.g., nurse, physician, dentist, massage therapist, physiotherapist, dietitian, occupational therapist, etc)

Respiratory Therapists: Members of the CRTO (RRT, GRT, PRT).

References:

National Association of Pharmacy Regulatory Authorities [National Drug Schedules | NAPRA](#)

The Nine Rights of Medication Administration. British Journal of Nursing (2010) Vol.19, Number 5. Elliot, Liu. <http://publicationslist.org/data/m.elliott/ref-2/Nine%20medication%20rights.pdf>

Hughes RG, Blegen MA. Medication Administration Safety. In: Hughes RG, editor. Patient Safety and Quality: An Evidence-Based Handbook for Nurses. Rockville (MD): Agency for Healthcare Research and Quality (US); 2008 Apr. Chapter 37. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK2656/>

Ontario College of Pharmacists (OCP). (2006). *Policy Respecting the Distribution of Medication Samples*. Retrieved from OCP website at <http://www.ocpinfo.com/regulations-standards/policies-guidelines/distribution-samples/>

College of Physicians and Surgeons of Ontario. (2019). Prescribing drugs. *CPSO Policies*. Retrieved from <https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Prescribing-Drugs>

College of Nurses of Ontario (CNO). (2011). Nurse Practitioner. *CNO Practice Standard*. Retrieved from http://www.cno.org/pdf_file_wrappers/np_standard/

College of Nurses of Ontario (CNO). (2014). Medication. *CNO Practice Standard*. Retrieved from http://www.cno.org/Global/docs/prac/41007_Medication.pdf

College of Physicians and Surgeons of Ontario (CPSO). (2011). Dispensing Drugs. *CPSO Policy Statement*. Retrieved from http://www.cpso.on.ca/CPSO/media/uploadedfiles/policies/policies/policyitems/dispensing_drugs.pdf?ext=.pdf

College of Physicians and Surgeons of Ontario (CPSO). (2012). Prescribing Drugs. *CPSO Policy Statement*. Retrieved from http://www.cpso.on.ca/policies-publications/policy/prescribing_drugs#DRUGsamples

Koppel, R., Wetterneck, T., Telles, J. L., & Karsh, B. T. (2008). Workarounds to barcode medication administration systems: their occurrences, causes, and threats to patient safety. *Journal of the American Medical Informatics Association*, 15(4), 408-423.

Ontario College of Pharmacists (OCP). (2006). *Policy Respecting the Distribution of Medication Samples*. Retrieved from OCP website at <http://www.ocpinfo.com/regulations-standards/policies-guidelines/distribution-samples/>

College of Nurses of Ontario (CNO) Medication Practice Standard (2017). Retrieved from the CNO website at: https://www.cno.org/globalassets/docs/prac/41007_medication.pdf

Koppel, R., Wetterneck, T., Telles, J. L., & Karsh, B. T. (2008). Workarounds to barcode medication administration systems: their occurrences, causes, and threats to patient safety. *Journal of the American Medical Informatics Association*, 15(4), 408-423.

College of Nurses of Ontario (CNO). Nurse Practitioner Practice Standard (2021). Retrieved from the CNO website at: https://www.cno.org/globalassets/docs/prac/41038_strdrnec.pdf

College of Midwives of Ontario (CMO). Midwifery Scope of Practice (2021). Retrieved from the CMO website at: <https://www.cmo.on.ca/wp-content/uploads/2021/04/Midwifery-Scope-of-Practice.pdf#:~:text=delivery%20of%20a%20baby%20is%20authorized%20to%20physicians,manage%20labour%20and%20conduct%20spontaneous%20normal%20vaginal%20deliveries5.>

College of Nurses of Ontario (CNO). Authorizing Mechanisms (2020). Retrieved from the CNO website at: https://www.cno.org/globalassets/docs/prac/41075_authorizingmech.pdf

Rodziewicz TL, Houseman B, Hipskind JE. Medical Error Reduction and Prevention. [Updated 2022 Jan 4]. In: StatPearls [Internet]. Treasure Island (FL):

StatPearls Publishing; 2022 Jan-. Available from:
<https://www.ncbi.nlm.nih.gov/books/NBK499956/>

Appendix B: Administering and Dispensing PPG Consultation Survey Results

Answers to Questions Draft Administering and Dispensing PPG Consultation 2022 As of: 17/08/2022		
Page: Administering and Dispensing Professional Practice Guide (PPG) Background		
Page: About You		
Question: Are you a...		
Number Who Answered: 3		
Respiratory Therapist (including retired)	3	100 %
Graduate Respiratory Therapist	0	0 %
Student of a Respiratory Therapy Program	0	0 %
Member of the Public	0	0 %
Other Respiratory Therapy Regulator or Association	0	0 %
Other Health Care Professional (including retired)	0	0 %
Other Health Care Regulator or Association	0	0 %
Prefer Not to Say	0	0 %
Question: I live in...		
Number Who Answered: 3		
Ontario	3	100 %
Canada, but outside Ontario	0	0 %
Outside of Canada	0	0 %
Prefer Not to Say	0	0 %
Page: Questions		
Question: Delegation of Controlled Acts PPG		
Number Who Answered: 0		
Question: Is the purpose of the Delegation of Controlled Acts PPG clear?		
Number Who Answered: 3		
Yes	No	
3	0	
100 %	0 %	
Question: If no, please provide further details:		
Number Who Answered: 0		
Question: Do you agree that the Delegation of Controlled Acts PPG is clear and understandable?		
Number Who Answered: 3		
Yes	No	
3	0	
100 %	0 %	
Question: If no, please provide further details:		
Number Who Answered: 0		

Appendix B: Delegation of Controlled Acts PPG Consultation Survey Results

Question: Is the Delegation of Controlled Acts PPG free from omissions and/or errors?	
<i>Number Who Answered: 1</i>	
Yes	No
3	0
100 %	0 %
Question: If no, please provide further details:	
<i>Number Who Answered: 0</i>	
Question: Does this Delegation of Controlled Acts PPG provide you with sufficient understanding of the expectations?	
<i>Number Who Answered: 3</i>	
Yes	No
3	0
100 %	0 %
Question: If no, please provide further details:	
<i>Number Who Answered: 0</i>	
Page: Additional Comments	
Question: Do you have any additional comments you would like to share?	
<i>Number Who Answered: 0</i>	

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Professional Development Program

Type: Policy

Origin Date: May 27, 2011

Section: QA

Approved by Council: April 8, 2022

Document Number: QA-101

Next Revision Date: April 2027

1.0 POLICY STATEMENT

The CRTO Professional Development Program (PDP) consists of the following components:

- Launch RT Jurisprudence Assessment;
- Relevant eLearning Module;
- Portfolio Online for Respiratory Therapists (PORTfolio^{OM});
- Specific Continuing Education or Remediation Program (SCERP); and
- Practice Assessment.

A description of each component is listed below.

2.0 PURPOSE

It is our policy to uphold the College of Respiratory Therapists of Ontario's (CRTO's) mandate to act in the public interest by supporting the ongoing professional development of Ontario Respiratory Therapists (RTs). The purpose of this policy is to facilitate CRTO member's successful completion of the components of the Professional Development Program which is designed to:

- promote continuing competence and continuing quality improvement;
- promote interprofessional collaboration; and
- address changes in practice environments, standards of practice, and entry-to-practice competencies, as well as advances in technology.

3.0 APPLICABILITY

This policy applies to all members of the CRTO, which includes members registered with General, Limited, Graduate or Inactive Certificates of Registration.



4.0 RESPONSIBILITIES

CRTO Members

Launch RT Jurisprudence Assessment

All new and reinstated CRTO members, regardless of route of entry to practice, must complete the Launch RT Jurisprudence Assessment within three (3) months of registration. Launch RT Jurisprudence Assessment is designed to assess members' knowledge, skill, and judgment and requires a passing mark of 70%. Deferrals for the Launch RT Jurisprudence Assessment will only be granted by the QAC in extenuating circumstances.

More information on the deferral process is available in the Deferral of Professional Development Program Requirements Policy.

Relevant eLearning Module

All CRTO members must complete the RelevantT Learning Module on an annual basis, which provides information about practice standard changes. It is not a pass/fail module, rather completion only. In order to successfully complete the RelevantT module, each member is required to correctly answer all of the questions in the module. Members are permitted to attempt the questions as many times as necessary in order to correctly answer all of them.

Deferrals are not granted for the RelevantT eLearning Module.

PORTfolio^{OM}

All CRTO members must maintain their PORTfolio on an ongoing basis. CRTO members with General, Limited and Graduate Certificates of Registration are required to submit their PORTfolio online, using the PDKeep module, during their predefined Review Year. Review Years are available on a member's CRTO webpage and are on a five-year cycle. Members registered with Inactive Certificates of Registration are not required to submit their PORTfolio. Deferrals for PORTfolio submissions will only be granted by the QAC in extenuating circumstances.

New Members to the CRTO will be required to submit their Portfolios three years after their initial registration.

More information on the deferral process is available in the Deferral of Professional Development Program Requirements Policy.

Specific Continuing Education or Remediation Program (SCERP)

CRTO members whose knowledge, skill, and judgment have been assessed and found to be unsatisfactory may be directed by the Quality Assurance Committee (QAC) to participate in a Specified Continued Education or Remediation Program (SCERP). This remediation process is intended to be an educational opportunity for the member to improve their knowledge, skill, and judgment.

The form and nature of the SCERP will depend on the member's identified learning needs and challenges and may take the form of:



- A customized educational tool that is implemented utilizing a mentor;
- An existing course or educational program; or
- Another educational tool that is appropriate for the Member's learning needs.

There are three (3) circumstances where a member may be required to undergo a SCERP:

1. If a member receives a score below 70% on two consecutive attempts at the Launch RT Jurisprudence Assessment; and/or
2. If a member submits two consecutive PORTfolios that are determined to not meet the requisite criteria for successful completion; and/or
3. If a member has completed a practice assessment and is found to have unsatisfactory knowledge, skill, and judgment. In these instances, the member will be referred to a panel of the QAC.

Practice Assessment

The Regulated Health Professions Act requires that all health regulatory Colleges have a Quality Assurance Program that consists of self, peer, and practice assessments. A CRTO member may be selected by the QAC to undergo peer and practice assessments to determine whether the members' knowledge, skill and judgment are satisfactory. A Practice Assessment may also be required for reasons including but not limited to criteria specified by the Committee. One such criteria specified by the QAC is that new CRTO Members who have not graduated from an [approved Canadian program](#) shall be required to complete a Practice Assessment as outline in the CRTO's [Entry-to-Practice Competency Assessment Policy](#).

More information on the deferral process is available in the Deferral of Professional Development Program Requirements Policy.

5.0 AUTHORITY & MONITORING

This policy is in alignment with section 80 of the *Health Professions Procedural Code* (the *Code*) being Schedule 2 to the *Regulated Health Professions Act, 1991, (RHPA)* and *Ontario Regulation O. Reg. 379/12: General (Part VI - Quality Assurance)*.

6.0 CONSEQUENCES FOR NON-COMPLIANCE

The CRTO establishes timelines for completion of all PDP components, criteria for successful completion and monitors participation of CRTO Members in the PDP on an ongoing basis. If a CRTO Member does not complete their PDP requirements within the established timelines, (See Summary of Non-Compliance and Late Submission of PDP Requirements in Appendix A), a panel of the QA Committee may do any one or more of the following:

- require the Member to undergo a peer and practice assessment; and/or
- disclose the name of the Member and allegations against the Member to the Inquiries, Complaints and Reports Committee (ICRC) if the QAC is of the opinion that the Member may have committed an act of professional misconduct or may be incompetent or incapacitated.

7.0 RELATED DOCUMENTS



- CRTO Professional Development Program (PDP)
- Deferral of Professional Development Program Requirements Policy
- PDP Peer Assessors, Mentors, Practice Assessors Fact Sheet
- [Section 80 of the Health Professions Procedural Code \(the Code\) being Schedule 2 to the Regulated Health Professions Act, 1991, \(RHPA\)](#)
- [Ontario Regulation O. Reg. 379/12: General \(Part VI - Quality Assurance\)](#)

8.0 APPENDICIES

- Appendix A - Summary of Non-Compliance & Late Submission of PDP Requirements

9.0 CONTACT INFORMATION

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

Telephone: 416-591-7800

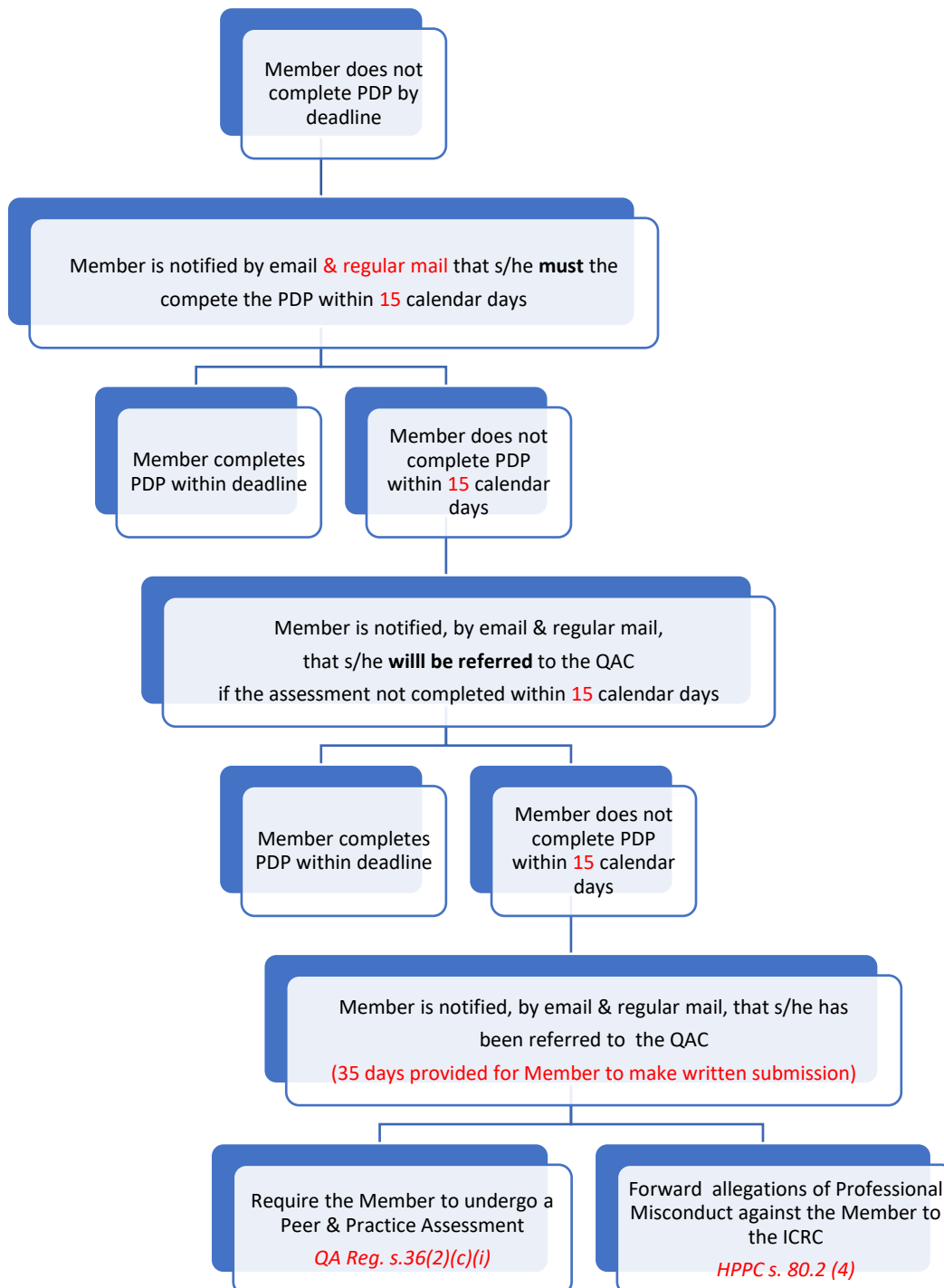
Toll-Free (in Ontario): 1-800-261-0528

Fax: 416-591-7890

General Email: questions@crto.on.ca



APPENDIX A - Summary of Non-Compliance & Late Submission of PDP Requirements



Consent Agenda Items

Agenda Item #:	6.1
Item:	<i>Draft Minutes from May 27, 2022</i>

Meeting Minutes May 27, 2022

CRTO Council Meeting Minutes

Scheduled on May 27, 2022, from 9:00 am to 1:00 pm

Location: Virtual meeting via Zoom Videoconference

PRESENT:	Lindsay Martinek, RRT, President, Chair Kim Morris, Vice-President Derek Clark, Public Member Jeff Dionne, RRT Shawn Jacobson, RRT Andriy Kolos, Public Member	Christa Krause, RRT Katherine Lalonde, RRT Kelly Munoz, RRT Jeffrey Schiller, Public Member Jillian Wilson, RRT Yvette Wong, Public Member
STAFF:	Carole Hamp, RRT, Registrar & CEO Shaf Rahman, Deputy Registrar Janice Carson, Manager of Communications Kelly Arndt, RRT, Manager of Quality Practice Sophia Rose, Manager of Professional Conduct	Ania Walsh, Manager of Regulatory Affairs Denise Steele, Coordinator of Professional Programs Temeka Tadesse, IT & Database Specialist Stephanie Tjandra, Finance & Office Coordinator Abeeha Syed, Professional Conduct Associate
GUESTS:	Lanjun Wang, CPA, CA, Auditor	
REGRETS:	Angela Miller, RRT Allison Peddle, Public Member Jody Saarvala, RRT	

1.0: INTRODUCTIONS & LAND ACKNOWLEDGEMENT

The meeting was called to order at 9:00 am. Lindsay Martinek welcomed Council, Staff, and Guest to the meeting.

Consent Agenda Items

2.0: CONFLICT OF INTEREST DECLARATION

No conflict of interest was declared.

3.0: APPROVAL OF COUNCIL AGENDA

Council reviewed the meeting agenda for May 27, 2022.

