

CERTO

Council Meeting Materials

May 26, 2023



**College of Respiratory
Therapists of Ontario**

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

AGENDA ITEM 1.0

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

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

Council Meeting Motion

AGENDA ITEM # 3.0

Motion Title:	Approval of Council Meeting Agenda
Date of Meeting:	May 26, 2023

It is moved by _____ and seconded by _____ that:

The Council approve the agenda for the May 26, 2023, meeting.

CRTO Council Meeting Agenda

May 26, 2023

AGENDA ITEM # 3.0

9 a.m. to 12 p.m.

Location (in-person attendance):

[Doubletree by Hilton Hotel](#)

108 Chestnut St., Toronto, Ontario M5G1R3

Denver Room

Virtual Attendance Information:

If you plan to attend virtually, please notify Carole Hamp, Registrar and CEO at hamp@crto.on.ca

Time	Item	Agenda	Page No.	Speaker / Presenter	Action	Strategic Focus
0900	1.0	Introduction & Land Acknowledgement	2	Carole Hamp		
	2.0	Conflict of Interest Declarations	--	Carole Hamp		
	3.0	Approval of Council Agenda	3-6	Kim Morris	Decision	Governance & Accountability
	4.0	Minutes from March 3, 2023 & April 24, 2023	7-22	Kim Morris	Decision	Governance & Accountability
	5.0	Strategic Issues				
	5.1	Financial Audit 2022-2023 (Lan Jun Wang from Hilborn to join the meeting)	23-62	Lindsay Martinek	Decision	Governance & Accountability
	5.2	Appointment of Auditor for 2023-2024	63-72	Lindsay Martinek	Decision	Governance & Accountability
	5.3	Annual Report 2022 - 2023	73	Carole Hamp	Decision	Governance & Accountability
	5.4	2022 College Performance Measurement Framework Summary Report	74-78	Carole Hamp	Information	Governance & Accountability
	5.5	2021 – 2025 Strategic Direction Update Report	79	Carole Hamp	Information	Governance & Accountability
	5.6	Council 3 rd Party Evaluation & Action Plan	80-93	Carole Hamp	Discussion	Governance & Accountability
	5.7	DRAFT CRTO Council & Committee Competency Profile	94-95	Carole Hamp	Discussion	Governance & Accountability
	5.8	Council Self-Evaluation	96-98	Carole Hamp	Discussion	Governance & Accountability
	5.9	Draft Risk Register	99-104	Ania Walsh	Information	Governance & Accountability

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6.0 Operational & Administrative Issues					
6.1	Registrar's Report	105-110	Carole Hamp	Information	Core Business Practices
6.2	Financial Statements	111-116	Carole Hamp	Decision	Core Business Practices
6.3	Investment Portfolio	117-119	Carole Hamp	Decision	Core Business Practices
6.4	Membership Statistics	120-121	Denise Steele	Information	Core Business Practices
6.5	Final Approval Respiratory Therapists Providing Virtual Care	122-131	Kelly Arndt	Decision	Enhancing Professionalism
7.0 Committee Reports (for information)					
7.1	Executive Committee Report	132	Lindsay Martinek		Governance & Accountability
7.2	Registration Committee Report	133	Derek Clark		Governance & Accountability
7.3	Quality Assurance Committee Report	134	Jillian Wilson		Governance & Accountability
7.4	Patient Relations Committee Report	135-136	Kim Morris		Governance & Accountability
7.5	Inquiries, Complaints and Reports Committee Report	137-138	Kim Morris		Governance & Accountability
7.6	Discipline Committee Report	139	Lindsay Martinek		Governance & Accountability
7.7	Fitness to Practise Committee Report	140	Lindsay Martinek		Governance & Accountability
7.8	Finance & Audit Committee Report	141	Jeff Dionne		Governance & Accountability
8.0 Committee Items Arising					
8.1 Registration Committee					
8.1.1	Revised Registration Regulation Update	142-143	Derek Clark	Information	Core Business Practices
8.2 Patient Relations Committee					
8.2.1	PRC Terms of Reference & Action Plan	144-150	Shaf Rahman	Decision	Governance & Accountability
8.2.2	PRC DEI Steering Committee Report	151	Kim Morris	Information	Governance & Accountability
8.2.3	Draft Abuse Awareness & Prevention PPG for consultation	198	Kelly Arndt	Decision	Enhancing Professionalism
8.3 Finance & Audit Committee					
8.3.1	Membership Fee Assessment Tool	199-200	Carole Hamp	Discussion	Core Business Practices
9.0 Legislative and General Policy Issues					
10.0 Other Business					

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11.0	Next Meeting – September 22, 2023
12.0	Adjournment

Open Forum

Council Self-Evaluation Survey

Council Meeting Motion

AGENDA ITEM # 4.0

Motion Title:	Minutes from March 3, 2023 & April 24, 2023
Date of Meeting:	May 26, 2023

It is moved by _____ and seconded by _____ that:

The Council approve the minutes from the March 3, 2023 & April 24, 2023, meetings.

Draft Minutes from March 3, 2023

Agenda Item #:	4.0
Item:	Draft Minutes from March 3, 2023

Meeting Minutes March 3, 2023

CRTO Council Meeting Minutes

Scheduled on March 3, 2023, from 9:00 am to 1:00 pm

Location: Virtual meeting via Zoom Videoconference

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

1.0: INTRODUCTIONS & LAND ACKNOWLEDGEMENT

The meeting was called to order at 9:02 am. Lindsay Martinek welcomed Council, staff, and guests to the meeting.

2.0: CONFLICT OF INTEREST DECLARATION

No conflict of interest was declared.

Draft Minutes from March 3, 2023

3.0: APPROVAL OF COUNCIL AGENDA

Council reviewed meeting agenda for March 3, 2023.

MOTION # 3.0 MOVED BY, Jeffrey Schiller, and SECONDED BY, Kim Morris, that Council approves the Council Agenda for March 3, 2023.

MOTION # 3.0 CARRIED.

4.0 MINUTES FROM DECEMBER 2, 2022

Council reviewed the meeting minutes from December 2, 2022.

MOTION # 4.0 MOVED BY, Christa Krause, RRT, and SECONDED BY, Kelly Munoz, RRT, that Council approves the Council Minutes from December 2, 2022.

MOTION # 4.0 CARRIED.

5.0: STRATEGIC ISSUES

Nanci Harris was given the opportunity to provide an overview of her services in relation to Third-Party Assessment of Council, as required by the College Performance Measurement Framework (CPMF).

5.1 2021 – 2025 STRATEGIC DIRECTION UPDATE REPORT

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

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

- Reviewed & revised CRTO registration to add an Emergency Class of Registration.
- Developed & posted the CRTO Risk Management Framework on the website.
- Infection, Prevention & Control Clinical Best Practice Guideline approved by Council for consultation.
- CEC provided the DEI summary report to Council, and it has been posted on the website.
- Thirty policies updated/approved.