MOTION # 3.0 MOVED BY Jeffrey Schiller, and SECONDED BY, Christa Krause, RRT, that Council approve the Agenda for May 27, 2022.

MOTION # 3.0 CARRIED.

4.0: STRATEGIC ISSUES

4.1 FINANCIAL AUDIT 2021 – 2022

(Guest: Lanjun Wang, CPA, CA, Auditor)

The CRTO Audit Findings Communication for the year ended February 28, 2022 was presented to Council. It provides an overview of the CRTO's draft audited financial statements, and the processes involved with the financial audit. The auditor is expecting an unmodified opinion and clean audit. No changes were made to the audit plan. Highlights and notes of financial statements, which included the balance sheet, statement of operations, statement of changes in net assets, statement of cash flows were presented. There was a brief dialogue on the increase in cash flow in relation to registration renewal fees. The fee stabilization reserve was added to the financial statement notes, nothing else was changed.

MOTION # 4.1 MOVED BY Derek Clark, and SECONDED BY, Kim Morris, that Council approve the 2021 – 2022 Financial Audit.

MOTION # 4.1 CARRIED.

4.2 APPOINTMENT OF AUDITOR FOR 2022 – 2023

The results of the evaluation of the external auditor done by the Executive Committee and the Registrar were presented to Council. The financial oversight role of the Executive Committee will be transferred over to the Finance & Audit Committee by the end of 2022. To minimize disruptions during this transition, it was decided that the CRTO will retain Hilborn LLP to be the CRTO's independent auditor for the 2022 – 2023 fiscal year.

There was a discussion regarding the length of time an organization should retain the same auditor and the plan to utilize the new Annual Assessment of the External Auditor tool that was developed

Consent Agenda Items

by CRTO staff.

MOTION # 4.2 MOVED BY Katherine Lalonde, RRT, and SECONDED BY, Jillian Wilson, RRT, that Council approve the appointment of Hilborn LLP as the CRTO's independent auditor for the 2022 – 2023 fiscal year.

MOTION # 4.2 CARRIED.

4.3 ANNUAL REPORT 2021 – 2022

Janice Carson, Manager of Communications presented to Council the 2021 – 2022 Annual Report. There was a brief dialogue on the distribution of the demographics within the CRTO Electoral Districts.

MOTION # 4.3 MOVED BY Kelly Munoz, RRT, and SECONDED BY, Jeffrey Schiller, that Council approve the CRTO 2021 – 2022 Annual Report.

MOTION #4.3 CARRIED.

4.4 COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK – REPORT SUMMARY

Carole Hamp, Registrar & CEO presented to Council an overview of the 2021 College Performance Measurement Framework (CPMF) report that the CRTO submitted at the end of March 2022. This report summary highlights the CPMF measurement domains, how the CRTO scores in each measure, and the CRTO's ongoing initiatives under each domain.

There was a discussion around capturing demographics of members as part of a DEI initiative to assess the diversity of the profession. It was noted that the CRTO currently has no such data yet, but expected that the Office of Fairness Commissioner (OFC) will soon request this information. The CRTO will ask the OFC for guidance in regards to best practices for data collection to ensure it meets privacy requirements.

4.5 2021 – 2025 STRATEGIC DIRECTION UPDATE REPORT

Carole Hamp, Registrar & CEO presented to Council the 2021 – 2025 Strategic Direction Update Report. The 2021 – 2025 Strategic Direction plan was approved by Council in December 2021. This updated version is heavily influenced by the reporting requirements set out in the Ministry of Health's 2021 College Performance Measurement Framework. If the motion is approved, these updates will be posted on the CRTO website. There was a recommendation to update the document to expand on acronyms and add more specific details, including timelines of projects/initiatives.

MOTION # 4.5 MOVED BY Kelly Munoz, RRT, and SECONDED BY, Jeff Dionne, RRT, that Council

Consent Agenda Items

approve the 2021 – 2025 Strategic Direction Update Report.

MOTION # 4.5 CARRIED.

4.6 COUNCIL EFFECTIVENESS – BOARDSOURCE SURVEY RESULTS

Carole Hamp, Registrar & CEO presented to Council the BoardSource Survey Results. BoardSource is a U.S.-based organization that provides support and resources for non-profit boards in the areas such as governance and leadership.

5.0: OPERATIONAL & ADMINISTRATIVE ISSUES

5.1 REGISTRAR'S REPORT

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

INTERNAL – Current Initiatives

- **Policy Framework & Professional Practice Guidelines (PPGs) & Clinical Best Practice Guidelines (CBPGs)**

The review and revision of all CRTO policies and procedures continues. At the April 8th Council meeting, eight (8) revised policies were approved, and eight (8) policies were rescinded and archived. There will be eight (8) revised policies to be presented for approval at today's Council meeting.

- **Professional Conduct & IT Infrastructure Reviews**

The Professional Conduct and IT management processes reviews have now been completed. Staff in both departments are currently working on their implementation plans.

- **Database Management**

There have been ninety-four (94) banker boxes of Member records scanned into electronic files.

ADMINISTRATION – Internal

- **Staffing Changes**

The CRTO is pleased to welcome back Ania Walsh as Manager, Regulatory Affairs. Lisa Ng, Manager of Registration is currently on maternity leave. There is an ongoing recruitment process for the position of Coordinator, Professional Conduct. The following staff promotions announcement was made:

- Shaf Rahman – Deputy Registrar
- Sophia Rose – Manager, Professional Conduct
- Kelly Arndt – Manager, Quality Practice
- Denise Steele – Coordinator, Professional Programs (Registration)

Consent Agenda Items

- **2021 – 2022 Financial Audit**

The audit for the 2021 – 2022 fiscal year has been concluded, and the results were presented to Council today.

EXTERNAL

- **College Performance Management Framework (CPMF)**

The 2021 CPMF Report has been submitted at the end of March. A summary has been created to guide the implementation of the opportunities for improvement identified in the framework. This report summary was presented to Council today.

- **Strategic Direction Update Report**

One of the outcomes of the 2021 CPMF has been the creation of an ongoing Strategic Direction Update Report, which was presented today. Beginning in May 2022, a revised version of this report will be presented at each Council meeting, and the most updated version will be available on the CRTC website.

- **BoardSource Survey Results**

A summary of the BoardSource survey results has been presented to Council today. Information from this survey will assist in developing a framework to regularly evaluate the effectiveness of Council meetings and Council.

- **Bill 106 – Pandemic and Emergency Preparedness Act, 2022**

This is an omnibus Bill that has passed third reading and received Royal Assent. Bill 106 seeks to amend the *Regulated Health Professions Act* to:

- prohibit Colleges from requiring Canadian experience as a qualification for registration
- require Colleges to comply with the regulations respecting their English or French language proficiency requirements (i.e., use of language tests approved by Immigration, Refugees & Citizenship Canada)
- require the Councils of the Colleges to make regulations establishing an emergency class of registration
- establish time limits in which Colleges must make certain decisions related to registration

Regulation-making powers are to be enabled to operationalize these changes. The government has asked that Colleges provide their input regarding implementing these expectations by June 10th. The Bill does not address the proposed governance reforms and new oversight bodies subject to recent consultations.

5.2 FINANCIAL STATEMENTS

Council reviewed the consolidated financial statements for March 1, 2022 – April 30, 2022. The following items were highlighted:

- Accounts Receivable – recording of member registration refunds to be changed to a different account for more accurate reporting

Consent Agenda Items

- Reserve for Covid-19 – aiming to retain year-to-year as fee stabilization fund and will be reviewed annually by the Finance & Audit Committee
- Unrestricted Reserves – currently shows 10 to 12 months of operating expenses
- Wages & Staffing costs – increasing but still well within the budget
- Consulting & Professional Fees – biggest expense and potential to go over budget

Clarification was made to the breakdown of the consulting line items: General, Core Functions, and Governance. There was a dialogue about what considerations were included in the budget assumptions.

MOTION # 5.2 MOVED BY Derek Clark, and SECONDED BY, Kim Morris, that Council approve the Financial Statements for March 1, 2022 – April 30, 2022.

MOTION # 5.2 CARRIED.

5.3 INVESTMENT PORTFOLIO

Council reviewed the Investment Portfolio. It was highlighted that 2 GICs are coming due in June 2022 and 3 in October 2022. The Finance & Audit Committee (FAC) is currently revising the CRTO's Investments and Management of Net Assets Policy and Procedure. This will include guiding principles on investments, including ethical investments. Once the revised version is approved by Council, the FAC will begin a complete review of the CRTO's investment strategy and reporting processes.

MOTION # 5.3 MOVED BY Jeff Dionne, RRT, and SECONDED BY, Kim Morris, that Council approve the Investment Portfolio.

MOTION # 5.3 CARRIED.

5.4 MEMBERSHIP STATISTICS

Ania Walsh, Manager of Regulatory Affairs presented to Council the membership statistics. The total membership reported was **3,887**. The CRTO received **106** applications for registration from March 2022 to May 2022. Out of the total number of applications received, **100** are graduates of an Ontario RT program, **3** are graduates from other provinces, and **3** are graduates from outside of Canada.

5.5 DRAFT REVISED ADMINISTERING AND DISPENSING MEDICATION (PPG)

Kelly Arndt, Manager of Quality Practice presented to Council the Draft Revised Administering and Dispensing Medication Professional Practice Guideline (PPG). This document was previously revised in November 2014. The PPG provides information regarding accepting delegation to dispense, legislative requirements surrounding narcotics, and the requirements of orders and documentation when administering medication. It has been simplified, and updated to include neutral gender

Consent Agenda Items

pronouns, and additions made to the medication error section, the states of medication administration, and the rights of a patient to refuse medication. If the motion is approved, the PPG will be circulated for feedback from members and stakeholder rights and title holders. Clarification was made to the distinction/delineation of the personal and professional scope of practice.

MOTION # 5.4 MOVED BY Christa Krause, RRT, and SECONDED BY, Katherine Lalonde, RRT, that Council approve the Draft Revised Administering and Dispensing Medication (PPG) for Consultation.

MOTION # 5.4 CARRIED.

6.0: CONSENT AGENDA ITEMS

6.1 MINUTES FROM MARCH 4, 2022 & APRIL 8, 2022

Council reviewed the Minutes from March 4, 2022 & April 8, 2022. No changes were made to the minutes.

6.2 EXECUTIVE COMMITTEE REPORT

Lindsay Martinek, RRT, Executive Committee Chair, presented the Committee Report to Council.

(Submitted by Lindsay Martinek, RRT, Chair)

The Executive Committee has met once since the March 4, 2022 Council meeting. On May 16, 2022, the Executive Committee reviewed the following items:

- Registrar's Report & General Updates
- CRTO Financial Statements & Investment Portfolio
- 2021 – 2022 Audit Findings
- Draft Council Agenda for May 27, 2022
- Appointment of the Auditor for 2022 – 2023

6.3 REGISTRATION COMMITTEE REPORT

Christa Krause, RRT, Registration Committee Chair, presented the Committee Report to Council.

(Submitted by Christa Krause, RRT, Chair)

Since the Council meeting on March 4, 2022, the Registration Committee (RC) met on the following dates:

Consent Agenda Items

- April 5, 2022 (Panel)
- April 27, 2022 (Email review and approval of registration policies)

Referral Summary

Reason for Referral	Decision
Two applications were referred to the Panel of the RC due to currency requirements.	For both applications, the panel of the RC decided to issue them a General Certificate of Registration with terms, conditions and limitations (including general supervision requirements).
One application was referred to the Panel of the Registration Committee to ratify the Registrar's offer to issue a General Certificate of Registration with terms, conditions, and limitations.	The Panel ratified the Registrar's offer and approved to issue the applicant a General Certificate with terms, conditions and limitations (including the general supervision requirement).

- **Policy Framework:**

- **Approval of Registration Policies for Council in May 2022:**

Staff followed up with the Registration Committee to indicate that the public consultation period has closed for the Graduate Certificate of Registration Policy, Approval of Canadian Education Programs Policy, Application for Registration Documents Policy, and the Application for Registration – File Closure Policy. Overall, only a small number of responses were provided, and the consultation feedback received was supportive of the changes made to these policies.

The above policies were approved by the RC to go to the May 2022 Council meeting for final approval:

- **RG-403 Graduate Certificate of Registration:** This policy was last approved by Council on September 26, 2014. Although the policy has been revised, it is important to note that no changes were made to the intent or the direction of the original policy. The policy has been updated to ensure its relevance to existing registration practices, legislation, and readability, and to incorporate gender-neutral language.
- **RG-408 Approval of Canadian Education Programs Policy:** This policy was last approved by Council on December 6, 2019. Due to the new Policy Framework, this document was updated to the new template. This document has gone through a rigorous policy review process to ensure that all legislative and regulatory requirements have been met. Although the policy has been revised, it is important to note that no changes were made to the intent or the direction of the original policy.

Consent Agenda Items

As a result of the consultation feedback received via e-mail, and as advised by legal counsel, specific changes have been made under section 3.0 Approved Status. Please see the policy (item 8.4), and the track changes.

- **RG-420 Application for Registration Document Requirements Policy:** This policy was last approved by Council on June 6, 2014. This policy has been updated with the new policy template. Although the format of the policy has been revised, its intent and direction have not changed.

The only substantive change to this policy is section 4.0 (Documentation). CRTO staff have revised the policy to include members of the Alliance of Credential Evaluation Services of Canada as accepted credential provider

- **RG-426 Revised Applicant for Registration – File Closure Policy:** This policy was last approved by Council on December 6, 2019. This policy has been updated with the new policy template. Although the format of the policy has been revised, its intent and direction have not changed. The policy has been revised to ensure its relevance to existing registration practices, legislation, and readability, and to incorporate gender-neutral language. Information about application closure has been added to the policy under section 3.0 to illustrate the procedures of notifying applicants and then closing an application.

6.4 QUALITY ASSURANCE COMMITTEE REPORT

Andriy Kolos, presented on behalf of Ginette Greffe-Laliberte, RRT, Quality Assurance Committee Chair the Committee Report to Council.

(Submitted by Ginette Greffe-Laliberte, RRT, Chair)

Since the last Council meeting, there has been one meeting, May 6, 2022 and one (electronic) panel (sent April 18, 2022) of the Quality Assurance Committee (QAC).

The following is a summary of the activities related to the QAC that have been ongoing since our last Council meeting:

QAC Panel

The panel reviewed a second deferral request from a Member for their 2022 Portfolio. The panel unanimously voted in favour of granting the deferral.

The committee reviewed an internationally trained RT's application for consideration, as they had not written the CBRC, nor graduated from an approved Canadian RT program. This applicant has been registered with the CRTO, because of labor mobility as they had previously been registered in a Manitoba. The RT has worked for the past 8 years in Canada as an RT. The committee decided not to order the RT to undergo the Clinical Skills Assessment.

QAC Action Plan and Terms of Reference and Policy Framework Update

The committee reviewed and approved the revision of the QAC terms of reference, action plan, and

Consent Agenda Items

2022 action plan. The final Professional Development Program deferral policy, with consultation results was brought to the committee for review May 6, 2022, and approved for publication on the CRTO website. The recently revised Professional Development Policy procedure was reviewed by the QAC and approved.

2022 Relevant elearning Module

The Relevant survey results were shared with the committee May 6, 2022, with completion by 3772 Members. 96% reported that the new module was easy to use. 96% reported that this module increased their understanding of CRTO guidelines and practice standards. The committee was presented with the list of those who did not complete Relevant 2022 for review and decision. All 15 Members have now been referred to the Inquiries, Complaints, and Reports Committee.

2022 PORTfolio Submissions

Members are currently assigned to submit their PORTfolio in 2022. Due to the ongoing pandemic, the deadline has again been extended to June 1st. In addition, the CRTO has notified these Members that if they do not submit their PORTfolio by the extended deadline, and have not previously requested a deferral they will automatically be deferred to 2023. The orientation for our 35 Peer Assessors was completed in April.

6.5 PATIENT RELATIONS COMMITTEE REPORT

Kim Morris, Patient Relations Committee Chair, presented the Committee Report to Council.

(Submitted by Kim Morris, Chair)

Since the last Council meeting, the Patient Relations Committee (PRC) has met once via Zoom on April 1, 2022. The following is an overview of the key issues that were discussed at that time:

PRC 2022 Action Plan

The committee reviewed action plan that was approved at the last March Council meeting to make sure no updates or changes were required.

Diversity, Equity, and Inclusion Audit

The committee reviewed the Request for Quote responses that were submitted to the CRTO. Seven DEI consulting firms received the RFQ, and it was posted on both the CRTO website and the HPRO website. From there, two RFQ responses were received, PRC reviewed the RFQ responses and unanimously selected Canadian Equity Consultants proposal. The firms have been notified and the Committee is waiting in to finalize next steps. An update will be brought to the next Council meeting.

Diversity, Equity, and Inclusion (DEI) Strategic Plan

The committee reviewed the Diversity, Equity, and Inclusion Strategic Plan. The strategic plan will evolve as we go through the Equity Audit and implementation, but not further changes have been made at this time. The DEI Strategic Plan is currently available on the CRTO website.

Consent Agenda Items

Equity Impact Assessment

The committee reviewed and discussed the Health Equity Impact Assessment Tool and Workbook that was approved at the March Council meeting. The Committee decided that a more in-depth review was needed, and a working group of PRC members will be meeting late May to further review and streamline. The HEIA tool and workbook will be brought to the September Council meeting for final approval.

6.6 INQUIRES, COMPLAINTS AND REPORTS COMMITTEE (ICRC)

Kim Morris, Inquiries, Complaints and Reports Committee Chair, presented the Committee Report to Council.

(Submitted by Kim Morris, Chair)

ICRC Orientations:

Since the last Council meeting, the CRTO staff held an additional orientation meeting via Zoom on March 1, 2022.

This meeting presented on the ICRC's Goals and Terms of Reference where the Committee reviewed the revised ICRC Goals and Terms of Reference master document and 2022 Action Plan. The Committee also reviewed two policies requiring the Committees approval to go for public consultation, the Code of Conduct for Public Observers Policy and Unauthorized Use of Title and Holding Out Prior to Registration Policy. The Committee also reviewed the two policies requiring the Committees approval to go to Council for final approval, the Health Professions Appeal and Review Board Appeals for ICRC Policy and Disclosure of Witness Statements Policy.

ICRC Deliberations:

Since the last Council meeting, the ICRC held three (3) meetings via Zoom. Three (3) of the meetings were to review investigations and render a decision on the matters. Two of the matters were regarding employer reports and one was regarding a complaint.

Employer Reports:

- 1.) The employer report alleged that the Member was terminated from their position at the Facility after they failed to appropriately don and/or doff personal protective equipment and/or perform hand hygiene on one more occasions, failed to disinfect a cough assist device after providing cough assist therapy to a patient, failed to place a patient back on a ventilator following cough assist therapy and tracheal suctioning, failed to identify a patient was in respiratory distress secondary to a tracheostomy tube obstruction and failed to recognize an audible leak in the ventilator circuit following the removal of the heater probe.

The Panel of the ICRC conducted a thorough investigation into the matter and is requesting legal advice based on the information before them, prior to making a final decision.

Consent Agenda Items

- 2.) The employer report alleged that the Member was terminated from their position at the Facility after they failed to change a used expiratory cassette or temperature probe in preparation of using SERVO I for another patient, smoked an e-cigarette on the unit on five different occasions, failed to follow through on equipment cleaning on one or more occasions, failed to address abnormal blood gases, left halfway through their shift without notifying anyone or transferring accountability, prepared to leave prior to the end of their shift, leaving the department phone unattended and asked another RT to respond to a call from the ER for assistance, failed to appropriately document, failed to assess, document and notify a physician or transfer of accountability for a patient in respiratory distress and failed to complete checks of the anesthetic gas machines.

The Panel of the ICRC conducted a thorough investigation into the matter and is requesting legal advice based on the information before them, prior to making a final decision.

Public Complaints:

- 3.) In the summer of 2021, a complaint was received by the CRTC regarding the Member's conduct and actions regarding allegations that the Member failed to abide by COVID-19 protocols, failed to abide by Facility procedures, and that the Member communicated in an unprofessional, dismissive and disrespectful manner with the complainant.

The Panel of the ICRC conducted a thorough investigation into the matter and based on the information before them, issued written advice and recommendations to the Member.

New Matters:

Since the last Council meeting, the CRTC received twenty-eight (28) new matters. Of the twenty-eight (28) new matters, four (4) are Complaints from the public, one (1) is a self-report with one synonymous employer report, nine (9) Employer Reports, and fifteen (15) from the Quality Assurance Committee (QAC).

Six of the employer reports and synonymous self-report have been reviewed by the Registrar and reminders about the standards of practice related to the concerns raised were issued, no further action was taken. One employer report has been referred to the ICRC and is under investigation. Two employer reports are currently under review by the Registrar.

Two of the complaint matters are currently under investigation. The other two complaints are in the intake stage.

Fifteen referrals from the QAC have been made to the ICRC.

Policy Framework:

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

Consent Agenda Items

6.7 DISCIPLINE COMMITTEE

Lindsay Martinek, RRT, Discipline Committee Chair, presented the Committee Report to Council.

(Submitted by Lindsay Martinek, RRT, Chair)

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

6.8 FITNESS TO PRACTICE COMMITTEE

Lindsay Martinek, RRT, Fitness to Practice Committee Chair, presented the Committee Report to Council.

(Submitted by Lindsay Martinek, RRT, Chair)

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

6.9 FINANCE & AUDIT COMMITTEE

Jeff Dionne RRT, Finance and Audit Committee Chair, presented the Committee Report to Council.

(Submitted by Jeff Dionne, RRT)

The Finance & Audit Committee (FAC) held a meeting on May 13, 2022, to continue discussion items from their February 1, 2022 meeting and consider new items. The following topics were discussed.

Topics Reviewed During Meeting:

a.) Review of the Policies and Procedures:

After the February 1, 2022, FAC meeting, it was decided that the Investment & Management of Net Assets Policy and Procedure documents would be split into two different policies and two different procedure documents. During the May 13, 2022 meeting, the following policies and procedures were reviewed and edited:

- i.) Investments Policy
- ii.) Investments Procedures
- iii.) Net Assets Policy
- iv.) Net Assets Procedures

Consent Agenda Items

A detailed line by line discussion and edits took place regarding all four documents. At the conclusion of the discussion, it was decided that final edits will be done and the documents will go through an additional review by the FAC at their next meeting.

b.) External Auditor (Hilborn LLP) 2021-2022 Audit Plan Review.

In preparation for the FAC taking on the function of reviewing audit plans and making recommendations to Council regarding the appointment of an external auditor for the 2022 – 2023 fiscal year, the FAC reviewed the 2021-2022 Audit Plan to ensure an understanding of what an audit plan consists of and what items should be considered by the FAC in the future.

c.) Discussion on “Annual Assessment of the External Auditor Tool”:

In preparation for the FAC taking on the function of reviewing audit plans and making recommendations to Council regarding the appointment of an external auditor for 2022 – 2023 fiscal year, the FAC looked over a tool developed by staff to assess the performance of the CROTO’s external auditor. This tool will be used in the future for the FAC to assess the performance of the external auditor and provide recommendations to Council accordingly.

d.) Initial Discussion on Special Projects:

The FAC discussed two special projects that the FAC will start this year:

- i.) Hiring of an Investment Advisor by the CROTO
Points of discussion on this topic included establishing criteria/qualifications that the CROTO would seek in an investment advisor and what the recruitment process would entail.
- ii.) Establishing Financial Key Performance Indicators
Points of discussion included identifying resources available to assist the FAC in identifying KPIs, determining most appropriate KPIs to monitor, establishing benchmarks to compare the KPIs to, and identifying the individuals best suited for obtaining the financial data needed for the KPIs.

On May 16, 2022, the FAC joined the Executive Committee meeting to observe a presentation by Lanjun Wang, Hilborn LLP, in which Lanjun Wang provided a presentation on the results of the 2021-2022 audited financial statements.

MOTION # 6.0 MOVED BY Jeffrey Schiller, and SECONDED BY, Yvette Wong, that Council approve all consent agenda items.

MOTION # 6.0 CARRIED.

7.0: COMMITTEE ITEMS ARISING

7.1 EXECUTIVE COMMITTEE ITEMS

- No items for this meeting.

Consent Agenda Items

7.2 REGISTRATION COMMITTEE ITEMS

- No items for this meeting.

7.3 QUALITY ASSURANCE COMMITTEE ITEMS

7.3.1 QAC TERMS OF REFERENCE & ACTION PLAN

Kelly Arndt, RRT, Manager of Quality Assurance presented to Council the QAC Terms of Reference & Action Plan. This document was last revised and approved in January 2022. As part of the policy framework, changes were made to align the terms of reference and action plan with other committees. Policies that were archived and/or no longer relevant were taken out, and the by-law section was updated. The action plan is a living document that will be submitted to Council for approval after the first Committee meeting each fiscal year. This action plan will inform the Committee's annual report.

7.4 PATIENT RELATIONS COMMITTEE ITEMS

- No items for this meeting.

7.5 INQUIRIES, COMPLAINTS & REPORTS COMMITTEE ITEMS:

7.5.1 ICRC TERMS OF REFERENCE & ACTION PLAN

Sophia Rose, Manager of Professional Conduct presented to Council the ICRC Terms of Reference & Action Plan. The changes in this document reflected the revisions that were recently made to the by-laws. The action plan is a living document that will be submitted to Council for approval after the first Committee meeting each fiscal year. This action plan will inform the Committee's annual report. Policies and Guidelines are reviewed on a five-year cycle or as needed.

7.6 DISCIPLINE & FITNESS TO PRACTICE COMMITTEE ITEMS:

- No items for this meeting.

7.7 FINANCE & AUDIT COMMITTEE

- No items for this meeting.

Consent Agenda Items

8.0: LEGISLATIVE AND POLICY ISSUES:

8.1 REVISED CD-180 CODE OF CONDUCT FOR PUBLIC OBSERVERS POLICY

Kim Morris presented to Council the revised Code of Conduct for Public Observers Policy. This policy was last approved and reviewed by Council in June 2018. It sets out the expectations the CRTO has when public observers attend certain proceedings such as Council or Discipline hearings. The title, intent and direction of this policy has changed to broaden the scope, as well as updated to include in-person and virtual proceedings.

The document was posted according to the CRTO's public consultation process. No further changes were made from the results of the feedback. If the motion is approved, the policy will be posted on the CRTO website and communicated to members in the next ebuletin.

MOTION # 8.1 MOVED BY Katherine Lalonde, RRT, and SECONDED BY, Lindsay Martinek, RRT, that Council approve the revised Code of Conduct for Public Observers Policy.

MOTION # 8.1 CARRIED.

8.2 REVISED CD-430 UNAUTHORIZED USE OF TITLE AND HOLDING OUT PRIOR TO REGISTRATION POLICY

Kim Morris presented to Council the revised Unauthorized Use of Title and Holding Out Prior to Registration Policy. This policy was last approved by Council in March 2020. It outlines the criteria the Registrar may consider when determining an appropriate regulatory response to address information received regarding a person's unauthorized use of a restricted title, designation, holding themselves out as a person who is qualified to practise in Ontario as a Respiratory Therapist (RT), or in specialty of Respiratory Therapist. The intent and direction of the policy have not changed, and the policy has been revised to include applicants for registration, inactive and suspended members who are using the title and/or holding out to practice before their registration.

The document was posted according to the CRTO's public consultation process. No further changes were made from the results of the feedback. If the motion is approved, the policy will be posted on the CRTO website and communicated to members in the next ebuletin.

MOTION # 8.2 MOVED BY Kelly Munoz, RRT, and SECONDED BY, Jillian Wilson, RRT, that Council approve the revised Unauthorized Use of Title and Holding Out Prior to Registration Policy.

MOTION # 8.2 CARRIED.

8.3 REVISED RG-403 GRADUATE CERTIFICATE OF REGISTRATION POLICY

Christa Krause, RRT presented to Council the revised Graduate Certificate of Registration Policy. This policy was last approved by Council in September 2014. It outlines the conditions and criteria for issuing a Graduate Certificate of Registration to applicants who meet all the registration

Consent Agenda Items

requirements under Ontario Regulation 596/94, (Part VIII, “Registration Regulation”), but has not yet passed the approved registration exam. The intent and direction of the policy has not changed. It has been updated to ensure its relevance to existing registration practices, legislation, and readability, and to incorporate gender-neutral language.

The document was posted according to the CRTO’s public consultation process. No further changes were made from the results of the feedback. If the motion is approved, the policy will be posted on the CRTO website and communicated to members in the next ebuletin.

MOTION # 8.3 MOVED BY Andriy Kolos, and SECONDED BY, Kim Morris, that Council approve the revised Graduate Certificate of Registration Policy.

MOTION # 8.3 CARRIED.

8.4 REVISED RG-408 APPROVAL OF CANADIAN EDUCATION PROGRAMS POLICY

Christa Krause, RRT presented to Council the revised Approval of Canadian Education Programs Policy. This policy was last approved by Council in December 2019. It sets out the approach used by the Registration Committee to recommend approval of Canadian Respiratory Therapy Programs to CRTO Council. The intent and direction of the policy has not changed. It has been updated to ensure its relevance to existing registration practices, legislation, and readability, and to incorporate gender-neutral language. The document was posted according to the CRTO’s public consultation process. Through the consultation feedback, and as advised by legal counsel, a paragraph under section 3.0 Approved Status has been removed. If the motion is approved, the policy will be posted on the CRTO website and communicated to members in the next ebuletin.

It was clarified that if a registrant comes from an unaccredited program, they will be expected to go through the assessment process, if not coming under Labour Mobility.

It was clarified that if a registrant comes from an unaccredited program, the graduates will be expected to go through the assessment process, if they are not coming through the labour mobility.

MOTION # 8.4 MOVED BY Andriy Kolos, and SECONDED BY, Jeff Dionne, RRT, that Council approve the Revised Approval of Canadian Education Programs Policy.

MOTION # 8.4 CARRIED.

8.5 REVISED RG-420 APPLICATION FOR REGISTRATION DOCUMENT REQUIREMENTS POLICY

Christa Krause, RRT, presented to Council the revised Application for Registration Document Requirements Policy. This policy was last approved by Council in June 2014. It informs applicants on

Consent Agenda Items

the types of documentation required to support their application for registration to the CRTO. The intent and direction of the policy has not changed. It has been updated to ensure its relevance to existing registration practices, legislation, and readability, and to incorporate gender-neutral language. The document was posted according to the CRTO's public consultation process. No further changes were made from the results of the feedback. If the motion is approved, the policy will be posted on the CRTO website and communicated to members in the next ebuletin.

MOTION # 8.5 MOVED BY Andriy Kolos, and SECONDED BY, Kim Morris, that Council approve the Revised Application for Registration Document Requirements Policy

MOTION # 8.5 CARRIED.

8.6 REVISED RG-426 REVISED APPLICATION FOR REGISTRATION – FILE CLOSURE POLICY

Christa Krause, RRT, presented to Council the revised Application for Registration – File Closure Policy. The policy was last approved by Council in December 2019. It is intended to ensure that registration decisions are based on current and relevant information, and the application process is transparent so that applicants are aware of the expected application timelines at the start of the process. The intent and direction of the policy has not changed. It has been updated to ensure its relevance to existing registration practices, legislation, and readability, and to incorporate gender-neutral language. The document was posted according to the CRTO's public consultation process. No further changes were made from the results of the feedback. If the motion is approved, the policy will be posted on the CRTO website and communicated to members in the next ebuletin.

MOTION # 8.6 MOVED BY Andriy Kolos, and SECONDED BY, Kelly Munoz, RRT, that Council approve the Revised Application for Registration – File Closure Policy

MOTION # 8.6 CARRIED.

8.7 QA-104 DEFERRAL OF QUALITY ASSURANCE REQUIREMENTS POLICY

Andriy Kolos presented to Council the revised Deferral of Quality Assurance Requirements Policy. This policy was last approved by Council in June 2018. The purpose of the policy was to acknowledge that exceptional circumstances may temporarily make it difficult for members to meet their Professional Development Program (PDP) obligations within the timeframe specified by the CRTO. The document was posted according to the CRTO's public consultation process. No further changes were made from the results of the feedback. If the motion is approved, the policy will be posted on the CRTO website and communicated to members in the next ebuletin.

MOTION # 8.7 MOVED BY Katherine Lalonde, RRT, and SECONDED BY, Jeff Dionne, RRT, that

Consent Agenda Items

Council approve the revised Deferral of Quality Assurance Requirements Policy.

MOTION # 8.7 CARRIED.

8.8 RG-405 SUPERVISION PROFESSIONAL PRACTICE POLICY

Kelly Arndt, RRT, Manager of Quality Practice presented to Council the revised Supervision Professional Practice Policy. This policy was last approved by Council in May 2021. It is intended to provide direction for members with supervision requirements on their certificate of registration, and explains the difference between direct and indirect (general) supervision requirements. The document was posted according to the CRTO's public consultation process. No further changes were made from the results of the feedback. If the motion is approved, the policy will be posted on the CRTO website and communicated to members in the next ebuletin.

MOTION # 8.8 MOVED BY Kim Morris, and SECONDED BY, Christa Krause, RRT, that Council approve the final draft for publication

MOTION # 8.8 CARRIED.

8.9 POLICIES BEING RESCINDED & ARCHIVED

Carole Hamp, Registrar & CEO presented to Council the rationale for rescinding and archiving the Public Register – Notations of Suspensions/Revocation of a Certificate of Registration Policy. It was found that the content of this policy has been repeated in other CRTO policies and/or by-laws, and/or not consistent to current registration practice. If the motion is approved, the policy will be archived internally.

MOTION # 8.9 MOVED BY Andriy Kolos, and SECONDED BY, Kelly Munoz, RRT, that Council approve the RG-421 Public Register – Notations of Suspension/Revocation of a Certificate of Registration Policy, to be rescinded and archived.

MOTION # 8.9 CARRIED.

9.0: OTHER BUSINESS

- No items for this meeting.

10.0: NEXT MEETING

Next Council Meeting:

Friday, September 23, 2022, from 09:00 to 13:00 hrs.

Consent Agenda Items

Location:

108 Chestnut St, Toronto, ON M5G 1R3
DoubleTree by Hilton – Victoria Conference Room

11: ADJOURNMENT

Adjournment

MOTION # 11.0 MOVED BY Christa Krausta, RRT, and SECONDED BY, Kim Morris, to adjourn the Council Meeting.

MOTION # 11.0 CARRIED.

The May 27, 2022, Council Meeting adjourned at 12:15 am.

Consent Agenda Items

Agenda Item #:	6.2
Item:	<i>Executive Committee Report</i>

EXECUTIVE COMMITTEE REPORT – CHAIR’S REPORT TO COUNCIL

May 27, 2022 – September 9, 2022

The Executive Committee has met once since the May 27, 2022, Council meeting. On September 6, 2022, the Executive Committee reviewed the following items:

- Registrar’s Report & General Updates
- CRTO Financial Statements & Investment Portfolio
- Mid-Year Financial Summary
- Strategic Direction Report
- Draft Council agenda for Sept. 23, 2022
- Executive Committee Goals & Terms of Reference
- Future of the CRTO Executive Committee

Respectfully submitted,

Lindsay Martinek, RRT
Executive Committee Chair

Consent Agenda Items

Agenda Item #:	6.3
Item:	<i>Registration Committee Report</i>

REGISTRATION COMMITTEE REPORT – CHAIR’S REPORT TO COUNCIL

May 27, 2022 – September 9, 2022

Since the Council meeting on May 27, 2022, the Registration Committee (RC) Panels met to consider referrals from the Registrar on the following dates:

- June 7, 2022
- July 14, 2022
- August 29, 2022

In addition, a meeting of the Registration Committee has been scheduled for September 15, 2022. [NOTE: a report will be provided at the December Council meeting].