5.2 DRAFT 2022 COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK

Carole Hamp presented the 2022 College Performance Measurement Framework (CPMF) draft

Draft Minutes from March 3, 2023

summary. The 2022 CPMF report is due to be submitted to the Ministry of Health (MOH) by the end of March 2023. There was a discussion regarding the sharing of CRTO's governance training modules with other organizations for learning purposes.

5.3 FINAL APPROVAL OF REVISED CRTO BY-LAWS

Carole Hamp presented the Revised CRTO By-Laws. The following three (3) By-Laws have been revised and will be posted on the website after Council approval:

- General CRTO Administration
- Council and Committees
- Membership

MOTION # 5.3 MOVED BY, Jody Saarvala, RRT, and SECONDED BY, Christa Krause, RRT, that Council approves the By-Laws amendments, which include in their entirety: By-Law 1: General CRTO Administration, By-Law 2: Council and Committees, By-Law 3: Membership.

MOTION # 5.3 CARRIED.

5.4 REVISED FEE SCHEDULE

Carole Hamp presented the Revised Fee Schedule. The By-Law was revised to include a \$25 penalty fee for late PDP obligations. This late penalty fee reflects some of the administrative burden for CRTO staff to process the late submissions. Once the fee schedule is approved, staff will begin the implementation plan for the following year.

There was a discussion surrounding the effectiveness of the dollar amount as a deterrent, and a suggestion for an escalation of penalty for members who repeatedly fail to submit the PDP obligations on time.

MOTION # 5.4 MOVED BY, Jeff Dionne, RRT, and SECONDED BY, Shawn Jacobson, RRT, that Council approves the Revised Schedule of Fees.

MOTION # 5.4 CARRIED.

5.5 DRAFT BUDGET 2023/24

Carole Hamp presented the Draft 2023/24 Budget, which has been approved by the Executive Committee on February 14, 2023. The following line items are highlighted:

- Staff salaries increased to accommodate the addition of one more full-time employee.
- Investigation services increased to accommodate the rising costs of these services.
- Consulting – Governance increased to accommodate CPMF-related projects i.e. DEI & Council/Committees training modules.

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- Software increased to accommodate rising costs of necessary software costs.
- Printing decreased to align with decrease in costs due to renewal letters being sent electronically.
- Government Relations decreased since CRTO ended services with the government relations firm Grosso McCarthy, this budget line will be reallocated to Governance items.

MOTION # 5.5 MOVED BY, Jeff Schiller, and SECONDED BY, Kim Morris, that Council approves the Draft 2023/24 Budget.

MOTION # 5.5 CARRIED.

6.0: OPERATIONAL & ADMINISTRATIVE ISSUES

6.1 REGISTRAR REPORT

Carole Hamp reported on general CRTO activities and initiatives.

Internal

- **Policy Framework & Professional Practice Guidelines (PPGs) & Clinical Best Practice Guidelines (CBPGs)** – 36 policies have been revised and approved, 36 policies have been archived and some turned into Fact Sheets.
- **Canadian Equality Consulting (CEC)** – DEI Sub-committee in conjunction with the Patient Relations Committee that will collaborate on the design and implementation of the CRTO's DEI strategic plan.
- **Language Proficiency Standards** – the work has been completed and the revised Language Proficiency Requirements Policy was approved by Council (via an electronic vote) on December 13, 2022. Both the English & French versions were posted on the website in advance of the MOH's January 1st deadline.
- **By-Laws Review** – the By-Laws update was presented at today's meeting.
- **Draft 2023/24 Budget** – the Draft 2023/24 Budget was presented at today's meeting.
- **Membership Fee Assessment Tool** – the FAC has drafted a tool that will provide a formal process for an annual review of the CRTO's membership fees. This will be presented at today's meeting.
- **Investment Planning Services** – the FAC has also completed the Investment Management search and the results will be presented at today's meeting.
- **Evaluation of CRTO Council** – Nanci Harris has been retained to evaluate the effectiveness of Council meetings and Council, as per CPMF requirements.
- **Staffing news** – congratulations to Ania Walsh for completing Master of Arts in Leadership at the University of Guelph's Lang School of Business & Economics. Stephanie Tjandra has recently been promoted to Finance & Office Manager.

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External

- **Ontario Ministry of Health** – the Government announced that they would introduce a legislative change that if approved would permit certain regulated health professionals registered in other provinces & territories to practice without further registering with the corresponding health regulatory college for “up to 12 months”.
- **College Performance Measurement Framework (CPMF)** – the CRTO is working towards completing & submitting the report by March 31.
- **Health Profession Regulators of Ontario (HPRO)** – the HPRO board meets every other week to discuss timely topics such as DEI & public appointments. HPRO Board held its Strategic Planning session at the College of Chiropractors on February 9.
- **National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB)** – CRTO sent four RT representatives to attend the NARTRB NCF working group meeting in Montreal on January 23 & 24. The CRTO hosted the 2nd NCF Steering Committee meeting in Toronto on February 7th to review the results of this working group. The next meeting will be in Halifax in early June, with the intended deadline for the completion of the revised framework on June 23, 2023.
- **Office of Fairness Commissioner (OFC)** – CRTO staff preparing for its annual Fair Registration Practices Report, due on December 14th.

6.2 FINANCIAL STATEMENTS

Council reviewed the Financial Statements for March 1, 2022 – January 31, 2023.

The following items on the financial statements were highlighted:

- Under-budget on Professional Services, primarily due to lower-than-expected costs on Legal – General expenses and the end of Government Relation firm services.
- Over-budget in General & Governance due to the ongoing need for external expertise to meet some of the requirements outlined in the CPMF.

The following item on the Balance Sheet summary report was highlighted:

- There are approximately 2 months of operating expenses in unrestricted reserves. Will likely need to draw down from the restricted reserves for COVID-19 Fund in the upcoming fiscal year.

MOTION # 6.2 MOVED BY, Derek Clark, and SECONDED BY, Kelly Munoz, RRT, that Council approves the quarterly Financial Statements for March 1, 2022 – January 31, 2023.

MOTION # 6.2 CARRIED.

6.3 INVESTMENT PORTFOLIO

Council reviewed the Investment Portfolio. The CRTO is striving for improvements to have a more comprehensive investment strategy and a more streamlined reporting tool. The FAC has completed

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the search for an investment management advisor that will help with the development of this investment strategy.

MOTION # 6.3 MOVED BY, Derek Clark, and SECONDED BY, Jody Saarvala, RRT, that Council approves the Investment Portfolio Summary (as of January 31, 2023).

MOTION # 6.3 CARRIED.

6.4 MEMBERSHIP STATISTICS

Denise Steele, Professional Programs Coordinator, presented the membership statistics. The total membership reported was 3,948. The CRTO received 213 applications for registration from March 2022 – January 2023. Out of the total number of applications received, 175 are graduates of an Ontario RT program, 16 are graduates from other provinces, and 21 are graduates from outside of Canada.

6.5 FINAL APPROVAL OF INFECTION, PREVENTION & CONTROL CBPG

Kelly Arndt, Quality Practice Manager, presented the revised Infection, Prevention & Control Clinical Best Practice Guideline (CBPG). This living document will provide direction for RTs to access information regarding public health guidelines, infection control, and new and emerging pathogens. It went out for consultation, and as a result a few minor grammatical changes were made. There were a few suggestions made that required the document to be further revised. The motion is revised to reflect this.

MOTION # 6.5 MOVED BY, Katherine Lalonde, RRT, and SECONDED BY, Jeff Schiller, that Council approves the final draft of the revised Infection, Prevention & Control CBPG following the suggested revision.

MOTION # 6.5 CARRIED.

6.6 DRAFT RESPIRATORY THERAPISTS PROVIDING TELEPRACTICE SERVICES PPG FOR CONSULTATION

Kelly Arndt, Quality Practice Manager, presented the draft Respiratory Therapists Providing Telepractice Services PPG. This document has not been updated since 2017. This PPG provides information regarding the applicable legislation and expectations for RTs who provide virtual care. If approved, this document will be circulated for public consultation and come back to Council in the May meeting. There was a suggestion to change the title to “Virtual Care” to reflect current language.

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MOTION # 6.6 MOVED BY, Shawn Jacobson, RRT, and SECONDED BY, Jillian Wilson, RRT, that Council approves the draft revised Respiratory Therapists Providing Telepractice Services PPG for consultation with the revision as outlined.

MOTION # 6.6 CARRIED.

7.0: COMMITTEE REPORTS

7.1 EXECUTIVE COMMITTEE REPORT

Lindsay Martinek, RRT, Executive Committee Chair, presented the Committee Report to Council. The Executive Committee has met once since the December 3 Council meeting. On February 14, 2022, the Executive Committee reviewed the following items:

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

7.2 REGISTRATION COMMITTEE REPORT

Derek Clark, Registration Committee Chair, presented the Committee Report to Council. Since the last report, the Registration Committee (RC) has held a virtual committee orientation on February 1, 2023. In addition, RC Panels met to consider referrals from the Registrar on the following dates:

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

7.3 QUALITY ASSURANCE COMMITTEE REPORT

Jillian Wilson, Quality Assurance Committee Vice-Chair presented on behalf of Laura Dahmann, RRT, Quality Assurance Committee Chair, the Committee Report to Council. Since the last Council meeting, there has been one meeting on February 10, 2023, and four panel virtual meetings. The report included a summary of activities for QAC Orientation, QAC Terms of Reference and Action Plan 2023, Professional Development Policy and Procedure Update, and QAC Panel.

7.4 PATIENT RELATIONS COMMITTEE REPORT

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

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have been no meetings of the Patient Relations Committee since the last Council meeting. The Committee continues to work on the DEI Plan.

7.5 INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT

Kim Morris, Inquiries, Complaints and Reports Committee Chair, presented the Committee Report to Council. Since the last Council meeting, the ICRC held 3 meetings via Zoom. Two of the meetings were to review an investigation and render a decision on the matter. One of the investigations related to an employer report and one was regarding a complaint. The remaining ICRC meeting was for the purpose of ICRC orientation. Since the last Council meeting, the CRTO received 8 new matters. The new matters comprised of 7 employer reports and 1 complaint.

7.6 DISCIPLINE COMMITTEE REPORT

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

7.7 FITNESS TO PRACTISE COMMITTEE REPORT

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

7.8 FINANCE & AUDIT COMMITTEE REPORT

Jeff Dionne, RRT, Vice-Chair of Finance & Audit Committee presented on behalf of Michelle Causton, Finance & Audit Committee Chair, the Committee Report to Council. Since the last Council meeting, the FAC or a sub-committee of the FAC met a combined 6 times. The FAC Sub-committee meetings were held to continue the recruitment process for an investment advisor for the CRTO. The rest of the FAC meetings were held to continue the development of the Membership Fee Assessment Tool and to approve several policies.

8.0: COMMITTEE ITEMS ARISING

8.1 REGISTRATION COMMITTEE

8.1.1 REVISED REGISTRATION REGULATION

Ania Walsh, Regulatory Affairs Manager, presented the Revised Registration Regulation. The CRTO is

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proposing several amendments to the Registration Regulation to address the new Emergency Class Registration requirement and to provide clarification to existing provisions and help harmonize the registration requirements for RTs across Canada. The amendments have been drafted in consideration of the CRTO's public interest mandate and in consultation with CRTO's legal counsel. The next step will be a special Council meeting on April 24, 2023, to review the consultation results and consider the final version for submission to the Ministry of Health.

8.1.2 REGISTRATION COMMITTEE TERMS OF REFERENCE

Derek Clark presented the Registration Committee Terms of Reference & Action Plan. The following changes were highlighted:

- Added relevant references to Ontario Regulation 596/94, Part VIII (Registration), VII Prescribed Procedures and V11.1 Prescribed Substances.
- Updated references to Committee members' positions based on the current By-Law.
- Added "up to one Public Member Appointee" in anticipation of the By-Law change.
- Records Retention section removed.
- The 2023 Action Plan has been updated based on the anticipated changes to the Registration Regulation.

If approved by Council, the revised Terms of Reference & Action plan will be used as a guidance document for the Registration Committee for 2023.

MOTION # 8.1.2 MOVED BY, Kim Morris, and SECONDED BY, Katherine Lalonde, RRT, that Council approves the Registration Committee Terms of Reference & Action Plan.

MOTION # 8.1.2 CARRIED.

8.1.3 APPROVAL OF CANADIAN RT PROGRAMS

Derek Clark presented an overview of Respiratory Therapy Programs for 2023 based on the programs' accreditation status with Accreditation Canada. The list of approved programs posted on the CRTO website will be updated accordingly. Staff will continue to monitor the programs' accreditation status. The next scheduled review by the Registration Committee is set for the first Committee meeting in 2024.

MOTION # 8.1.3 MOVED BY, Christa Krause, RRT, and SECONDED BY, Angela Miller, RRT, that Council approves the Respiratory Therapy Programs for 2023 based on the programs' accreditation status with Accreditation Canada.

MOTION # 8.1.3 CARRIED.