Registration Committee Panels - Referral Summary

Reason for Referral	Decision
One application was referred to the Registration Committee to ratify the Registrar’s offer to issue a General Certificate of Registration with terms, conditions, and limitations (TCLs).	The Panel ratified the Registrar’s offer and directed the Registrar to issue a General Certificate with TCLs.
The Panel considered five (5) applications for change to TCLs imposed on members’ General Certificates of Registration.	In four cases, the Panel directed the Registrar to modify the TCLs. In one case, the Panel directed the Registrar to remove the TCLs from the member’s certificate of registration.
One application was referred to the Registration Committee for consideration of whether the applicant meets the requirements under section 56 in the Registration Regulation (Mobility – Unregulated Canadian Practitioner).	The Panel directed the Registrar to issue a General Certificate of Registration.
One application for reinstatement from an Inactive Class was referred to the Registration Committee because of a currency gap.	The Panel requested that the applicant provide additional information.

Respectfully submitted,
Christa Krause, RRT
Registration Committee Chair

Consent Agenda Items

Agenda Item #:	6.4
Item:	<i>Quality Assurance Committee Report</i>

QUALITY ASSURANCE COMMITTEE REPORT – CHAIR’S REPORT TO COUNCIL

May 27, 2022 to Sept 9, 2022

Since the last Council meeting, there has been one panel meeting vote (held via email) August 8, 2022, of the Quality Assurance Committee (QAC).

The following is a summary of the activities related to the QAC that have been ongoing since our last Council meeting:

QAC Panel

The panel received a request for deferral of a Member’s Launch Jurisprudence exam, due July 31, 2022. The Member had requested an extension July 22, 2022, due to illness and was granted a 10 day extension past the deadline. The Member then contacted the CRTO August 3, 2022 requesting a deferral past the 10 day extension, without providing further details and the request was presented to the QAC panel. Voting was held via email, and the majority voted to deny the deferral request. Member was notified August 8, 2022.

2022 PORTfolio Submissions

The 2022 Portfolios cycle closed June 1, 2022. 780 Portfolios received and reviewed by Peer Assessors. 30 Members were automatically deferred until 2023 because of the CRTO’s decision to offer deferral due to reasons of the Pandemic. 25 coaching sessions were performed satisfactorily.

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

Consent Agenda Items

Agenda Item #:	6.5
Item:	<i>Patient Relations Committee Report</i>

EXECUTIVE COMMITTEE REPORT – CHAIR’S REPORT TO COUNCIL

May 27, 2022 – September 9, 2022

The Patient Relations Committee has had no meetings since the May 27, 2022, Council meeting. However, the Committee Chair and several CRTO staff members met briefly on June 13th with Canadian Equity Consulting to kick-off our DEI project.

Respectfully submitted,

Kim Morris
Patient Relations Committee Chair

Consent Agenda Items

Agenda Item #:	6.6
Item:	<i>Inquiries, Complaints and Reports Committee Report</i>

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

May 27, 2022, to September 9, 2022

ICRC Deliberations:

Since the last Council meeting, the ICRC held three (3) meetings via Zoom. All of the meetings were to review investigations and render a decision on the matters. One (1) of the investigations related to an employer report and three (3) were regarding complaints. The ICRC reviewed a related complaint and report at one meeting.

Public Complaints:

- 1.) In November of 2021, a complaint was received by the CRTC that included allegations that the Member failed to properly implement and monitor a ventilator, failed to set an appropriate oxygen level and failed to take appropriate accountability for their actions.

After a careful review of the investigation report, Complainant's submissions and Member's submissions, the Panel identified concerns with respect to the Member's demonstration of accountability and believed that written advice and recommendations to the Member would best address these concerns and protect the public interest.

- 2.) In December of 2021, a complaint was received by the CRTC that included allegations that the Member improperly employed a suction device, failed to properly document and did not communicate appropriately with the Complainant.

After a careful review of the investigation report, Complainant's submissions and Member's submissions, the Panel found the Member met the standards of practice and so decided to take no action.

Consent Agenda Items

- 3.) In February of 2022, a complaint was received by the CRTO that included an allegation that the Member made unprofessional comments on social media with respect to unvaccinated patients.

After a careful review of the investigation report, Complainant's submissions and Member's submissions, the Panel identified concerns with respect to the Member's professionalism and conduct over social media and believed that written advice and recommendations to the Member would best address these concerns and protect the public interest.

Employer Reports:

- 4.) In March of 2022, the CRTO received an employer report that was related to the public complaint received in February of 2022. The report alleged that the Member was terminated from their position at the Facility after they made unprofessional comments on social media with respect to unvaccinated patients, breached patient confidentiality through the social media post and failed to adhere to facility policies regarding social media use and patient confidentiality.

After a careful review of the investigation report and Member's submissions, the Panel identified concerns with respect to the Member's professionalism and conduct over social media and their failure to adhere facility policies regarding social media use and patient confidentiality and believed that written advice and recommendations to the Member would best address these concerns and protect the public interest.

New Matters:

Since the last Council meeting, the CRTO received eleven (11) new matters. The 11 new matters are comprised of three (3) Complaints from the public, one (1) self-report and seven (7) Employer Reports.

Two (2) of the employer reports have been reviewed by the Registrar and reminders about the standards of practice related to the concerns raised were issued, no further action was taken. One employer report has been referred to the ICRC and is under investigation. The self report and 4 employer reports are currently under review by the Registrar.

One of the complaint matters is currently under investigation. The other 2 complaints are in the intake stage.

Consent Agenda Items

Policy Framework:

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

Respectfully submitted,

Kim Morris

Inquiries, Complaints and Reports Committee Chair

Consent Agenda Items

Agenda Item #:	6.7
Item:	<i>Discipline Committee Report</i>

DISCIPLINE COMMITTEE - CHAIR'S REPORT TO COUNCIL

May 27, 2022 to September 9, 2022

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

Respectfully submitted,

Lindsay Martinek, RRT
Discipline Committee Chair

Consent Agenda Items

Agenda Item #:	6.8
Item:	<i>Fitness to Practise Committee Report</i>

FITNESS TO PRACTISE COMMITTEE - CHAIR'S REPORT TO COUNCIL

May 27, 2022 to September 9, 2022

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

Respectfully submitted,

Lindsay Martinek, RRT
Fitness to Practise Committee Chair

Consent Agenda Items

Agenda Item #:	6.9
Item:	<i>Finance & Audit Committee (FAC) Chair Report</i>

FINANCE & AUDIT COMMITTEE - CHAIR'S REPORT TO COUNCIL

May 27, 2022 to September 9, 2022

The Finance & Audit Committee (FAC) held a meeting on August 22, 2022, to continue discussion items from their February 1, 2022 and May 13, 2022 meetings, and consider new items. The following topics were discussed.

Topics Reviewed During Meeting:

a.) Review and Final Approval of Policies

During the August 22, 2022 meeting, the FAC reviewed and finalized the wording on both the Investments Policy and the Reserves Policy. Subsequent to the meeting, an email vote was taken to ensure that all members of the FAC (including those who could not attend the August 22, 2022 meeting) were able to review the final wording of the policies, vote, and provide feedback.

b.) Continued Discussion on Procedure Documents

A detailed line by line discussion and edits took place regarding the Investments Procedure and Reserves Procedure documents. At the conclusion of the discussion, it was decided that additional edits and revisions will be required to the document and will take place in future meetings.

c.) Discussion on changes to the Terms of Reference and Action Plan of the FAC

As the responsibilities of the FAC are established, the Terms of Reference and Action Plan were updated during the meeting to include two new responsibilities.

- i.) The FAC will have oversight of accounting controls and procedures
- ii.) The FAC will review membership fees annually and recommend to Council if Council fees should be increased/decreased.

Consent Agenda Items

d.) Mid-Year Financial Report

Carole Hamp, Registrar and CEO provided the FAC with a mid-year financial report. Discussion ensued regarding specific cost rises including consulting costs and investigation services costs.

e.) Member Fee Structure Review:

The FAC had its preliminary discussions on how to go best establish a tool to assist the FAC in reviewing membership fees in relation to CRTO operating budget. During the meeting, the FAC discussed relevant considerations to make regarding membership fee increases/decreases, and how best to incorporate those considerations into a tool that could be used annually to assess the need for membership fee increases/decreases.

f.) Review and Discussion of Honoraria & Reimbursement of Expenses Policy

The FAC started its initial review and discussion on the above noted policy. FAC provided directions to staff regarding some considerations around amounts allocated for expenses. Initial discussions will be held at staff level prior to bringing the policy back to the FAC for additional edits.

g.) Review and Discussion of Signing Officers & Authorized Personnel – Banking & Investments

An initial review of the above noted policy took place. FAC provided directions to staff to continue with edits to the document and it was decided that the document would come back to the next meeting for final approval.

h.) Discussion on Special Projects (Hiring of an Investment Advisor by the CRTO):

A sub-committee was confirmed. The sub-committee will be tasked with interviewing prospective financial advisors and reporting the results to the FAC. Ultimately, the FAC will provide recommendations to the Registrar and CEO.

Respectfully submitted,
Jeffrey Dionne, RRT
Finance & Audit Committee

Council Briefing Note

AGENDA ITEM # 7.7

September 23, 2022

From:	<i>Finance and Audit Committee</i>
Topic:	<i>Terms of Reference and Action Plan: Finance & Audit Committee (FAC)</i>
Purpose:	<i>For Decision</i>
Strategic Focus:	<i>Core Business Practice</i>
Attachment(s):	<i>Appendix A: Terms of Reference and Action Plan: Finance & Audit Committee</i>
Motion:	It is moved by _____ and seconded by _____ that: The Council approve the changes to the <i>Terms of Reference and Action Plan: Finance & Audit Committee (FAC)</i> .

PUBLIC INTEREST RATIONALE:

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

ISSUE:

The College Performance Measurement Framework (CPMF) states that a College's strategic plan and budget should be designed to complement and support each other. Accordingly, the Terms of Reference and Action Plan of the FAC was established to provide guidance to the FAC to ensure that the budget allocation is aligned with the activities, projects, and programs the CRTO undertakes to attain its mandate.

On March 4, 2022, Council approved the Terms of Reference and Action Plan of the FAC. However, post approval, FAC has made a couple of changes to the document that requires Council's review and approval. The changes will be outlined below in the "Analysis" section.

BACKGROUND:

To align the CRTO's finances more closely with its strategic plan, it is necessary for a committee with a more comprehensive background in finance to review the CRTO financial reports. The Terms of Reference and Action Plan establishes the accountabilities and authority of the FAC.

ANALYSIS:

On August 22, 2022, the FAC met to discuss various topics, including updating the Terms of Reference and Action Plan. It was decided during the meeting that the FAC's responsibilities would be further expanded on two different fronts:

- 1.) Increasing the FAC's responsibilities in relation to the CROTO's finances.
- 2.) Providing recommendations to Council regarding CROTO Membership fees.

Regarding item #1, the responsibilities section of the Terms of Reference and Action Plan have been expanded to include item "f" which states:

"f. Oversight of accounting controls and procedures"

As the FAC is already tasked with monitoring the CROTO's financial resources, it would be prudent for the FAC to also have oversight of the accounting controls and procedures used to track and allocate CROTO financial resources.

Regarding item #2, the Action Plan has also been updated. Specifically, under section 1c, the following action item was added:

"reviewing membership fee structure and providing recommendations to Council regarding increase/decrease of membership fees."

As the FAC's responsibilities are narrower than those of Council, and strictly focus on the financial planning, management, and reporting; they are better suited to do a more comprehensive analysis annually on current Membership dues and provide recommendations with rationale to Council on whether to increase/decrease membership fees. It will ultimately be Council who will decide on membership fee increases/decreases. However, by increasing the FAC's responsibilities, Council will be better informed through detailed recommendations provided by FAC. The goal of the FAC will be to provide Council with recommendations before Council's approval of yearly budget.

RECOMMENDATION:

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

Appendix A:

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

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



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

NUMBER:
CP- TERMS OF REFERENCE

Date originally approved:

Date last revision approved:

TERMS OF REFERENCE

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

PURPOSE:

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

RESPONSIBILITIES

1. Finance

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

2. Audit

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

MEMBERSHIP:

The Finance & Audit Committee shall consist of at least five (5) voting members with *:

- at least two (2) professional council members;
- at least one (1) public Council Member;
- at least one (1) member of the Executive Committee; and
- Other individuals who are not members of the Council may be appointed by the Executive as required.
- In addition, the Registrar is an ex-officio member of the Committee.

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

REPORTING RELATIONSHIP:

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

CHAIR:

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

FREQUENCY OF MEETINGS:

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

QUORUM:

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

VOTING:

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

TERMS OF APPOINTMENT:

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

CIRCULATION OF MINUTES:

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

RELATED POLICIES:

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

ACTION PLAN FOR THE PERIOD ENDING (February 2023)

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

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

Action	How	When	Status
1 Finance			
a. Review quarterly statements	<p>Identify, discuss and seek an explanation of significant variances from budget</p> <p>Identify, discuss and seek an explanation for any other concerns</p> <p>Include in report to Council recommending approval (as appropriate)</p>	<p>Prior to Council meetings in:</p> <ol style="list-style-type: none"> 1) March 2) June 3) September 4) December 	
b. Monitor and report on control and management of investments	<p>Review composition of investments</p> <p>Ensure compliance with investment policies and bylaw</p> <p>Include in report to Council</p> <p>(If changes required – Action Item)</p>	<p>Prior to Council meetings in:</p> <ol style="list-style-type: none"> 1) March 2) June 3) September 4) December 	
c. Review draft annual budget <u>and membership fee structure</u>	<p>Consider the adequacy of the budget</p> <p>Compare current budget to the prior year</p> <p>Discuss significant changes</p> <p>Ensure compliance and alignment with strategic direction and key initiatives</p> <p>Ensure compliance with regulations and</p>	<p>As early as possible in the calendar year prior to the March Council meeting</p>	

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

	focus		
b. Review and ensure auditor independence from management	Inquire as to how auditor ensures independence and consider adequacy	With review of the audit plan	
c. Monitor and evaluate the performance of the external auditor	<p>In order to ensure full and transparent disclosure:</p> <ul style="list-style-type: none"> • Meet at least once with the auditor without management • Meet at least once with management (without the auditor) <p>Enquire into major audit and financial risks and appropriateness of internal controls and strategies</p>	During the audit process	
d. Recommend (where appropriate) the approval of the audited financial statements	<p>Review draft audited financial statements</p> <p>Review auditor's report</p> <p>Review management letter</p> <p>Make recommendation [Action Item]</p>	Spring (May or June) Council meeting	
e. Recommend the appointment of an auditor	<p>Consider:</p> <ul style="list-style-type: none"> • performance of the current auditor • management's satisfaction • fees • independence of auditor • best practices for auditor rotation <p>Recommend appointment to Council [Action Item]</p>	Spring (May or June) Council meeting	
f. Other recommendations with respect to the audit as requested by Council	As needed	As needed	

Council Briefing Note

AGENDA ITEM # 8.1

September 23, 2022

From:	<i>Ania Walsh, Manager, Regulatory Affairs</i>
Topic:	<i>Revised Privacy Policy</i>
Purpose:	<i>For Decision</i>
Strategic Focus:	<i>Core Business Practices</i>
Attachment(s):	<i>Appendix A – Revised Privacy Policy (with Appendices)</i>
Motion:	It is moved by _____ and seconded by _____ that: <i>That Council approves the revised policy for consultation.</i>

PUBLIC INTEREST RATIONALE:

This policy has been revised under the new Policy Framework. The policy reflects the CRTC's commitment to protecting the privacy and confidentiality of all personal information it collects, uses and/or discloses while carrying out its regulatory activities. The purpose of this policy is to ensure that there are mechanisms in place that protect the personal information while still enabling the CRTC to fulfill its statutory obligations under the *Regulated Health Professions Act, 1991 (RHPA)* and the *Respiratory Therapy Act, 1991*.

ISSUE:

The Privacy Policy was last approved on February 4, 2009. It is recommended that the policy be updated to reflect the CRTC's new Policy Framework. The revised policy has gone through a rigorous policy review process, including external legal review, to ensure that all legislative and regulatory requirements have been met.

BACKGROUND:

While performing its regulatory functions the CRTC may collect, use, disclose or retain personal information about applicants for registration, Members of the profession, their patients/clients, CRTC employees, its Council and Committee members, and members of the public. The personal information being collected is critical to the CRTC's ability to effectively regulate the profession in the public interest.

The policy sets out the mechanisms through which the CRTC safeguards the personal information it collects, uses and/or discloses while carrying out its regulatory activities.

ANALYSIS:**Summary of Changes**

Although there have been no changes in the policy's intent, the policy has been updated to ensure its relevance to current legislation, improve readability and incorporate privacy provisions currently covered in other CRTC documents. These changes include:

- Addition of Information Sharing Requests provision – this is currently included in the CRTC's Data Request Policy. If the revised Privacy Policy is approved, the Data Requests Policy will be archived.
- Addition of Website Privacy provisions – these are currently included in the CRTC's Electronic Media Policy. If the revised Privacy Policy is approved, the Electronic Media Policy will be updated accordingly.
- The Data Request Form and the Request for Access to Personal Information form have been added as appendices to the policy.
- The Privacy Policy has previously been categorized as an Administrative Policy. Given the extensive scope of the Policy, its relevance to the CRTC's commitment to transparency and to the Council's Confidentiality Policy it is recommended that the Policy be recategorized as a Council Policy.

RECOMMENDATION:

It is recommended that the CRTC Council approve the draft revised Privacy Policy for consultation.

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 2022.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Privacy

Type: Policy

Origin Date: February 4, 2009

Section: CP

Approved By Council on: Month Day, Year

Document Number: CP - 200

Next Revision Date: 5 Years After Approval

1.0 BACKGROUND

While performing its regulatory functions the College of Respiratory Therapists of Ontario (CRTC) may collect, use, disclose or retain personal information about applicants for registration, Members of the profession, their patients/clients, CRTC employees, its Council and Committees, and members of the public. The personal information being collected is critical to the CRTC's ability to effectively regulate the profession in the public interest.