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8.2 FINANCE & AUDIT COMMITTEE

8.2.1 MEMBERSHIP FEE ASSESSMENT TOOL

Shaf Rahman, Deputy Registrar, presented the Membership Fee Assessment Tool. The FAC has worked on providing more structure around the topic of membership fee assessment. The Committee has developed a diagram that will guide the discussion around fee increase considerations as well as the timeline. The FAC will also develop a procedural document as they go through the review to assist future committee members in establishing a consistent approach to membership fee assessment. Once the budget is approved, staff will begin to pull the datasets required. There was a suggestion to clarify the communication to membership regarding the breakdown of the membership fee for better transparency.

8.2.2 INVESTMENT MANAGEMENT SERVICES

Shaf Rahman provided an update to Council regarding the Investment Management Services update. The FAC Subcommittee has completed the search for an Investment Advisor. The CRO developed an RFP and 4 financial institutions submitted their responses: RBC, TD, CIBC, York Street Financial (via Canada Life). After a thorough review, it was decided that RBC and CIBC were the only parties who appropriately responded to the RFP and interviews were conducted. It was found that ultimately RBC has the highest final score based on the categories outlined. After notifying Council of the FAC's recommendation to the Registrar, the Registrar will begin the process of hiring and moving over current investments to RBC Wealth Management.

9.0: LEGISLATIVE AND GENERAL POLICY ISSUES

9.1 REVISED SIGNING OFFICERS AND AUTHORIZED PERSONNEL-BANKING AND INVESTMENTS POLICY

Shaf Rahman presented the Revised Signing Officers and Authorized Personnel-Banking and Investments Policy. The following changes were highlighted:

- The format of the policy was updated to reflect the new CRO policy framework format.
- An additional note was added to prevent situations that might be perceived as a conflict of interest by banning the ability of an internal or external signing officer from signing a cheque or approving a payment made to themselves. This precautionary step was always taken by the CRO but now is captured in the policy.
- Deputy Registrar was added as an internal signing officer.
- The signature requirement section of the policy is now in accordance with By-Law 1-11.02, the amount requiring an internal and external signing officer has increased from \$10,000 to \$15,000.

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MOTION # 9.1 MOVED BY, Derek Clark, and SECONDED BY, Katherine Lalonde, RRT, that Council approves the revised Signing Officers and Authorized Personnel-Banking & Investments Policy.

MOTION # 9.1 CARRIED.

9.2 REVISED PROFESSIONAL DEVELOPMENT PROGRAM POLICY

Kelly Arndt presented the Revised Professional Development Program Policy. This document was last revised in 2022 and has been updated to reflect the new \$25 penalty fee for late PDP/QA obligations. If approved by Council, the policy will be published on the website.

MOTION # 9.2 MOVED BY, Jody Saarvala, RRT, and SECONDED BY, Angela Miller, RRT, that Council approves the Revised Professional Development Program (PDP) Policy.

MOTION # 9.2 CARRIED.

9.3 ARCHIVED ELECTION POLICY

Carole Hamp presented the rationale for rescinding and archiving the Election Process – Council Members and Non-Council Committee Members Policy. If approved by Council, the Election Process – Council Members and Non-Council Committee Members Policy will be archived internally. The Elections Process Procedure will be updated to reflect the election process outlined under By-Law #2 Council and Committees.

10.0: OTHER BUSINESS

10.1 EXPENSE CLAIM UPDATE PRESENTATION

Shaf Rahman presented the updated expense claim.

11.0: NEXT MEETING

Next Council Meeting:

April 24, 2023 – 9 am to 11 am, Virtual via Zoom Videoconference
May 26, 2023 – In-person at the DoubleTree by Hilton Toronto

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12.0: ADJOURNMENT

Adjournment

The March 3, 2023, Council meeting adjourned at 12:16 p.m.

DRAFT

Draft Minutes from April 24, 2023

Agenda Item #:	4.0
Item:	Draft Minutes from April 24, 2023

Meeting Minutes April 24, 2023

CRTO Council Meeting Minutes

Scheduled on April 24, 2023, from 9:00 am to 11:00 am

Location: Virtual meeting via Zoom Videoconference

PRESENT: Lindsay Martinek, RRT, President
Derek Clark, Public Member
Jeff Dionne, RRT
Christa Krause, RRT

Katherine Lalonde, RRT
Jeffrey Schiller, Public Member
Jody Saarvala, RRT
Andriy Kolos, Public Member

STAFF: Carole Hamp, RRT, Registrar & CEO
Kelly Arndt, RRT, Quality Practice Manager
Ania Walsh, Regulatory Affairs Manager
Denise Steele, Professional Programs
Coordinator

Stephanie Tjandra, Finance & Office Manager
Abeeha Syed, Professional Conduct Associate
Peter Laframboise, Professional Conduct Manager

GUESTS: Jason Maurier, Ministry of Health

REGRETS: Kim Morris, Vice-President
Allison Peddle, Public Member
Shawn Jacobson, RRT
Kelly Munoz, RRT
Angela Miller, RRT
Jillian Wilson, RRT

1.0: INTRODUCTIONS & LAND ACKNOWLEDGEMENT

The meeting was called to order at 9:05 am. Lindsay Martinek welcomed Council, Staff, and Guest to the meeting and read the land acknowledgement.

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2.0: CONFLICT OF INTEREST DECLARATION

No conflict of interest was declared.

3.0: APPROVAL OF COUNCIL AGENDA

Council reviewed the meeting agenda for April 24, 2023.

MOTION # 3.0 MOVED BY, Jeffrey Schiller, and SECONDED BY, Christa Krause, RTT, that Council approves the agenda for the April 24, 2023 Special Council meeting.

MOTION # 3.0 CARRIED.

4.0 LEGISLATIVE AND GENERAL POLICY ISSUES

4.1 REVISED REGISTRATION REGULATION – APPROVAL FOR SUBMISSION TO MOH

Carole Hamp presented the Revised Registration Regulation. Several consultation survey comments were highlighted to Council. Discussion ensued around the following topics:

- Wording/language used around “mentally and physically competent to practise..”. It was confirmed that the document had gone through legal advice.
- The abbreviated title for emergency class registrants; if there might be a clearer one to avoid confusion with other class of registration. CRTO will check with other health regulatory colleges to see if it is possible to obtain some consistency across the board.
- Retired class title, adding this may cause more confusion and no benefit to protect the public’s interests.

MOTION # 4.1 MOVED BY, Derek Clark, and SECONDED BY, Jeff Schiller, that Council approves that the Draft Amendments to Ontario Regulation 596/94, Part VII Prescribed Procedures, Part VII.1 Prescribed Substances, and Part VIII Registration, be submitted to the Ministry.

MOTION # 4.1 CARRIED.

4.2 FUNDING FOR SUPPORTIVE MEASURES POLICIES – TO RESCIND AND ARCHIVE

Carole Hamp presented the rationale for rescinding and archiving the Funding for Supportive Measures Policies. These policies will be replaced by the Funding for Therapy and Counselling – Fact Sheet.

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MOTION # 4.2 MOVED BY, Jody Saarvala, RRT, and SECONDED BY, Katherine Lalonde, RRT, that Council approves that the Funding for Support Measures (Non-Patient/Client) Policy be rescinded, archived & replaced by the Funding for Therapy and Counselling – Fact Sheet.

MOTION # 4.2 CARRIED.

5.0: OTHER BUSINESS

- No items for this meeting.

6.0: NEXT MEETING

Next Council Meeting:

Date: May 26, 2023

Location: DoubleTree by Hilton Downtown Toronto

7.0: ADJOURNMENT

Adjournment

The April 24, 2023, Council meeting adjourned at 9:47 a.m.

Council Meeting Briefing Note

AGENDA ITEM # 5.1

May 26, 2023

From:	Carole Hamp, RRT – Registrar & CEO
Topic:	2022 – 2023 Audit Findings
Purpose:	For Decision
Strategic Focus:	Core Business Practice
Attachment(s):	Appendix A – Audit Findings Communication Appendix B – DRAFT Audited Financial Statement Appendix C –DRAFT Audited Financial Summary Appendix D – Balance Sheet After Audit Appendix E – Income Statement After Audit
Motion:	It is moved by _____ and seconded by _____ that: The Council approves the 2022 – 2023 Audit Findings as presented by the Auditor.

PUBLIC INTEREST RATIONALE:

An annual financial audit conducted by an independent auditor is essential to ensure the highest possible degree of transparency and accountability.

ISSUE:

The CRTO retained the audit firm Hilborn LLP to conduct the 2022 – 2023 financial audit.

BACKGROUND:

Hilborn has served as the CRTO’s independent auditor since 2017.

RECOMMENDATION:

That Council approves the 2022 – 2023 Audit Findings as presented.

College of Respiratory Therapists of Ontario

Audit Findings Communication for the year ended February 28, 2023

A message from Lanjun Wang

I am pleased to provide you with the findings of our audit of the financial statements of College of Respiratory Therapists of Ontario (the “College”) for the year ended February 28, 2023.

Our audit findings communication is designed to highlight and explain key issues, which we believe to be relevant to the audit and to continue effective two-way communication with you regarding our audit. This will assist the Finance and Audit Committee and the Council in fulfilling your responsibility of overseeing the financial reporting process of the College.

This communication has been prepared to comply with the requirements outlined in Canadian Auditing Standard 260, *Communication with those Charged with Governance*. The information in this document is intended solely for the use of the Finance and Audit Committee, the Council and management of the College and should not be distributed to others without our consent.

We look forward to discussing our audit findings with you in detail as well as any other matters that you may wish to address.

Hilborn LLP

Lanjun Wang, CA, CPA, MBA
Partner
Hilborn LLP
May 4, 2023

**“Our
commitment
to quality is
reflected in
every aspect
of our work.
If you have
any questions
or comments,
please contact
me.”**



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Appendix A – Management Representation Letter	

Your client service team

Lanjun Wang, Engagement Partner
lwang@hilbornca.com

Joy Lee, Manager
jlee@hilbornca.com

“At Hilborn, we are committed to audit quality and strong client service. Audit quality is integral to our business and is an overarching consideration in our training, our processes, and our systems and controls.”

Executive Summary



Audit status

We have completed our audit of the financial statements of the College for the year ended February 28, 2023, with the exception of the following procedures:

- Complete subsequent events procedures
- Receipt of the signed management representation letter
- Council approval of the financial statements

These procedures require completion before we may issue our auditor's report. If we become aware of significant matters after completing these procedures, we will bring them to your attention.



Auditor's report and representations from management

We expect to issue an unmodified opinion. The expected form and content of our report is included in the draft financial statements being provided.

A copy of the management representation letter is included in Appendix A. We ask management to sign and return this letter to us before we issue our auditor's report.



Independence

We are independent and have been so throughout the audit process. We have complied with all relevant ethical requirements regarding independence.



Significant difficulties encountered

There were no significant difficulties encountered while performing the audit.



Changes from the audit plan

Our audit approach was consistent with the approach communicated to you in our audit plan dated January 19, 2023.

Final materiality is consistent with preliminary materiality set at \$76,000.

Significant Qualitative Aspects of the College’s Accounting Practices

Canadian Auditing Standards require that we communicate with you about significant qualitative aspects of the entity’s accounting practices, including accounting policies, accounting estimates and financial statement disclosures.

Accounting policies, accounting estimates and financial statement disclosures	Hilborn’s response and views
<p>The significant accounting policies are disclosed in Note 1 to the financial statements. Management is responsible for the appropriate selection and application of accounting policies under Canadian accounting standards for not-for-profit organizations.</p>	<ul style="list-style-type: none"> - We reviewed all accounting policies adopted by the College, and based on audit work performed, the accounting policies are appropriate for the College and applied consistently.
<p>Management is responsible for the accounting estimates included in the financial statements. Estimates and the related judgments and assumptions are based on management’s knowledge of the operations and past experience about current and future events.</p>	<ul style="list-style-type: none"> - We considered whether there was any management bias in preparing the estimates. We believe management’s process for making accounting estimates is adequate.
<p>Financial statement disclosure and presentation</p>	<ul style="list-style-type: none"> - We did not identify any financial statement disclosure and presentation matters that are particularly significant, sensitive or require significant judgments, that we believe should be specifically drawn to your attention.

Other Significant Matters

In accordance with Canadian Auditing Standards, there are a number of required communications between the auditor and those charged with governance related to the oversight of the financial reporting process. Those communications will primarily be written in the form of our audit plan and audit findings communication. We may also communicate orally through discussions. The table below summarizes the communications required at the conclusion of the audit.

Significant Matter	Discussion
Summary of uncorrected misstatements	We did not identify any misstatements that remain unadjusted in the financial statements.
Corrected misstatements	During the course of the audit, management and Hilborn LLP worked collaboratively to identify adjustments required to the financial statements. All adjustments proposed by Hilborn were approved and recorded by management.
Significant deficiencies in internal control	We did not identify any significant deficiencies in internal control.
Fraud and non-compliance with laws and regulations	<p>No fraud or non-compliance with laws and regulations came to our attention during the course of the audit.</p> <p>We would like to reconfirm with the Finance and Audit Committee that you are not aware of any fraud or non-compliance with laws and regulations not previously discussed with us.</p>

Significant Matter	Discussion
Significant difficulties encountered	No difficulties were encountered while performing the audit and there are no unresolved disagreements. We received full cooperation from management during our audit.
Related party transactions	We did not identify any related parties or related party transactions.
Subsequent events	There are no subsequent events, which would impact the financial statements, have come to our attention.
Regulatory Health Colleges – College Performance Measurement Framework	<p>We obtained the formal reserves policy dated September 23, 2022 from management.</p> <p>We obtained the minutes from the Council meeting dated September 23, 2022 during which the Council discussed and approved the reserves policy.</p> <p>We compared the College’s actual reserves at February 28, 2023 to the reserves policy and noted that the College is in compliance with the policy.</p> <p>Prior to submission, we ask that management provide us with the final version of the CPMF so that we may read the section that relates to the auditor’s validation of the College’s reserves policy.</p>

APPENDIX A

College of Respiratory Therapists of Ontario

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

Hilborn LLP
Chartered Professional Accountants
401 Bay Street, Suite 3100
P.O. Box 49
Toronto, Ontario
M5H 2Y4

Dear Sirs/Madams:

This representation letter is provided in connection with your audit of the financial statements of College of Respiratory Therapists of Ontario (the "College") for the year ended February 28, 2023, for the purpose of expressing a conclusion as to whether the financial statements are presented fairly, in all material respects, in accordance with Canadian accounting standards for not-for-profit organizations.