2.0 POLICY STATEMENT

The CRTC is committed to protecting the privacy and confidentiality of all personal information it collects, uses and/or discloses while carrying out its regulatory activities. The CRTC fulfils its commitment to protecting personal information by complying with its statutory obligations under the *Regulated Health Professions Act, 1991* (RHPA), and by voluntarily adopting the privacy provisions outlined under this Policy.

3.0 PURPOSE

The purpose of this policy is to establish a mechanism through which the CRTC can provide appropriate privacy rights to individuals involved in its regulatory functions and operational activities while still enabling the CRTC to meet its statutory mandate under the RHPA and the *Respiratory Therapy Act, 1991* (collectively referred to in this document as "the Legislation").

4.0 APPLICABILITY AND SCOPE

The Privacy Policy applies to any personal information that may be collected, used and disclosed by the CRTC in the course of carrying out its regulatory activities. This may include information about applicants for registration, Members of the CRTC, their patients/clients, CRTC employees, persons elected or appointed to serve on the CRTC Council and Committees, and members of the public.

The Privacy Policy is not intended for use by Members of the CRTC in connection with their obligations under the *Personal Information Protection and Electronic Documents Act (PIPEDA)* or the *Personal Health Information Protection Act (PHIPA)*.



5.0 RESPONSIBILITIES

The Registrar is responsible for making sure the CROTO follows this Privacy Policy and any related procedures. The CROTO's Privacy Officer oversees the organization's information-handling practices in compliance with the Privacy Policy.

Individuals who are employed, retained or appointed by the CROTO, as well as every member of the CROTO Council or Committee are required by section 36 of the RHPA to preserve secrecy with respect to all information that comes to their knowledge in the course of their duties.

6.0 COLLECTION, USE, DISCLOSURE AND RETENTION OF PERSONAL INFORMATION

The purpose for which the CROTO collects, uses, and discloses personal information is to perform its regulatory functions and to meet its statutory obligations. This includes, but is not limited to:

- Processing applications for registration and reinstatement
- Maintaining the Public Register of Members
- Investigating complaints regarding the conduct or actions of Members of the CROTO
- Assessing whether a Member continues to meet the standards of the profession
- Administering the Quality Assurance Program
- Compiling aggregate statistics and data analytics for reporting purposes
- Carrying out CROTO's operations, and meeting auditing, legal and regulatory requirements.

Personal information may be collected in several ways, for example, when a person submits an application for registration, or when a member of the public submits a complaint about a Member of the CROTO. The CROTO will make a reasonable effort to specify the identified purposes to the individual from whom the personal information is collected, except where to do so would defeat the purpose of the Legislation or be inconsistent with the Legislation.

Under the Legislation, the CROTO must keep all personal information that comes to its knowledge confidential and is not permitted to disclose this information to any other person unless the information is public and/or the CROTO is required or permitted by law to share the information.

The CROTO will retain personal information for as long as necessary to fulfill its legal or business purposes and in accordance with an established record retention schedule.

6.1 Information Sharing Requests

The CROTO may assist an individual or organization with a data sharing request (for example, for a research study) if it is determined that:

- The request aligns with the CROTO's public interest mandate
- The data will not be used for commercial purposes



- The information is available, and it is feasible for the CRYPTO to provide the information (e.g., the CRYPTO has the resources to provide the data); and
- There is no significant risk associated with providing the data.

All data sharing requests must be submitted in writing to the CRYPTO using Data Request Form (Appendix 1).

7.0 CONSENT

The CRYPTO will make a reasonable effort to specify the identified purposes to the individual from whom the personal information is collected, as described in section 6.0 above. In some instances, the CRYPTO may collect, use, or disclose information without consent, for example, in the course of a Professional Conduct investigation or as part of the Quality Assurance Program. In such cases, personal information will only be collected, used and disclosed without the knowledge and consent of the individual when it is permitted or required by law.

8.0 ACCURACY

It is in the best interest of the public that the CRYPTO collect, use and disclose only accurate personal information in regulating the profession. The CRYPTO therefore will make every effort to ensure that the personal information it holds is accurate, complete and up to date. If there is a reason to believe information is inaccurate, the CRYPTO will take reasonable steps to verify the accuracy of the information.

9.0 PRIVACY SAFEGUARDS

The CRYPTO will take reasonable steps to ensure that the personal information it collects, and uses is protected against theft, loss or misuse. The safeguards will vary based on the degree of sensitivity of the information; however, in general the CRYPTO security measures include:

- Restricting access to personal information to authorized personnel
- Providing and accessing information on a “needs to know” basis only
- Ensuring that personal information is stored in a secure manner. For example, physical files are under lock and key and access to electronic files is restricted
- Providing an orientation and ongoing training to CRYPTO employees, Council and Non-Council Committee members and consultants regarding the CRYPTO’s privacy requirements and their confidentiality obligations
- Ensuring that personal information that is no longer required to be retained is disposed of in a confidential and secure fashion
- Conducting regular reviews of internal procedures to protect personal information.

10.0 CRYPTO WEBSITE PRIVACY

The CRYPTO is committed to protecting the personal privacy of individuals who access the CRYPTO’s website. The following outlines the information that may be collected from individuals accessing the CRYPTO website:



- **Personal Information**

The CRTO does not use the website to gather any personal information, such as names, phone numbers, email addresses, etc. unless it is necessary for the purpose of regulating the profession in the public interest. This includes collecting personal information through online forms used to address Members' and the public's needs.

The CRTO aims to protect the security of personal information during transmission to the CRTO when using the website [e.g., submission of an online request or a form using encryption such as Secure Socket Layer (SSL) protocol when transmitting personal information].

- **Internet Protocol (IP)**

The CRTO tracks the Internet Protocol (IP) addresses of users who access its website. The information is strictly used for statistical purposes and to observe user traffic through various website areas. Information gathered from logging IP addresses may include the type of browser used, date and time of visit, and pages/documents viewed. No information can be obtained from IP logging that could identify individual users.

- **Cookies**

The CRTO's website stores a random string of text in a cookie to track each unique user session on the website. Cookies used by the CRTO's website do not store any personal information and expire when the Internet browser is closed. Any information obtained as a result of the website's use of "cookies" is kept confidential.

External Links and Social Media

The CRTO strives to use external links to reputable organizations that provide information that is relevant to CRTO Members and members of the public. The CRTO does not accept any responsibility for the third party's privacy practices. Users accessing other sites through the CRTO electronic media should note that each organization has its own privacy policy, and the CRTO's privacy policy does not apply to other organizations.

The CRTO uses certain social media sites such as Twitter™, Facebook™ and LinkedIn™ to communicate with its Members and the public. Users who choose to interact with the CRTO via social media are advised to read the terms of services and privacy policies of the relevant platforms.

11.0 ACCESS TO PERSONAL INFORMATION

Individuals can make a written request for access to their personal information held by the CRTO. Requests for access must be submitted in writing to the Privacy Officer using the Request for Access to Personal Information Form (Appendix 2).

The CRTO shall allow access to an individual's information unless providing access could reasonably be expected to interfere with the administration or enforcement of the Legislation, or it is impracticable or impossible for the CRTO to retrieve the information.



The CRTO will make every effort to respond to the request for access to personal information within thirty days. In the event the CRTO refuses to provide access to all of the personal information it holds, then the CRTO will provide reasons for denying access.

In cases where the personal information forms part of a record created by another organization, the CRTO will refer the individual to the organization that created the record (unless it is inappropriate to do so) so that the individual may obtain access to the personal information from the organization rather than the CRTO.

12.0 AUTHORITY & MONITORING

The CRTO collects, uses and discloses personal information under the general authority of the RHPA, the *Respiratory Therapy Act*, 1991 the regulations under the Act and the CRTO By-laws.

The CRTO is not engaged in commercial activities, and as such, its collection, use and disclosure of personal information is not covered by the *Personal Information Protection and Electronic Documents Act* (PIPEDA), which identifies regulatory Colleges like the CRTO as an “Investigative Body.” This has the effect of allowing an organization or person to disclose personal information to the CRTO without the consent of the individual to whom the information relates, in order to initiate or facilitate an investigation and allows an investigative body to disclose personal information to another organization.

13.0 CHALLENGING COMPLIANCE

Complaints or questions regarding the CRTO's compliance with the Privacy Policy should be directed to the Privacy Officer. The CRTO has a formal privacy complaints procedure in place for managing any privacy-related concerns to ensure that they are responded to in a timely and effective manner. The Privacy Officer oversees the complaints, investigation and corrective actions for all privacy breach situations.

14.0 CONSEQUENCES FOR NON-COMPLIANCE

Individuals who breach the provisions under 36 of the RHPA face fines of up to \$25,000 for a first-time offence and up to \$50,000 for a second or subsequent offence. In addition, personal information handled by the CRTO is subject to the provisions of this Privacy Policy.

15.0 RELATED DOCUMENTS

- Confidentiality Policy
- Privacy Procedure
- *Regulated Health Professions Act, 1991*
- *Health Professions Procedural Code*
- *Respiratory Therapy Act, 1991*

16.0 DEFINITIONS

Legislation - the CRTO operates under the *Regulated Health Professions Act, 1991* (RHPA) and



the Respiratory Therapy Act, 1991. The Health Professions Procedural Code, Schedule 2 to the RHPA, sets out the CROTO's regulatory functions (objects). The RHPA and the Respiratory Therapy Act, are collectively referred to in this document as "the Legislation."

Member means a Member of the CROTO.

Organization includes an individual, a corporation, an association, a partnership, and a trade union.

Patient/client is deemed to include an individual to whom an applicant or Member of the CROTO has purported to provide professional services.

Personal information means any information about an identifiable individual and may include the individual's name, contact information, birth date, educational background, work history as well as any sensitive information such as financial or health data.

Privacy Officer is a CROTO staff member, designated by the Registrar, accountable for compliance with the CROTO Privacy Policy and Procedure and whose specific responsibilities are outlined in the CROTO Privacy Policy Procedure; "Role of the Privacy Officer".

Public information under the Code and the CROTO By-laws, the CROTO must provide certain information on the Public Register. Public information includes, but is not limited to registration information, such as name, class of registration and any terms, conditions, or limitations that have been imposed on a certificate of registration, employment address, allegations of professional misconduct or incompetence that have been referred to the Discipline Committee, and results of discipline or incapacity proceedings.

17.0 APPENDICES

- Appendix 1 – Data Request Form
- Appendix 2 - Request for Access to Personal Information

18.0 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@cрто.on.ca



Appendix 1

DATA Request Form

Occasionally, researchers and/or third-party organizations contact the College of Respiratory Therapists of Ontario (CRTO) with requests for information about its Members. While the CRTO aims to be helpful in responding to data requests, it must ensure that the request aligns with the CRTO's public interest mandate and that any provision of information complies with its Privacy Policy.

All information requests for the purpose of third party studies/surveys must be submitted in writing using this Data Request Form. All data requests must be approved by the Registrar.

1. INSTRUCTIONS

- Please complete all applicable sections of this form
- Return the form by e-mail to officeofregistrar@crtto.on.ca
- If your request is approved, we will e-mail you a data sharing agreement. To finalize your request, you will need to return the completed agreement form to our office.

2. REQUESTER CONTACT INFORMATION

FIRST NAME

SURNAME

ORGANIZATION

ADDRESS

PHONE No.

EMAIL

3. REQUEST DETAILS

Name of your project:

What is the purpose of the project?

What information regarding RTs registered with the CRTO do you want us to provide? List all the data elements needed (e.g., practice postal code, main area of practice, etc.)



Data type (e.g., aggregate or de-identified record-level data):

Preferred Format (specify the preferred format of the completed data e.g., Excel, CSV).

How do you intend to use the data?

Who will have access to the data?

List all the persons who will have access to the data (e.g., research assistants), their names, position titles, organizations and email addresses.

Other comments:



SIGNATURE _____

DATE _____

NOTE

When reviewing data requests, the CROTO will consider factors such as:

- Purpose of the request
- Whether the request aligns with the CROTO public interest mandate
- Whether or not the information is available, and if so, how resource-intensive will it be to produce the data
- Any possible risks in sharing the data.

The CROTO collects its data during application and registration renewal. This information is self-reported by members and will be provided "As Is" without verification of the data.



Appendix 2

REQUEST FOR ACCESS TO PERSONAL INFORMATION

Individuals may make a written request for access to their personal information held by the CROTO. For more information, please see the Privacy Policy. All requests must be submitted in writing using this Request Form.

1. NOTES & INSTRUCTIONS

- Please complete all applicable sections of this form
- Attach a copy of two pieces of valid government-issued identification which include your date of birth and signature (e.g., driver's license, card, passport or citizenship or permanent resident card).
- Return the form by e-mail to officeofregistrar@ccto.on.ca or by mail to:
CROTO, Privacy Officer
180 Dundas Street West, Suite 2103
Toronto, Ontario M5G 1Z8
Canada
- Requests for access to personal information will be processed within thirty (30) days, failing which the applicant will be notified of the delay and the reason for it.
- Where the personal information forms part of a record created by another organization, the CROTO will refer the individual to the organization that created the record.

2. REQUESTER CONTACT INFORMATION

FIRST NAME

SURNAME

ADDRESS

PHONE No.

EMAIL

3. REQUEST DETAILS

Please provide details to identify the records being requested, including types of documents (if known) and dates:

- ☐ I certify that I am requesting access to my own personal information. I understand that copies of documents received from the CROTO become the responsibility of the requestor.



SIGNATURE _____ DATE _____

Council Briefing Note

AGENDA ITEM # 8.2

September 23, 2022

From:	<i>Ania Walsh, Manager, Regulatory Affairs</i>
Topic:	<i>Revised Confidentiality Policy</i>
Purpose:	<i>For Decision</i>
Strategic Focus:	<i>In keeping with the CRTC's mandate, fulfilling the CPMF reporting obligations, and meeting its 2021 – 2025 Strategic Direction, this policy has been updated under the new CRTC Policy Framework.</i>
Attachment(s):	<i>Appendix A – Revised Confidentiality Policy</i>
Motion:	<i>That Council approves the Revised Confidentiality Policy.</i>

PUBLIC INTEREST RATIONALE:

This policy has been revised under the new Policy Framework and in conjunction with the Privacy Policy review. The policy reflects the CRTC's commitment to keeping confidential all information that is required to fulfil its regulatory functions and in keeping with the requirements of section 36(1) of the Regulated Health Professions Act, 1991 (the "RHPA").

ISSUE:

The Confidentiality Policy was last approved on September 7, 2017. It is recommended that the policy be updated to reflect the CRTC's new Policy Framework. The revised policy has gone through a rigorous policy review process, including external legal review, to ensure that all legislative and regulatory requirements have been met.

BACKGROUND:

The CRTC must ensure that any person employed, retained, elected or appointed to the CRTC will keep confidential all information that comes to their knowledge in the course of fulfilling their role in keeping with the requirements of section 36(1) of RHPA.

The Confidentiality Policy sets out the duty of confidentiality that applies to all individuals employed, retained, elected or appointed to the CRTC.

ANALYSIS:**Summary of Changes**

Although the policy has been revised, it is important to note that no substantive changes were made to the original policy's intent or direction. The policy has been updated under the new Policy Framework to ensure its relevance to legislation and improve readability. The changes include a clarification that any breach of the confidentiality provisions is to be reported to the Registrar for appropriate action, including informing the person whose information was breached.

RECOMMENDATION:

It is recommended that the CRTO Council approve the revised Confidentiality Policy.

NEXT STEPS:

If the motion is approved, the revised policy will come into effect on September 23, 2022. The CRTO's Confidentiality Agreement will be updated accordingly.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Confidentiality

Type: Policy

Origin Date: July 21, 1994

Section: CP

Approved By Council on: September 7, 2017

Document Number: 010

Next Revision Date: 5 Years After Approval

1.0 POLICY STATEMENT

It is the policy of the College of Respiratory Therapists of Ontario (CRTC) Council to ensure that any person employed, retained, elected or appointed to the CRTC will keep confidential all information that comes to their knowledge in the course of fulfilling their role in keeping with the requirements of section 36(1) of the *Regulated Health Professions Act, 1991* (the “RHPA”).

2.0 PURPOSE

The purpose of this policy is to set out the duty of confidentiality of persons employed, retained, elected or appointed by the CRTC.

3.0 APPLICABILITY & SCOPE

This policy applies to any person employed, retained, elected or appointed to the CRTC pursuant to section 36(1) of the RHPA.

Confidential information refers to any and all materials and information a person employed, retained, elected or appointed to the CRTC may have access to in the course of fulfilling their role with the CRTC, including but not limited to the following:

- a. Information about:
 - i. applicants for registration,
 - ii. members of the CRTC (“Members”), former Members,
 - iii. Members’ patients/clients,
 - iv. Persons employed or retained by the CRTC, members of Council, Committees and working groups, financial,
- b. Minutes of closed or in camera sessions of Council
- c. Any information disclosed or discussed as part of the business of the CRTC, including minutes of statutory, standing and ad hoc Committees, working groups and task forces, and
- d. Proprietary or privileged material, information marked confidential, and information which by its nature and the context in which it is disclosed is confidential.



Information shall be considered Confidential Information regardless of what format it is provided in or obtained, including but not limited to verbally, electronically or in print media.

Confidential Information must be kept confidential forever, not just during a person's term/employment with the CROTO. It includes all information, not just personal information.

4.0 RESPONSIBILITIES

All individuals employed, retained, elected or appointed to the CROTO will agree to and abide by the terms outlined in the Confidentiality Agreement (appended).

While the provision of, or access to, confidential information may be required in order to permit individuals employed, retained, elected or appointed to the CROTO to fulfill their roles, it is expected that measures will be put in place to ensure that the material is disseminated and retained securely, this includes but is not limited to:

- the use of passwords and/or encryption when using electronic files.
- Secure disposal of hard copy documents such as cross-shredding or returning the documents to the CROTO for confidential disposal.
- Committee members designating a locked or secured physical location within their residences (i.e., a filing cabinet or drawer).

Any breach of the confidentiality provisions is to be reported to the Registrar for appropriate action including informing the person whose information was breached.