We acknowledge that we are responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations and for the design, implementation and maintenance of internal controls to prevent and detect fraud and error. We understand that your audit was planned and conducted in accordance with Canadian generally accepted auditing standards so as to enable you to express an opinion on the financial statements. We understand that while your work includes an examination of the accounting system, internal control and related data to the extent you considered necessary in the circumstances, it is not designed to identify, nor can it necessarily be expected to detect fraud, shortages, errors or other irregularities, should any exist.

Certain representations in this letter are described as being limited to matters that are material. An item is considered material, regardless of its monetary value, if it is probable that its omission from or misstatement in the financial statements would influence the decision of a reasonable person relying on the financial statements.

We confirm, to the best of our knowledge and belief, having made such inquiries as we consider necessary for the purpose of informing ourselves as of TBD, the following representations made to you during your audit:

Financial Statements

1. We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated January 19, 2023.
2. The financial statements referred to above comprise the balance sheet as at February 28, 2023, and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies. These financial statements present fairly, in all material respects, the financial position of the College as at February 28, 2023, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

3. We acknowledge our responsibility for the design, implementation, and maintenance of internal controls to enable us to prepare financial statements that are free from material misstatement, whether due to fraud or error. We are not aware of any significant deficiencies in internal control of the College.
4. We have reviewed and approved the adjusting journal entries and trial balance.
5. The financial statements have been produced by you, and we have designated someone in management with the suitable skill, knowledge and financial expertise to accept responsibility for the preparation of the financial statements. We hereby approve the financial statements for issuance.

Going Concern

6. The financial statements have been prepared on a going concern basis, which we believe to be appropriate and consistent with our assessment of the College.

Completeness of Information

7. We have made available to you all financial records and related data and all minutes of the meetings of the Council and committees through TBD.
8. All transactions have been recorded in the accounting records and are reflected in the financial statements.
9. We are unaware of any known or probable instances of non-compliance with the requirements of regulatory or governmental authorities, including their financial reporting requirements.
10. We are unaware of any violations or possible violations of laws or regulations, including illegal and possibly illegal acts, the effects of which should be considered for disclosure in the financial statements or as the basis of recording a contingent loss.
11. We are aware of the environmental laws and regulations that impact the College and we are in compliance. There are no known environmental liabilities that have not been accrued for or disclosed in the financial statements.
12. We have disclosed to you the identity of all known related parties and all related party relationships and transactions, including guarantees, non-monetary transactions and transactions for no consideration. We have appropriately accounted for and disclosed such relationships and transactions in the financial statements in accordance with Canadian accounting standards for not-for-profit organizations.
13. We have disclosed all material non-monetary transactions or transactions for no consideration undertaken by the College.

Fraud and Error

14. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.

15. We have no knowledge of fraud or suspected fraud affecting the College involving management; employees who have significant roles in internal control; or others, where the fraud could have a material effect on the financial statements.
16. We have no knowledge of any allegations of fraud or suspected fraud affecting the College's financial statements as communicated by employees, former employees, analysts, regulators or others.
17. There are no uncorrected financial statement misstatements or uncorrected presentation and disclosure departures

Recognition, Measurement and Disclosure

18. We believe that the significant assumptions used by us in making accounting estimates, including those relating to fair value measurements included and disclosed in the financial statements, are reasonable and appropriate in the circumstances.
19. We have no plans or intentions that may materially affect the carrying value or classification of assets and liabilities reflected in the financial statements.
20. The nature of all material measurement uncertainties has been appropriately disclosed in the financial statements, including all estimates where it is reasonably possible that the estimate will change in the near term and the effect of the change could be material to the financial statements.
21. We have informed you of all outstanding and possible claims, whether or not they have been discussed with legal counsel.
22. All liabilities and contingencies, including those associated with guarantees, whether written or oral, have been disclosed to you and are appropriately reflected in the financial statements.
23. The College has satisfactory title to all assets, and there are no liens or encumbrances on the College's assets, nor has any asset been pledged except as disclosed in the financial statements.
24. We have disclosed to you, and the College has complied with, all aspects of contractual agreements that could have a material effect on the financial statements in the event of non-compliance, including all covenants, conditions or other requirements of all outstanding debt.

25. There have been no events subsequent to the date of the financial statements through to the date of this letter that would require recognition or disclosure in the financial statements. Further, there have been no events subsequent to the date of the comparative financial statements that would require adjustment of those financial statements and the related notes.

Yours very truly,

College of Respiratory Therapists of Ontario

Ms. Carole Hamp, Registrar & CEO

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

FINANCIAL STATEMENTS

FEBRUARY 28, 2023

Independent Auditor's Report

To the Council of College of Respiratory Therapists of Ontario

Opinion

We have audited the financial statements of College of Respiratory Therapists of Ontario (the "College"), which comprise the balance sheet as at February 28, 2023, and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at February 28, 2023, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the College in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the ability of the College to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the College or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the financial reporting process of the College.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

Independent Auditor's Report (continued)

Auditor's Responsibilities for the Audit of the Financial Statements (continued)

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal control of the College.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the ability of the College to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the College to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide those charged with governance with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

Toronto, Ontario
Date to be determined

Chartered Professional Accountants
Licensed Public Accountants

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Balance Sheet

February 28	2023 \$	2022 \$
ASSETS		
Current assets		
Cash	2,004,732	1,987,584
Investments held for operating (note 3)	271,527	243,493
Prepaid expenses	53,734	70,966
	2,329,993	2,302,043
Non-current assets		
Investments held for reserves (note 3)	1,280,000	1,280,000
Capital assets (note 4)	69,344	99,491
	1,349,344	1,379,491
	3,679,337	3,681,534
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities	82,448	88,797
Deferred revenue - registration fees (note 1)	2,158,400	2,127,500
Obligation under a capital lease - current portion (note 7)	8,292	7,959
	2,249,140	2,224,256
Non-current liability		
Obligation under a capital lease - non-current portion (note 7)	17,597	28,900
	2,266,737	2,253,156
NET ASSETS		
Internally restricted		
Abuse therapy fund	80,000	80,000
General contingency reserve fund	500,000	500,000
General investigations and hearings fund	150,000	150,000
Special projects reserve	300,000	300,000
Fees stabilization reserve	250,000	250,000
Unrestricted		
Operating fund	132,600	148,378
	1,412,600	1,428,378
	3,679,337	3,681,534

The accompanying notes are an integral part of these financial statements

Approved on behalf of the Council:

President

Member

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Statement of Operations

Year ended February 28	2023 \$	2022 \$
Revenues		
Registration and renewal fees	2,416,788	2,383,657
Application fees	16,500	6,750
Investment income (note 6)	47,584	12,548
	2,480,872	2,402,955
Expenses		
Salaries and benefits	1,363,599	1,286,064
Office operations		
Rent	209,880	209,565
All other - operations	238,221	145,055
Quality assurance portfolio and standards assessment	61,725	63,168
Depreciation (note 4)	47,067	57,135
Professional fees	329,833	276,319
Bank, credit card charges and interest (note 7)	82,389	80,237
Staff travel	11,098	2,090
Stationery and office supplies	9,825	14,262
Equipment maintenance and rental	1,831	1,753
Telephone	17,591	13,133
Postage and delivery	1,622	5,826
Minor equipment and software purchases	29,673	18,139
Printing	2,507	2,984
Insurance	6,547	5,787
	1,049,809	895,453
Council and committee		
Travel, accommodation and meals	7,380	1,247
Per diem	46,361	47,872
Other meeting expenses	9,399	4,113
Education and training	6,000	17,881
	69,140	71,113
Special Projects		
Scope of practice	14,102	84,614
Total operating expenses	2,496,650	2,337,244
Excess (deficiency) of revenues over expenses for the year	(15,778)	65,711

The accompanying notes are an integral part of these financial statements

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Statement of Changes in Net Assets

Year ended February 28

	Abuse Therapy Fund	General Contingency Reserve Fund	General Investigations and Hearings Fund	Special Projects Reserve	Fees Stabilization Reserve	Operating Fund	2023 Total
Balance - at beginning of year	\$ 80,000	\$ 500,000	\$ 150,000	\$ 300,000	\$ 250,000	\$ 148,378	\$ 1,428,378
Deficiency of revenue over expenses for the year		-	-	-	-	(15,778)	(15,778)
	80,000	500,000	150,000	300,000	250,000	132,600	1,412,600
Inter-fund transfers representing Special projects expenses during the year	-	-	-	(14,102)	-	14,102	-
Allocation from Operating fund	-	-	-	14,102	-	(14,102)	-
Balance - at end of year	\$ 80,000	\$ 500,000	\$ 150,000	\$ 300,000	\$ 250,000	\$ 132,600	\$ 1,412,600

	Abuse Therapy Fund	General Contingency Reserve Fund	General Investigations and Hearings Fund	Special Projects Reserve	Fees Stabilization Reserve	Operating Fund	2022 Total
Balance - at beginning of year	\$ 80,000	\$ 500,000	\$ 150,000	\$ 208,334	\$ -	\$ 424,333	\$ 1,362,667
Excess of revenues over expenses for the year	-	-	-	-	-	65,711	65,711
	80,000	500,000	150,000	208,334	-	490,044	1,428,378
Inter-fund transfers representing Special projects expenses during the year	-	-	-	(84,614)	-	84,614	-
Allocation from Operating fund	-	-	-	176,280	250,000	(426,280)	-
Balance - at end of year	\$ 80,000	\$ 500,000	\$ 150,000	\$ 300,000	\$ 250,000	\$ 148,378	\$ 1,428,378

The accompanying notes are an integral part of these financial statements

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Statement of Cash Flows

Year ended February 28	2023 \$	2022 \$
Cash flows from operating activities		
Cash received from registration and application fees	2,464,188	2,697,507
Interest received	35,561	15,522
Cash paid to employees and suppliers	(2,437,628)	(2,308,234)
Interest paid on capital lease obligation	(1,073)	(1,396)
	<u>61,048</u>	<u>403,399</u>
Cash flows from financing activities		
Repayment of capital lease obligation	(10,967)	(10,647)
	<u>(10,967)</u>	<u>(10,647)</u>
Cash flows from investing activities		
Redemption/disposal of investments	927,059	645,613
Purchase of investments	(943,070)	(904,466)
Purchase of capital assets	(16,922)	(8,182)
	<u>(32,933)</u>	<u>(267,035)</u>
Change in cash during the year	17,148	125,717
Cash - at beginning of year	<u>1,987,584</u>	<u>1,861,867</u>
Cash - at end of year	<u>2,004,732</u>	<u>1,987,584</u>

The accompanying notes are an integral part of these financial statements

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Notes to Financial Statements

February 28, 2023

The College of Respiratory Therapists of Ontario/Ordre des Therapeutes Respiratoires de l'Ontario (the "College"), through its administration of the Regulated Health Professions Act and the Respiratory Therapy Act, is dedicated to ensuring that respiratory care services provided to the public by its Members are delivered in a safe and ethical manner.

The College is the governing body established by the provincial government to regulate the practice of respiratory therapy in Ontario under the Regulated Health Professions Act and was enacted by statute under the Respiratory Therapy Act (1991). The College is a not-for-profit corporate body without share capital and, as such, is generally exempt from income taxes.

1. **Summary of significant accounting policies**

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations and include the following significant accounting policies:

(a) **Basis of Presentation**

Operations

The operating fund reflects the day-to-day activities of the College which are financed generally by registration, renewal and application fees. All interest income earned is allocated to the operating fund.

The Council of the College has internally restricted net assets to be used for specific purposes. These funds are not available for unrestricted purposes without approval of the Council. The details of internally restricted net assets are as follows:

- (a) In accordance with the Regulated Health Professions Act, the College has set up the Abuse Therapy Fund to provide therapy and counseling for persons who, while patients, were sexually abused by a member(s). This fund will be expended on persons who satisfy the College's eligibility criteria.
- (b) The General Contingency Reserve Fund is designated to provide for extraordinary expenses that exceed or fall outside of the College's operating budget and to fund the College's obligations in extreme circumstances, as determined and approved by Council.
- (c) The General Investigations and Hearings Fund is designated to provide for unanticipated legal and committee costs resulting from complaints, investigations, fitness to practice and discipline processes.
- (d) The Special Projects Reserve is for the specific purpose of meeting unanticipated expenses of the College for special projects, such as standards of practice, quality assurance, communications initiatives, capital assets, relocation expenses, etc.
- (e) The Fees Stabilization Reserve is for the specific purpose of minimizing or delaying the impact of year-over-year changes in revenues and expenses on membership renewal fees.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Notes to Financial Statements (continued)

February 28, 2023

1. Significant accounting policies (continued)

(b) Revenue recognition

The College's principal source of revenue is registration and renewal fees which are recognized as revenue in the year to which the fees relate. Registration fees received in the current year, applicable to a subsequent year are recorded as deferred revenue on the balance sheet and will be recognized in income in the year to which they pertain.