5.0 AUTHORITY

Sections 36(1), 40(2) and (3) of the *Regulated Health Professions Act, 1991*
CROTO By-Law 2
Employee Handbook

6.0 CONSEQUENCES FOR NON-COMPLIANCE

In accordance with sections 40(2) and (3) of the RHPA, a breach of the duty of confidentiality by an individual is an offence punishable by a fine of up to \$25,000 on a first offence and up to \$50,000 on a subsequent offence.

A breach of confidentiality can be grounds for termination from employment for cause at the CROTO, pursuant to the CROTO's employment policies. A breach can result in the removal from the Council and/or a Committee in accordance with the CROTO By-Laws.

7.0 RELATED DOCUMENTS

Privacy Policy



8.0 CONTACT INFORMATION

**College of Respiratory Therapists of
Ontario**

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CONFIDENTIALITY AGREEMENT

In consideration of permissions granted to me as an employee, service provider, agent or participant in the Council and/or Committees of the College of Respiratory Therapists of Ontario, I have read and I understand the Confidentiality Policy, and I agree as follows:

1. I will abide by sections 36(1), 40(2) and (3) of the *Regulated Health Professions Act, 1991*, as amended (attached as "Schedule A" to this agreement).
2. I will maintain as confidential any and all materials and information I obtain in connection with my work at the CRTO including **but not limited to** the following which shall collectively be considered "Confidential Information" and germane to the CRTO:
 - a) minutes of closed or *in camera* sessions of Council;
 - b) any information disclosed or discussed as part of the business of the CRTO, including:
 - i. minutes of statutory, standing and ad hoc Committees, working groups and task forces, and
 - ii. any information disclosed or discussed about Members, their employers, or patients/clients of Members;
 - c) personnel information such as performance appraisals, salaries, and other personal information; and,
 - d) home addresses and telephone number of Council and non-Council/Committee members.
3. The foregoing information shall be considered Confidential Information no matter what format it is provided to or obtained by me including but not limited to verbally, electronically or in print media.
4. I will only retain Confidential Information disclosed to me for the purposes of fulfilling my role on Council, Committees, working groups or task forces and will erase or destroy it immediately following the conclusion of the task requiring the information.
5. I will use Confidential Information only in connection with my work at the CRTO. I will not disclose, distribute or publish Confidential Information to any party in any manner whatsoever;
6. I specifically acknowledge that I will not publish or authorize anyone else to publish Confidential Information in any Web posting, article, newsletter, press report and release, publication, or any other communication.
7. I will not use any audio or video recording or photographic device in any manner during Council, Committee, working group, task force, or staff meetings to record or to copy any Confidential Information. I will not remove any materials obtained by me or take any other action to circumvent the purpose and intent of this Agreement.
8. I understand that a breach of this Agreement and the Confidentiality Policy may result in disciplinary action, up to and including termination of employment for cause, or being barred from participation on the Council, or Committees as may be applicable in accordance with CRTO By-Laws and policies. I further understand that breach of the duty of confidentiality is punishable by a fine of up to \$25,000 on a first offence and up to \$50,000 on a subsequent offence as set out in the *Regulated Health Professions Act, 1991*. In the event that I disclose or attempt to disclose any such Confidential Information received in the course of my employment and/or term with the College of Respiratory Therapists of Ontario (as applicable), I acknowledge and agree that the CRTO shall be entitled to enforce its legal rights to prevent the disclosure of the Confidential Information by injunction or otherwise, and may bring such further action against me as it considers advisable.

Dated this ____ day of _____, 20____.

Printed Name

Witness Name

Signature

Witness Signature

SCHEDULE A

Confidentiality

36 (1) Every person employed, retained or appointed for the purposes of the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act* and every member of a Council or committee of a College shall keep confidential all information that comes to his or her knowledge in the course of his or her duties and shall not communicate any information to any other person except,

- (a) to the extent that the information is available to the public under this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*;
- (b) in connection with the administration of this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*, including, without limiting the generality of this, in connection with anything relating to the registration of members, complaints about members, allegations of members' incapacity, incompetence or acts of professional misconduct or the governing of the profession;
- (c) to a body that governs a profession inside or outside of Ontario;
- (d) as may be required for the administration of the *Drug Interchangeability and Dispensing Fee Act*, the *Healing Arts Radiation Protection Act*, the *Health Insurance Act*, the *Health Protection and Promotion Act*, the *Independent Health Facilities Act*, the *Laboratory and Specimen Collection Centre Licensing Act*, the *Long-Term Care Homes Act, 2007*, the *Retirement Homes Act, 2010*, the *Ontario Drug Benefit Act*, the *Coroners Act*, the *Controlled Drugs and Substances Act* (Canada) and the *Food and Drugs Act* (Canada);
- (d.1) for a prescribed purpose, to a public hospital that employs or provides privileges to a member of a College, where the College is investigating a complaint about that member or where the information was obtained by an investigator appointed pursuant to subsection 75 (1) or (2) of the Code, subject to the limitations, if any, provided for in regulations made under section 43;
- (d.2) for a prescribed purpose, to a person other than a public hospital who belongs to a class provided for in regulations made under section 43, where a College is investigating a complaint about a member of the College or where the information was obtained by an investigator appointed pursuant to subsection 75 (1) or (2) of the Code, subject to the limitations, if any, provided for in the regulations;
- (e) to a police officer to aid an investigation undertaken with a view to a law enforcement proceeding or from which a law enforcement proceeding is likely to result;
- (f) to the counsel of the person who is required to keep the information confidential under this section;
- (g) to confirm whether the College is investigating a member, if there is a compelling public interest in the disclosure of that information;
- (h) where disclosure of the information is required by an Act of the Legislature or an Act of Parliament;
- (i) if there are reasonable grounds to believe that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons;
- (j) with the written consent of the person to whom the information relates; or
- (k) to the Minister in order to allow the Minister to determine,
 - (i) whether the College is fulfilling its duties and carrying out its objects under this Act, a health profession Act, the *Drug and Pharmacies Regulation Act* or the *Drug Interchangeability and Dispensing Fee Act*, or
 - (ii) whether the Minister should exercise any power of the Minister under this Act, or any Act mentioned in subclause (i). 2007, c. 10, Sched. M, s. 7 (1); 2014, c. 14, Sched. 2, s. 10; 2017, c. 11, Sched. 5, s. 2 (1, 2).

Reports required under Code

(1.1) Clauses (1) (c) and (d) do not apply with respect to reports required under section 85.1 or 85.2 of the Code. 1993, c. 37, s. 1. 1998, c. 18, Sched. G, s. 7 (2).

Definition

(1.2) In clause (1) (e),

“law enforcement proceeding” means a proceeding in a court or tribunal that could result in a penalty or sanction being imposed. 1998, c. 18, Sched. G, s. 7 (2); 2007, c. 10, Sched. M, s. 7 (2).

Limitation

(1.3) No person or member described in subsection (1) shall disclose, under clause (1) (e), any information with respect to a person other than a member. 1998, c. 18, Sched. G, s. 7 (2); 2007, c. 10, Sched. M, s. 7 (3).

No requirement

(1.4) Nothing in clause (1) (e) shall require a person described in subsection (1) to disclose information to a police officer unless the information is required to be produced under a warrant. 1998, c. 18, Sched. G, s. 7 (2); 2007, c. 10, Sched. M, s. 7 (4).

Confirmation of investigation

(1.5) Information disclosed under clause (1) (g) shall be limited to the fact that an investigation is or is not underway and shall not include any other information. 2007, c. 10, Sched. M, s. 7 (5).

Restriction

(1.6) Information disclosed to the Minister under clause (1) (k) shall only be used or disclosed for the purpose for which it was provided to the Minister or for a consistent purpose. 2017, c. 11, Sched. 5, s. 2 (3).

Not compellable

(2) No person or member described in subsection (1) shall be compelled to give testimony in a civil proceeding with regard to matters that come to his or her knowledge in the course of his or her duties. 1991, c. 18, s. 36 (2).

Evidence in civil proceedings

(3) No record of a proceeding under this Act, a health profession Act or the *Drug and Pharmacies Regulation Act*, no report, document or thing prepared for or statement given at such a proceeding and no order or decision made in such a proceeding is admissible in a civil proceeding other than a proceeding under this Act, a health profession Act or the *Drug and Pharmacies Regulation Act* or a proceeding relating to an order under section 11.1 or 11.2 of the *Ontario Drug Benefit Act*. 1991, c. 18, s. 36 (3); 1996, c. 1, Sched. G, s. 27 (2).

Collection of personal information by College

36.1 (1) At the request of the Minister, a College shall collect information directly from members of the College as is reasonably necessary for the purpose of health human resources planning or research. 2017, c. 11, Sched. 5, s. 3 (1).

Unique identifiers

(2) A unique identifier shall be assigned by the Minister or a person designated by the Minister for each member of a College from whom information is collected under subsection (1). 2009, c. 26, s. 24 (7).

Form and manner

(2.1) The unique identifier shall be in the form and manner specified by the Minister. 2009, c. 26, s. 24 (7).

Members to provide information

(3) A member of a College who receives a request for information for the purpose of subsection (1) shall provide the information to the College within the time period and in the form and manner specified by the College. 2007, c. 10, Sched. M, s. 8.

Disclosure to Minister

(4) A College shall disclose the information collected under subsection (1) to the Minister within the time period and in the form and manner specified by the Minister. 2007, c. 10, Sched. M, s. 8.

Use, collection, disclosure and publication

(5) The following applies to information collected under subsection (1):

1. The information may only be used for the purposes set out under subsection (1).
2. The Minister shall not collect personal information if other information will serve the purposes set out under subsection (1).
3. The Minister shall not collect more personal information than is necessary for the purposes set out under subsection (1).

4. The Minister may disclose the information only for the purposes set out in subsection (1).
 5. Reports and other documents using information collected under this section may be published for the purposes set out under subsection (1), and for those purposes only, but personal information about a member of a College shall not be included in those reports or documents. 2017, c. 11, Sched. 5, s. 3 (2).
- (6) REPEALED: 2017, c. 11, Sched. 5, s. 3 (2).

Notice required by s. 39 (2) of FIPPA

- (7) If the Minister requires a College to collect personal information from its members under subsection (1), the notice required by subsection 39 (2) of the *Freedom of Information and Protection of Privacy Act* is given by,
- (a) a public notice posted on the Ministry's website; or
 - (b) any other public method that may be prescribed. 2007, c. 10, Sched. M, s. 8.

Same

- (8) If the Minister publishes a notice referred to under subsection (7), the Minister shall advise the College of the notice and the College shall also publish a notice about the collection on the College's website within 20 days of receiving the advice from the Minister. 2007, c. 10, Sched. M, s. 8.

Definitions

- (9) In this section,
- "health human resources planning" means ensuring the sufficiency and appropriate distribution of health providers; ("planification des ressources humaines en santé")
 - "information" includes personal information about members, but does not include personal health information; ("renseignements")
 - "Ministry" means the Ministry of Health and Long-Term Care; ("ministère")
 - "research" means the study of data and information in respect of health human resources planning. ("recherche") 2007, c. 10, Sched. M, s. 8; 2017, c. 11, Sched. 5, s. 3 (3, 4).

Electronic health record

- 36.2** (1) The Minister may make regulations,
- (a) requiring one or more Colleges to collect from their members information relating to their members that is specified in those regulations and that is, in the Minister's opinion, necessary for the purpose of developing or maintaining the electronic health record under Part V.1 of the *Personal Health Information Protection Act, 2004*, including ensuring that members are accurately identified for purposes of the electronic health record;
 - (b) requiring the College or Colleges to provide the information to the prescribed organization in the form, manner and timeframe specified by the prescribed organization;
 - (c) respecting the notice mentioned in subsection (4). 2016, c. 6, Sched. 1, s. 4.

Members to provide information

- (2) Where the Minister has made a regulation under subsection (1), and a College has requested information from a member in compliance with the regulation, the member shall comply with the College's request. 2016, c. 6, Sched. 1, s. 4.

Use and disclosure by prescribed organization

- (3) Despite a regulation made under subsection (1), the prescribed organization,
- (a) may only collect, use or disclose information under this section for the purpose provided for in subsection (1);
 - (b) shall not use or disclose personal information collected under this section if other information will serve the purpose; and
 - (c) shall not use or disclose more personal information collected under this section than is necessary for the purpose. 2016, c. 6, Sched. 1, s. 4.

Notice required by s. 39 (2) of FIPPA

- (4) Where the Minister has made a regulation under subsection (1), and a College is required to collect personal information from its members, the notice required by subsection 39 (2) of the *Freedom of Information and Protection of Privacy Act* is given by,

- (a) a public notice posted on the prescribed organization's website; or
- (b) any other public method that may be prescribed in regulations made by the Minister under subsection (1).
2016, c. 6, Sched. 1, s. 4.

Same

(5) If the prescribed organization publishes a notice referred to under subsection (4), the prescribed organization shall advise the College of the notice and the College shall also publish a notice about the collection on the College's website within 20 days. 2016, c. 6, Sched. 1, s. 4.

Definitions

(6) In this section,

“information” includes personal information, but does not include personal health information; (“renseignements”)
“prescribed organization” has the same meaning as in section 2 of the *Personal Health Information Protection Act, 2004*. (“organisation prescrite”) 2016, c. 6, Sched. 1, s. 4; 2017, c. 11, Sched. 5, s. 4.

Offences

40 (2) Every individual who contravenes section 31, 32 or 33 or subsection 34 (2), 34.1 (2) or 36 (1) is guilty of an offence and on conviction is liable to a fine of not more than \$25,000 for a first offence and not more than \$50,000 for a second or subsequent offence. 2007, c. 10, Sched. M, s. 12.

Same

(3) Every corporation that contravenes section 31, 32 or 33 or subsection 34 (1), 34.1 (1) or 36 (1) is guilty of an offence and on conviction is liable to a fine of not more than \$50,000 for a first offence and not more than \$200,000 for a second or subsequent offence. 2007, c. 10, Sched. M, s. 12.

Council Briefing Note

AGENDA ITEM # 8.3 & 8.4

September 23, 2022

From:	<i>Finance and Audit Committee</i>
Topic:	<i>Investments Policy and Reserves Policy</i>
Purpose:	<i>For Decision</i>
Strategic Focus:	<i>Core Business Practice</i>
Attachment(s):	<i>Appendix A: Investments and Management of Net Assets Policy Appendix B: Investments Policy Appendix C: Reserves Policy</i>
Motion: Item 8.3	It is moved by _____ and seconded by _____ that: The Council approve the Investments Policy
Motion: Item 8.4	It is moved by _____ and seconded by _____ that: The Council approve the Reserves Policy

PUBLIC INTEREST RATIONALE:

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

ISSUE:

The CRTO currently has one policy that provides guidance for both its investment approaches and management of net assets (also called reserves). It is called the Investments and Management of Net Assets Policy. The Finance and Audit Committee (FAC) has been tasked with oversight of the management of CRTO financial resources, and as such, have reviewed the policy and made the following changes:

- 1.) Split the policy into two separate policies. The first policy will focus strictly on CRTO investment approaches and is titled "Investments Policy". The second policy will focus strictly on CRTO Reserves (net assets) management, titled the "Reserves Policy".
- 2.) Provided more guidance and clarity in each policy to ensure they are transparent, clear, and provide fulsome guidance on their respective topics.

BACKGROUND:

Since its inception in January 2022, the FAC has been reviewing all relevant policies, including the current Investments and Management of Net Assets Policy to ensure that it aligns more closely with the CRTO's strategic plan. The Investments and Management of Net Assets Policy was last approved in June 2015 and was past due for revisions.

ANALYSIS:

The following changes were made to the two policies:

Investments Policy:

- 1.) Separate the general Investments and Management of Net Assets Policy into a more detailed policy focusing only on investments.
- 2.) More details were provided in both the applicability and responsibilities surrounding the management of CRTO investments.
- 3.) Authority was granted to the FAC to monitor the investment portfolio of the CRTO and provide recommendations to Council regarding CRTO investments.

Reserves Policy:

- 1.) Separate the general Investments and Management of Net Assets Policy into a more detailed policy focusing only on Reserves (net assets) management.
- 2.) Change the title from Net Assets Policy to Reserves Policy to bring it in line with appropriate financial terminology.
- 3.) More details were provided in both the applicability and responsibilities surrounding the management CRTO net assets.
- 4.) Definitions were provided regarding the types of restricted funds the CRTO has, to provide greater clarity and transparency to the public.
- 5.) Expand on the definition and requirements of unrestricted net assets for greater clarity and transparency to the public.

RECOMMENDATION:

That Council approve both the Investments Policy and the Reserves Policy.

Appendix A:

Investments and Management of Net Assets Policy

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Title: Investments & Management of Net Assets

Type: Policy

Origin Date: June 15, 2007

Section: CP

Approved By Council on: June 5, 2015

Document Number: CP-130

Next Revision Date: 5 Years After Approval

1.0 POLICY STATEMENT

It is the policy of the College of Respiratory Therapists of Ontario (CRTC) to retain adequate funds to enable the continued stability of all essential CRTC ("College") operations. Therefore, the CRTC will invest its funds and maintain the necessary reserves to ensure the organization's long-term sustainability according to the College's By-Laws.

2.0 PURPOSE

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

3.0 APPLICABILITY

Investments

Funds not immediately required for the CRTC's daily operations is held in two (2) types of investments:

1. **Investments Held for Operating** – approx. 20% of total funds available for investment
2. **Investments Held for Reserve** – approx. 80% of the total funds available for investment

Net Assets

The CRTC 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.

Best practice for non-profit organizations is to retain operating funds, excluding net amounts, invested in capital assets equivalent to three (3) to six (6) months of operating expenses.

4.0 RESPONSIBILITIES

The Council of the CRTO (“Council”) is responsible for overseeing the College’s investments and net assets. Council delegates the ongoing management of these investments and net assets to the College’s Executive Committee (“Committee”). In addition, Council authorizes the CRTO’s Registrar & CEO (or designate) to administer the investments, reserve funds, and operating funds in accordance with this policy, its corresponding procedure, and the College’s By-Laws.

In making decisions regarding investments and net assets, Council will consider relevant criteria, including but not limited to the:

- general economic conditions
- possible effect of inflation or deflation
- expected total return from income and the appreciations of capital
- need for liquidity, regularity of income, and preservation or appreciation of capital
- need to diversify investments

5.0 MONITORING

The Executive Committee will review the CRTO’s financial statements and investment portfolio quarterly and make recommendations to Council regarding investments, reserves, and operating funds.

6.0 RELATED DOCUMENTS

Investments & Management of Net Assets Procedure
[CRTO By-Laws](#)

7.0 ABBREVIATIONS

CRTO – College of Respiratory Therapists of Ontario
CEO – Chief Executive Officer

8.0 CONTACT INFORMATION

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Appendix A:

Agenda Item 8.3 - Investments Policy

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Title: Investments

Type: Policy

Origin Date: June 15, 2007

Section: CP

Approved By Council on: September 23, 2022

Document Number: CP-130

Next Revision Date: 5 Years After Approval

1.0 POLICY STATEMENT

It is the policy of the College of Respiratory Therapists of Ontario (CRTC) to retain adequate funds to enable the continued stability of all essential CRTC operations. Therefore, the CRTC will invest its funds to ensure the organization's long-term sustainability according to the CRTC's By-Laws.

2.0 PURPOSE

This policy outlines the Council of the CRTC's ("Council's") expectations and risk boundaries regarding the management and outcomes of the CRTC's investments.

3.0 APPLICABILITY

Council of College of Respiratory Therapists of Ontario

The Council has the ultimate responsibility for the CRTC's investment portfolio. The Council is responsible for ensuring the appropriate policies governing the management of the portfolio are in place and implemented. The Council approves the investment policy and delegates responsibility to the Finance and Audit Committee (FAC) for ongoing monitoring.

Finance and Audit Committee

FAC is responsible for overseeing the investment policy. FAC is responsible for recommending investment strategies; recommending investment managers, and monitoring portfolio performance on a regular basis (quarterly at a minimum) to ensure compliance with the investment policy. FAC is authorized to delegate certain functions and responsibilities to professional investment experts. These may include, but are not limited to:

1. *Investment Management Consultant*

An investment consultant is responsible for assisting FAC in all aspects of managing and overseeing the CRTO's investment portfolio. Consultants should provide asset allocation advice, help with manager selection, provide portfolio-level performance reports, review current managers, monitor the overall health of the portfolio, and provide FAC with education regarding investments.

2. *Investment Manager(s)*

The duty of the investment manager is to implement the strategy for which they are retained. It is the responsibility of FAC to ensure the investment manager remain in compliance with the investment policy.

3. *Custodian*

A custodian is a financial institution responsible for safeguarding the assets of the portfolio. The custodian is responsible for the settlement of securities bought and sold, collecting dividends and interest payments from the securities in the portfolio. The custodian provides monthly and annual accounting reports.

4. *Outsourced provider (optional)*

An outsourced provider assumes fiduciary responsibility and performs all the duties of the investment manager(s), consultants, and custodian.

5. *Other (optional)*

Additional specialists or consultants such as attorneys, auditors, and actuaries may be employed by FAC to assist in meeting its responsibilities and obligations to effectively administer the CRTO's assets in a prudent manner.

4.0 RESPONSIBILITIES

Council of College of Respiratory Therapists of Ontario

The Council is responsible for overseeing the CRTO's investment assets. Council delegates the ongoing oversight of these investment assets to the FAC. In addition, Council authorizes the CRTO's Registrar & CEO (or designate) to administer the investments in accordance with this policy, its corresponding procedures, and the CRTO's By-Laws.

Finance and Audit Committee

FAC is responsible for overseeing the investment policy. FAC is responsible for recommending investment strategies; recommending investment managers, and monitoring portfolio performance on a regular basis (quarterly at a minimum) to ensure compliance with the investment policy.

In making decisions regarding investment assets, Council and FAC will consider relevant criteria, including but not limited to the:

- preservation of capital
- maintain reasonable liquidity
- achieve a reasonable rate of return
- general economic conditions
- possible effects of inflation and deflation on the investment(s)

Registrar & CEO

Council authorizes the Registrar & CEO with the administration of investment assets.

5.0 AUTHORITY & MONITORING

The FAC will review the CRTO's financial statements and investment portfolio quarterly and make recommendations to Council regarding the CRTO's investments.

6.0 RELATED DOCUMENTS

Investments Procedure

Reserves Policy

Reserves Procedure

CRTO By-Laws

7.0 ABBREVIATIONS

CRTO – College of Respiratory Therapists of Ontario

FAC – Finance and Audit Committee

8.0 CONTACT INFORMATION

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Appendix A:

Agenda Item 8.4 - Reserves Policy

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Title: Reserves Policy

Type: Policy

Origin Date: June 15, 2007

Section: CP

Approved By Council on:

Document Number: CP - ***

Next Revision Date: 5 Years After Approval

1.0 POLICY STATEMENT

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

2.0 PURPOSE

The purpose of this policy is to enable the Cрто 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 Cрто ("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 Cрто 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.

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 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.

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 \(NonPatient/Client\)](#)

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

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Council Briefing Note

AGENDA ITEM # 8.5

September 23, 2022

From:	<i>Ania Walsh, Manager, Regulatory Affairs</i>
Topic:	<i>Revised Open Forum Policy</i>
Purpose:	<i>For Decision</i>
Strategic Focus:	<i>Core Business Practices.</i>
Attachment(s):	<i>Appendix A – Revised Open Forum Policy</i>
Motion:	It is moved by _____ and seconded by _____ that: <i>That Council approves the Revised Open Forum Policy.</i>

PUBLIC INTEREST RATIONALE:

This policy has been revised under the new Policy Framework. The policy reflects the CRTO's commitment to transparent processes and communications with its stakeholders. The purpose of the policy is to ensure open and transparent communication between Council and observers who wish to address Council during the Open Forums.

ISSUE:

The Open Forum Policy was last approved on February 26, 1999. Due to the new policy framework, this document was updated to the new template. This document has gone through a rigorous policy review process as outlined in the Policy Framework.

BACKGROUND:

Under the *Regulated Health Professions Act, 1991 (RHPA)*, Council meetings are open to the public; however, there is no opportunity during the meeting for questions or comments from the observers attending the meetings. The CRTO Council chooses to provide a platform for observers to address Council directly. The Open Forum Policy helps ensure that observers attending Council meetings have a clear understanding of the process and expectations when participating in the Open Forums.

ANALYSIS:**Summary of Changes**

Although the policy has been revised, it is important to note that no substantial changes were made to the intent or the direction of the original policy. The policy has been updated under the CRTO's Policy Framework, and to ensure that it reflects the current Council meeting procedures. The revised policy clarifies the scope of the Open Forums as well as the code of conduct expectations for observers participating in Open Forums.

RECOMMENDATION:

It is recommended that the CRTO Council approve the Revised Open Forum Policy.

NEXT STEPS:

If the motion is approved, the policy will be posted on the CRTO's website under the Council Meetings page. The Open Forum procedures will be updated accordingly.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Council Meetings Open Forum

Type: Policy

Origin Date: February 26, 1999

Section: CP

Approved By Council on: Month Day, Year

Document Number: CP-134

Next Revision Date: 5 Years After Approval

1.0 POLICY STATEMENT

The College of Respiratory Therapists of Ontario (Certo) is committed to transparent processes and communications with its stakeholders. It is the policy of the Council of the Certo to provide an opportunity for observers attending Council meetings to participate in an Open Forum following each Council meeting.

2.0 PURPOSE

The Open Forums provide a platform for observers attending Council meetings to address Council directly. The purpose of this policy is to ensure that the observers have an understanding of the process and expectations when participating in the Open Forums.

3.0 APPLICABILITY & SCOPE OF POLICY

- In accordance with the *Regulated Health Professions Act, 1991* (RHPA), Council meetings are open to the public; however, there is no opportunity during the meeting for questions or comments from the observers attending the meetings. This policy applies to the Council meeting Open Forums scheduled after regular Council meetings.
- To facilitate information sharing, individuals wishing to address Council during the Open Forum are encouraged to submit questions at least two weeks prior to the Council meeting. In the absence of pre-submitted questions, Council may reserve answers during the Open Forum pending research of the issue.
- The Open Forum is not intended to be a debate or to address issues that should be dealt with in another manner, for example, by a panel or a committee.
- Minutes will not be kept for the Open Forum, nor will it be recorded.
- The Open Forum will end by 30 minutes after the scheduled end of the Council meeting or be limited to 30 minutes (whichever occurs first). The Chair, at their discretion, may extend or decrease the time for the Open Forum. Individuals unable to address Council due to a shortage of time will be invited to participate in the next Open Forum.



- In order to provide for a timely and orderly process during the Open Forum, one person at a time will be invited to address Council. Groups will be represented by one person only. Each individual will be allotted a maximum of 5 minutes.
- During the Open Forum, the Chair may also invite other individuals to speak.
- At the discretion of the Chair, issues requiring action may be referred to the Registrar, a committee or to Council for consideration at a future meeting.

4.0 CODE OF CONDUCT

- Individuals who wish to partake in the Open Forum will be asked to identify themselves to the Chair.
- All questions, comments or concerns will be addressed to the Chair. The Chair will determine whether the question is appropriate or if it should be dealt with in another format.
- Observers are expected to refrain from behaviour that may reasonably be perceived as discriminatory, disruptive or hostile.
- Recording of the Open Forums is prohibited.

5.0 RESPONSIBILITIES

The President or their designate will serve as Chair of the Open Forum.

6.0 RELATED DOCUMENTS

The *Regulated Health Professions Act*, 1991
The CRTO By-law no. 2

7.0 CONTACT INFORMATION

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Council Briefing Note

AGENDA ITEM # 8.6

September 23, 2022

From:	<i>Ania Walsh, Manager, Regulatory Affairs</i>
Topic:	<i>Revised Registrar & CEO Performance Review and Compensation Policy</i>
Purpose:	<i>For Decision</i>
Strategic Focus:	<i>Core Business Practices</i>
Attachment(s):	<i>Appendix A – Revised Registrar & CEO Performance Review and Compensation Policy Appendix B – Registrar & CEO Performance Review Process Appendix C – CRTO Compensation Philosophy Appendix D – Registrar Self-Assessment Tool Appendix E – Registrar Performance Review Survey Appendix F – Registrar Performance Review Report & Goal Setting</i>
Motion:	It is moved by _____ and seconded by _____ that: <i>That Council approves the Revised Open Forum Policy.</i>

PUBLIC INTEREST RATIONALE:

This policy has been revised under the new Policy Framework. The policy applies to the Registrar & CEO's annual performance reviews conducted by the Council President. The CRTO Council recognizes that a constructive and consistent approach to the Registrar & CEO performance reviews is critical to the success of the organization's operations and its strategic objectives.

ISSUE:

The Registrar & CEO Performance Review and Compensation Policy was last approved on March 6, 2020. Due to the new policy framework, this document was updated to the new template. This document has gone through a rigorous policy review process as outlined in the Policy Framework.

BACKGROUND:

The policy outlines a transparent and consistent process for the Registrar & CEO performance reviews that measure their performance based on the work plan and the strategic objectives approved by the Council.

ANALYSIS:**Summary of Changes**

Although the policy has been revised, it is important to note that no substantial changes were made to the intent or the direction of the original policy. The policy has been updated under the CRTO's Policy Framework. New appendices were added to incorporate the relevant review tools.

RECOMMENDATION:

It is recommended that the CRTO Council approve the Registrar & CEO Performance Review and Compensation Policy.

NEXT STEPS:

If the motion is approved, the revised policy will come into effect on September 23, 2022.

Appendix A

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Registrar & CEO Performance Review and Compensation Policy

Type: Policy

Origin Date: March 6, 2020

Section: CP

Approved By Council on Month Day, Year

Document Number: 211

Next Revision Date: 5 Years After Approval

1.0 POLICY STATEMENT

The Council of the College of Respiratory Therapists of Ontario (CRTO) recognizes that a constructive and consistent approach to the Registrar & CEO Performance Reviews is critical to the position's success and the organization as a whole.

The Council will conduct the Registrar & CEO's performance review on an annual basis. This review shall consider two key elements:

1. Achievement of strategic objectives for the organization; and
2. Individual performance.

Compensation adjustments will be based on performance in these two elements, subject to budgetary conditions.

2.0 PURPOSE

The purpose of this policy is to establish a consistent process for the Registrar & CEO performance reviews that measure their performance based on the work plan and the strategic objectives approved by the Council.

3.0 APPLICABILITY & SCOPE OF POLICY

The policy applies to the Registrar & CEO's annual performance reviews conducted by the Council President, focusing on, but not limited to, the following elements:

- Strategic direction
- Management objectives
- Organizational effectiveness
- Fiscal stewardship
- Relationship management



4.0 PERFORMANCE REVIEW

The Performance Review for the Registrar & CEO is conducted annually at the start of the calendar year. This timing allows for any compensation adjustment to be considered for the budget, which is typically presented at the March Council meeting.

The Registrar & CEO performance review is based on the position profile, the CRTO's strategic objectives, work plan, and Council policies. The review consists of a self-assessment component and feedback from Council members, staff and other individuals in a position to provide such feedback.

The Performance Review process consists of the steps outlined in Appendix 1.

5.0 COMPENSATION

All positions at the CRTO are assigned to one of 7 salary levels, with the salary range for each level divided into five progressive salary steps.

The Registrar & CEO position is set at Level 7.

Compensation Philosophy

Compensation for all positions at the CRTO, including that of the Registrar & CEO, is based on the following criteria further defined in Appendix 2:

- Seniority
- Inflation/Cost of Living
- Merit/Performance
- Market Comparison

6.0 RESPONSIBILITIES

The CRTO President is responsible for administering this policy in compliance with the CRTO By-laws and for conducting the Registrar & CEO performance reviews on an annual basis.

7.0 RELATED DOCUMENTS

The CRTO By-law no. 1

8.0 APPENDICES

Appendix 1 - Registrar & CEO Performance Review Process

Appendix 2 - CRTO Compensation Philosophy

Appendix 3 – Registrar Self-Assessment Tool

Appendix 4 – Registrar Performance Review Survey

Appendix 5 – Registrar Performance Review Report & Goal Setting



9.0 CONTACT INFORMATION

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APPENDIX B - REGISTRAR & CEO PERFORMANCE REVIEW PROCESS

The Performance Review is initiated

- Each January, the Registrar & CEO completes a self-assessment, a year in review summary of activities and achievements, and a strategic objectives progress update for the President.

Surveys are sent out and compiled

- The President and Registrar discuss which external reviewers will be included to complete the performance review.
- All CRTO staff and council members are automatically included.
- The President sends the survey tools to each of the reviewers, along with the supporting materials provided by the Registrar.
- Completed surveys are returned directly to the President and results are compiled.

Compensation is determined

- Compiled results are compared against the Registrar & CEO Performance Review and Compensation Policy to determine suggested compensation adjustments.
- The results and suggested compensation adjustment are reviewed by the Executive Committee and a final decision regarding the full compensation package is made by the Board.

Results are reviewed and goals are set

- The President reviews the results with the Registrar & CEO and goals are set for the coming year.

Compensation is awarded and the PR is filed

- A final document is signed by both parties and filed in the Registrar's employee file at the CRTO.



APPENDIX C – CRTO COMPENSATION PHILOSOPHY

Compensation for all positions at the CRTO, including that of the Registrar & CEO, is based on the following criteria:

Seniority - The salary range at each level consists of seven salary levels and four step increases within each level. The Registrar's salary range is within level seven, and step increase incorporates advancement in reward for seniority and the cost-of-living adjustments.

Inflation/Cost of Living (COLA) - Once an individual has reached the top of the salary range, additional salary increases would consist of an adjustment for COLA, again awarded annually.

Merit/Performance Bonuses - Merit or performance bonuses can be awarded in addition to a step increase or cost of living adjustment on any given year and should be administered as a single payment for that year (i.e., it is not added to the current salary).

Compensation adjustments, including Merit/Performance Bonuses, should be based on the results of the performance review and guided by the compensation principles below:

- Achievement of a **Below Expectations** rating in *either* element = No compensation adjustment awarded
- Achievement of a minimum rating **Meets Expectations** in *both* elements = Step increase or COLA awarded
- Achievement of a rating of **Exceeds Expectations** in the personal performance element of the PR = 3% bonus awarded (calculated on the base salary for that year)
- Achievement of a rating of **Exceeds Expectations** in the strategic objectives element of the PR = 1% bonus awarded (calculated on the base salary for that year)

Note: A 3-4.6% bonus target is consistent with the results in the Mungall Consulting Group review conducted in 2021.

Summary of Compensation to be Awarded			
Strategic Objectives	+	Individual Performance	= Compensation Adjustment
Below expectations	+	Below expectations	= No adjustment
Below expectations	+	Meets expectations	= No adjustment
Meets expectations	+	Below expectations	= No adjustment
Meets expectations	+	Meets expectations	= Step increase or COLA (if at the top of the range)
Meets expectations	+	Exceeds expectations	= Step increase or COLA and 3% bonus
Exceeds expectations	+	Meets expectations	= Step increase or COLA and 1% Bonus
Exceeds expectations	+	Exceeds expectations	= Step increase or COLA and 3% bonus and 1% bonus



Market Comparison

Overall compensation for the Registrar & CEO should be compared against a market analysis minimum every 3-5 years to ensure competitiveness.

CRTO Registrar Performance Review

Self-Assessment

1. Strategic Direction

In collaboration with Council, the Register is required to develop a strategic direction consisting of actionable and achievable objectives aligned with the CRTO's regulatory mandate.

2. Management Objectives

The Registrar must strive to optimize the CRTO's current and future human and material resource capacity and facilitate staff success in their various roles.

Registrar Performance Review

3. Organizational Effectiveness

The Registrar is expected to maximize the efficiency of the CRTC core regulatory functions (Registration, Professional Development & Professional Conduct) and the programs that support these and other essential functions (IT & Communication).

4. Fiscal Stewardship

The Registrar must provide oversight of all aspects of the organization's financial affairs (e.g., preparing the CRTC's annual operating budget).



Registrar Performance Review

5. Relationship Management

The Registrar is expected to establish and maintain collaborative relationships with Council and Committee members, as well as external partners and stakeholders.

Year in Review Summary



Registrar Performance Review

Strategic Objectives Progress Update

Registrar's Name

Start Date



Registrar Performance Review

President's Response

Date of Meeting with Registrar

CRTO Registrar Performance Review Survey

The performance review of the Registrar considers two key elements:

- 1. Achievement of strategic objectives for the organization
- 2. Individual performance

Strategic Objectives & Performance	Score
Unable to answer	NA
Below expectations	1
Meets expectations	2
Exceeds expectations	3

Surveys are distributed to all members of the Council. Each member is to provide a score based on the scale above, along with any relevant comments. Below are the five (5) assessment domains.

Strategic Direction

In collaboration with Council, the Register has developed a strategic direction consisting of actionable and achievable objectives aligned with the CRTO’s regulatory mandate ([Strategic Directions and Key Priorities](#)).

Score & Comments

Performance Review Survey

Management Objectives

The Registrar has demonstrated that they are working towards optimizing the CRTC's current and future human and material resource capacity and facilitating staff success in their various roles. ([CRTC Employment Policy](#)).

Score

& Comments

Organizational Effectiveness

The Registrar has demonstrated they can maximize the efficiency of the CRTC's core regulatory functions (Registration, Professional Development & Professional Conduct) and the programs that support these and other essential functions (IT & Communication). ([2021 CPMF Summary & Full Report](#))

Score

& Comments

Performance Review Survey

Financial Stewardship

The Registrar provides appropriate oversight of all aspects of the organization's financial affairs (e.g., preparing the CRTO's annual operating budget). ([March 4, 2022, Council –Item 4.2 - 2022/23 Budget](#))

Score & Comments

Relationship Management

The Registrar has demonstrated the ability to establish and maintain collaborative relationships with Council and Committee members, as well as external partners and stakeholders. ([CPMF STD 5 – CRTO System Partners](#))

Score & Comments

Performance Review Survey

Overall

Total Average Score (Total ÷ # of domains scored*) **& Final Comments**

*do not including domains where you applied a score of NA

Registrar's Name

CRTO Registrar Summary Report & Goal Setting

Please provide your feedback on the Registrar’s performance in the following 5 areas and rank their performance with a score between 1 (poor performance) and 5 (excellent performance).

Strategic Direction

In collaboration with Council, the Register has developed a strategic direction consisting of actionable and achievable objectives aligned with the CRTO’s regulatory mandate.

Average Score

Management Objective

The Registrar has demonstrated that they are working towards optimizing the CRTO’s current and future human and material resource capacity and facilitating staff success in their various roles.

Average Score

Summary Report & Goal Setting

Organizational Effectiveness

The Registrar has demonstrated they can maximize the efficiency of the CRTO's core regulatory functions (Registration, Professional Development & Professional Conduct) and the programs that support these and other essential functions (IT & Communication).

Average Score

Final Stewardship

The Registrar provides appropriate oversight of all aspects of the organization's financial affairs (e.g., preparing the CRTO's annual operating budget).

Average Score

Summary Report & Goal Setting

Relationship Management

The Registrar has demonstrated the ability to establish and maintain collaborative relationships with Council and Committee members, as well as external partners and stakeholders.

Average Score

Overall

Overall Average Score & President's Comments

CRTO Registrar Summary Report & Goal Setting

Registrar’s Name

Start Date

Date of Meeting with Registrar

Strategic Objectives & Performance	Overall Average Score	Proposed Compensation Adjustment	President’s Compensation Recommendation (✓)
Below expectations	0 - 5	No adjustment	
Meets expectations	6 - 10	1 step increase	
Exceeds expectations	11 - 15	Step increase + 1% bonus	

Recommended Registrar’s Goals

Council Briefing Note

AGENDA ITEM # 8.7

September 23, 2022

From:	<i>Carole Hamp, RRT, Registrar & CEO</i>
Topic:	<i>Policies Being Rescinded & Archived</i>
Purpose:	<i>For Decision</i>
Strategic Focus:	<i>Core Business Practices</i>
Attachment(s):	<i>Appendix A: Data Requests Appendix B: Development of Standards, Guidelines and Other College Documents Appendix C: Workplace Violence and Harassment Policies and Program</i>
Motion:	<p>It is moved by _____ and seconded by _____ that:</p> <p><i>The CRTC Council approves that the following policies be rescinded & archived:</i></p> <ul style="list-style-type: none">• <i>Appendix A - Data Requests Policy</i>• <i>Appendix B - Development of Standards, Guidelines and Other College Documents Policy</i>• <i>Appendix C - Workplace Violence and Harassment Policies and Program Policy</i>

PUBLIC INTEREST RATIONALE:

The CRTC is committed to adopting a proportionate and responsive regulatory approach with the continued policy review based on the guidance of the CRTC Policy Framework.

ISSUE:

During the policy review process, guided by the Policy Framework, along with the recent By-Law revisions and approval, it has been determined that several policies are repetitive, have been further strengthened in the By-laws, or reference other higher-level documents. For these reasons, it is recommended that the attached policies (Appendix A, B and C) be rescinded and archived to increase clarity and avoid potential discrepancies between guiding documents.

BACKGROUND:

Below is a brief rationale for each policy recommended to be rescinded & archived:

- **Data Requests AD- -206 (Appendix A)**

This policy references the CRTO's collection, use, disclose and retention of information about its members. It also sets out the conditions under which the CRTO will share its member data with third-party organizations/individuals. However, these provisions have been included in the revised Privacy Policy. Public information referenced in the policy is available through the CRTO's online Register of Members under By-law No. 3. Therefore, the information contained in the policy is repetitive and does not provide new direction to the CRTO beyond what is stated in the By-Law and the Privacy Policy.

- **Development of Standards, Guidelines and Other College Documents CP-201 (Appendix B)**

This policy was intended to provide a description of the types of documents generated by the CRTO and to outline a process for the development of these documents. However, this information is now covered under the CRTO's new Policy Framework. Therefore, the information contained in the policy is repetitive and does not provide new direction to the CRTO beyond what is stated in the Policy Framework.

- **Workplace Violence and Harassment Policies and Program CP-207 (Appendix C)**

The information contained within this policy is covered under the Employee Handbook. The policy does not provide new direction to the CRTO beyond what is stated in the handbook.

RECOMMENDATION:

It is recommended that the CRTO Council approve the policies, as outlined above, to be rescinded and archived.

NEXT STEPS:

If the motion is approved, the policies will be archived internally.

Appendix A

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Title: **College Data Requests**

Number: **AD-DATAREQUEST-206**

Date originally approved:

Date(s) revision approved:

POLICY

BACKGROUND

The CRTO operates under the *Regulated Health Professions Act, 1991* (RHPA.) The *Health Professions Procedural Code*, Schedule 2 to the RHPA, sets out the CRTO's regulatory functions (objects). As part of performing its regulatory functions, or where it is permitted or required by law, the CRTO may collect, use, disclose or retain information about its members. The RHPA requires the CRTO to maintain a Register of members. Information identified through legislation or By-law as being "on the Register" is publicly available. However, some of the information held by the CRTO about its members is confidential (e.g., a member's date of birth).

PURPOSE

Occasionally, researchers and/or third party organizations (e.g., professional associations) contact the CRTO with requests for information about its member or groups of members (e.g., defined by a geographic location). **This policy sets out the conditions under which the CRTO will share its member data with third party organizations/individuals.**

POLICY

1. The CRTO may respond to data sharing request by releasing member information if:
 - The request aligns with the CRTO's public interest mandate;
 - The data will not be used for commercial purposes;
 - The information is available and it is feasible for the CRTO to provide the information (e.g., the CRTO has the resources to provide the data);
 - There is no significant risk associated with providing the data.
2. All data requests must be submitted to the CRTO in writing
3. The CRTO will only provide identifiable member information when the release of this information is permitted or required by law (e.g., under s. 36 of the RHPA or a part of police investigation)
4. All data requests must be approved by the Registrar.
5. If the data request is approved, the requester will be required to sign an Agreement, which at a minimum will:
 - Require that the data be used on a one-time only basis (i.e., no secondary use of the information); and
 - Prohibit sharing of the data with any other organization or individual.
6. Notwithstanding a data request being approved, the CRTO may not wish to be affiliated, nor endorse, the use of the information in any projects/organization.

Appendix B

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Title: **Development of Standards, Guidelines and Other College Documents**

Date originally approved:
November 24, 2005

Number: **CP-Development of CRYPTO Documents-201**

Date(s) revision approved:
September 24, 2010

POLICY

The College develops a number of documents which are intended to provide guidance to Members, employers, educators, applicants and others. These “guidelines” have a number of functions including interpretive and educational. In some cases they will be used to determine whether appropriate standards of practice and professional responsibilities have been met and/or maintained by a member.

This policy is intended to provide a description of the types of documents generated by the College and outline a process for the development of these documents.

DESCRIPTION:

Policies

In this context a “policy” is a document that outlines the organization’s approach to implementing an existing statute, regulation or by-law and provides clarification and guidance or establishes rules around its application, for example:

- The Registration Regulation outlines registration requirements. The exemptible “currency requirement” is outlined in sections 54(5)/55(3). The Currency Policy gives guidance to the Registration Committee on how to handle applicants that do not meet the currency requirement (e.g., applicants who have not practiced for 5 years may only perform a controlled act under general supervision).
- Article 32.07 of the CRYPTO By-law lists information members are required to provide (Duty to Report). The Duty to Report Policy clarifies how and what information must be reported (e.g., the information must be in writing and submitted to the CRYPTO as soon as reasonably practicable after receiving notice of the finding of guilt and must contain, the name of the member filing the report, the nature of, and a description of the offence including a copy of any written decision or reasons provided for the determination).

Policies may provide details of an existing regulation/rule or provide structure where a regulation or other legal authority does not exist (e.g., imposition of standard terms, conditions and limitations on a Graduate certificates of registration) or during a period of transition (e.g., applications under Labour Mobility legislation), and are usually accompanied by a procedure for implementation. Policies also assist committees in making consistent decisions (e.g., currency policy; QA deferrals).

Standards of Practice document (includes a *Commitment to Ethical Practice* document)

A standards document outlines the expected level of quality and safety in the provision of RT services (e.g., each Respiratory Therapist must be able to utilize his/ her basic education, experience and professional development activities to demonstrate understanding and analysis of current infection control standards; the Respiratory Therapist, in consultation with the healthcare team, will safely and effectively perform

strategies and interventions by promoting ventilation and respiration by performing cardiopulmonary resuscitation). The College may refer to the Standards of Practice, when necessary, to determine whether appropriate standards of practice and professional responsibility have been met and/or maintained by its Members.

Position Statements

Position Statements outline the College's official viewpoint with respect to a certain issue, often where no specific legal or other guidance exists. The statement is usually fairly short (1 – 2 pages) and should include background and rationale for the position (e.g., Medical Directives and the Ordering of Controlled Acts; RTs as Anesthesia Assistants; Scope of Practice and Maintenance of Competency)

Professional Practice Guidelines

PPGs generally interpret legislation (Responsibilities under Consent Legislation; Interpretation of Authorized Acts), define terms (e.g., "direct order", "delegation", "dispensing"), provide examples/scenarios (Delegation of Controlled Acts, Orders for Medical Care), outline obligations and expectations (Documentation; Dispensing Medication) and list additional resources. PPGs may be used to determine if appropriate professional responsibilities and standards have been met.

Clinical Best Practice Guidelines

CBPGs are evidence-based guidelines which provide a consistent and detailed approach to:

- Best practices (e.g., Infection Prevention and Control); and
- The development of certification programs/process which are required for the performance of prescribed procedures below the dermis (e.g. Peripheral and Femoral Vein Cannulation; Chest Needle and Chest Tube Insertion).

Fact Sheets

Fact sheets distil information found in a variety of other sources such as policies, legislation and regulations into one document using a common template, usually 1 to 2 pages long. Intended for Members of the CRTO, applicants and members of the public (e.g., Examinations; Funding the Therapy and Counselling; Returning to Active Status).

Guides

Information and step by step instructions for a specific process (e.g., Registration application guide for applicants educated outside Canada).

Appendix C

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Title: **Workplace Violence and Harassment Policies and Program**

Date originally approved:
September 24, 2010

Number: **CP-Workplace Violence and Harassment-207**

Date(s) revision approved:
N/A

POLICY

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Tab 1 - Workplace Violence Policy

Statement of Intent

1. In compliance with Part III.0.1 to the *Occupational Health and Safety Act* (OHSA) the College of Respiratory Therapists of Ontario (the “College”) has prepared this Workplace Violence policy (the “Violence Policy”). The Violence Policy applies to all workers and independent contractors at the College. All workers are reminded that they are responsible for maintaining a safe workplace. All workers have the right to work in an environment free from Workplace Violence. Workplace violence will not be tolerated at the College.
2. The College has developed a Program which implements the Violence Policy and the Harassment Policy and incorporates the findings of the Assessments that will regularly occur. The Program will include measures and procedures to protect workers from workplace violence, a means of summoning immediate assistance, a process for workers to report incidents or raise concerns and the steps to make a complaint and investigate allegations of workplace violence or harassment.

Definitions

3. In the Violence Policy,
 - 3.1. “workplace” means any land, premises, location or thing at, upon, in or near which a worker works. This includes, but is not limited to, telephone and electronic communications, College- related functions, and College social functions.
 - 3.2. “workplace violence” means,
 - 3.2.1. the exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker,
 - 3.2.2. an attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker,
 - 3.2.3. a statement or behaviour that is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker.

Scope

4. The Violence Policy and the Program apply to all Council members, committee members, employees, employers, managers, and independent contractors. For ease of reference, these persons will be referred to as “workers” throughout the Violence Policy.
5. The Violence Policy and the Program apply if the worker is subject to workplace violence or is accused of committing workplace violence towards another worker.
6. OHSA only applies to workers. For example, if a member of the public was attacked by a worker, the member of the public could not avail themselves of the Violence Policy. However, once the College became aware of the act of violence, the College could trigger the Violence Policy.

7. The Violence Policy applies to behaviour at or in the workplace.

Roles and Responsibilities

8. The Registrar, or a person assigned as such (or an external advisor if appropriate) shall serve as Advisor under the Violence Policy. Where there is a concern about the conduct of the Registrar, the President, or failing that, the Executive Committee, shall appoint a suitable person to serve as the Advisor for that matter.

9. The Advisor shall fully apprise him or herself of the Violence Policy, and shall receive such training as may be necessary and appropriate for them to properly fulfill the responsibilities under these guidelines.

10. The role of the Advisor is:

- 10.1. to provide information and answer inquiries with respect to the Violence Policy, the Program and the Assessment;
- 10.2. to offer possible options;
- 10.3. to assist in resolving a matter informally if requested;
- 10.4. to advise on the procedures for filing a formal complaint;
- 10.5. to assist the individual in writing a formal complaint, if required;
- 10.6. to provide any other means of support that may be deemed appropriate; and
- 10.7. to complete an incident report for the file.

11. All workers are expected to:

- 11.1. abide by the Violence Policy;
- 11.2. not engage in behaviour that would constitute workplace violence;
- 11.3. raise concerns as soon as possible if subjected to workplace violence;
- 11.4. report and document details of workplace violence that are experienced or witnessed (whether directed towards other workers or a member of the public);
- 11.5. co-operate with interventions and investigations to resolve workplace violence; and
- 11.6. maintain confidentiality related to investigations, except where disclosure is necessary or authorized by law.

Disciplinary Action

12. Where an allegation of workplace violence is substantiated with respect to a worker or appointee, the College shall determine the appropriate response. This can include education, training, counselling, transfer and disciplinary action, up to and including termination. If the Respondent is a Council or non-Council committee member, the College may take action authorized to it up to and including the removal of an elected/appointed member or a making a report to the Public Appointments Secretariat of the Ministry of Health and Long-Term Care about a public appointee.

13. Individuals who file a complaint in bad faith and/or with the intention of causing harm are subject to disciplinary action, including up to termination.

Confidentiality

14. The College will ensure that the identity of Complainants, Respondents and witnesses and the information provided in the complaints and investigation process are handled with appropriate care and discretion and kept confidential, to the extent possible, except where disclosure is necessary for the purposes of administering the Violence Policy, the *Respiratory Therapy Act, 1991*, S.O. 1991, c.39, the *Regulated Health Professions Act, 1991*, S.O. 1991, Chapter 18, or as required by law.
15. All individuals involved in an investigation, including the Complainant (unless a member of the public), Respondent and witnesses, are required to keep all information strictly confidential in accordance with section 36 of the *Regulated Health Professions Act, 1991*.

Retaliation and Reprisals

16. There shall be no retaliatory measures or penalties taken against any individual who, in good faith, initiates an inquiry or a complaint of workplace violence and/or who participates or cooperates with an investigation or other procedure pursuant to the Violence Policy.

Disclosure of Persons with Violent History¹

17. The College must provide information, including personal information, to a worker about a person with a history² of violent³ behaviour if:
- 17.1. The worker could be expected to encounter that person in the course of his/her work; and
- 17.2. There is a risk of workplace violence likely to expose the worker to physical injury.

Posting

18. The Violence Policy (or copies thereof) posted in a conspicuous location(s) so that all workers are able to easily review the Violence Policy.

Training

19. All workers will receive training from the College in order to ensure that the Violence Policy is discharged properly.

Contacting the Police

20. Nothing in the Violence Policy prevents or discourages a worker from filing a complaint with the police. A worker also retains the right to exercise any other legal avenues that may be available.

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¹ Please ensure that all privacy policies are reviewed to reflect this statutory requirement.

² In light of the word “history” there must be at least one previous incident of violent behaviour in order for this obligation to be triggered.

³ “Violent” does not necessarily mean that criminal charges or convictions resulted from the behaviour