Investment income consists of interest and realized and unrealized gains and losses from investment transactions. Interest income is recorded when earned. Realized gains and losses are recognized as income when the transactions occur. Unrealized gains and losses which reflect the changes in fair value during the period are recognized at each reporting date and are included in current period income.

All other sources of revenue are recognized when services have been performed or goods have been delivered.

(c) Financial instruments

(i) Measurement of financial assets and liabilities

The College initially measures its financial assets and financial liabilities at fair value adjusted by, in the case of a financial instrument that will not be measured subsequently at fair value, the amount of transaction costs directly attributable to the instrument.

The College subsequently measures all of its financial assets and financial liabilities at amortized cost, except for investments in marketable securities, which are measured at fair value. Changes in fair value are recognized in the Statement of Operations.

Financial assets and financial liabilities measured at amortized cost include cash, accounts payable and accrued liabilities and obligation under a capital lease.

(ii) Impairment

Financial assets measured at amortized cost are tested for impairment when there are indicators of possible impairment. When a significant adverse change has occurred during the period in the expected timing or amount of future cash flows from the financial asset, a write-down is recognized in net income.

The write down reflects the difference between the carrying amount and the higher of:

- the present value of the cash flows expected to be generated by holding the financial asset discounting using a current market rate of interest appropriate to the financial asset; and
- the amount that could be realized by selling the financial at the balance sheet date.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Notes to Financial Statements (continued)

February 28, 2023

1. Significant accounting policies (continued)

(c) Financial instruments (continued)

(ii) Impairment (continued)

When the events occurring after the impairment confirm that a reversal is necessary, the reversal is recognized in net income up to the amount of the previously recognized impairment. The amount of the reversal is recognized in income in the period that the reversal occurs.

(d) Investments

Investments are recorded at fair value. Unrealized holding gains and losses are included in investment income. The quoted market price of investments is used to estimate the fair value. For investments in guaranteed investment certificates, fair value is estimated at the cost of investments adjusted with the interest earned but not received.

(e) Capital assets

Capital assets are recorded at cost. Depreciation is provided on a straight-line basis over the estimated useful lives of the assets at the following annual rates:

Office furniture and equipment	20%
Computer equipment and software	33 1/3%
Software - mobile app	33 1/3%
Database	20%
Equipment under capital lease	20%
Leasehold improvements	over the term of the lease

The above rates are reviewed annually to assess ongoing appropriateness. Any changes are adjusted on a prospective basis. If there is an indication that the assets may be impaired, an impairment test is performed that compares carrying amount to net recoverable amount. There were no impairment indicators in 2023 or 2022.

(f) Equipment under capital lease

The College leases equipment on terms which transfer substantially all of the benefits and risks of the ownership to the College. The lease is accounted for as a capital lease as though an asset has been purchased and a liability incurred.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Notes to Financial Statements (continued)

February 28, 2023

1. Significant accounting policies (continued)

(g) Use of estimates

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make judgments, estimates and assumptions that affect the application of accounting policies and the reported amounts of assets and liabilities, disclosure of contingent liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the year. These estimates are based on information available as of the date of issuance of the financial statements. Actual results may differ materially from those estimates.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognized in the year in which the estimates are revised and in any future years affected.

2. Financial instruments and risk exposure

The College is exposed to various risks through its financial instruments. The following analysis provides information to assist users of the financial statements in assessing the extent of risk related to the College's financial instruments.

Credit risk

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. The College is exposed to credit risk with respect to cash and investments.

The credit risk with respect to cash is minimized by maintaining cash accounts in reputable financial institutions with high quality credit ratings. The credit risk with respect to the investments is disclosed in note 3.

Liquidity risk

Liquidity risk is the risk that the College cannot repay its obligations when they become due to its creditors. The College is exposed to this risk mainly in respect of its accounts payable and accrued liabilities, obligation under capital lease and lease commitments. The College expects to meet these obligations as they come due by generating sufficient cash flow from operations.

Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk and other price risk. The College is not exposed to significant currency risk.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Notes to Financial Statements (continued)

February 28, 2023

2. Financial instrument risk management (continued)

i) Interest rate risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The value of fixed income instruments will generally rise if interest rates falls and decrease if interest rates rise. The College is exposed to interest rate risk with respect to its investment holdings in Guaranteed Investment Certificates ("GIC"). Details of investment holdings are disclosed in note 3.

ii) Other price risk

Other price risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices (other than those arising from interest rate risk or currency risk), whether those changes are caused by factors specific to the individual financial instrument or its issuer, or factors affecting all similar financial instruments traded in the market.

The College is exposed to other price risk with respect to its investments in mutual funds. Details of investment holdings are disclosed in note 3.

Changes in risk

There have been no changes in the College's risk profile from the prior year.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Notes to Financial Statements (continued)

February 28, 2023

3. Investments

Details of investments are as follows:

	2023 \$	2022 \$
<i>Guaranteed Investment Certificates</i>		
Fairstone Bank of Canada - Guaranteed Investment Certificate at 4.37%, due July 4, 2024	101,429	
Concentra Bank - Guaranteed Investment Certificate at 4.10%, due June 13, 2024	101,458	
Community Trust Company - Guaranteed Investment Certificate at 2.95%, due May 4, 2023	102,425	
Equitable Bank - Guaranteed Investment Certificate at 1.25%, due December 11, 2023	100,924	100,508
Canadian Western Bank - Guaranteed Investment Certificate at 1.25%, due December 9, 2023	100,926	100,509
Canadian Imperial Bank of Commerce - Guaranteed Investment Certificate at 3.00%, due April 28, 2023	256,888	
Canadian Imperial Bank of Commerce - Guaranteed Investment Certificate at 1.65%, due April 28, 2023	253,458	
Canadian Imperial Bank of Commerce - Guaranteed Investment Certificate at 0.45%, due April 26, 2022		500,236
Haventree Bank - Guaranteed Investment Certificate at 0.97%, due October 31, 2022		47,619
Home Trust - Guaranteed Investment Certificate at 0.90%, due October 31, 2022		36,819
Industrial and Commercial Bank of China - Guaranteed Investment Certificate at 0.85%, due October 31, 2022		46,241
Home Trust - Guaranteed Investment Certificate at 1.18%, due June 30, 2022		63,649
Vancity Savings Credit Union - Guaranteed Investment Certificate at 0.80%, due June 8, 2022		51,296
Effort Trust Company - Guaranteed Investment Certificate at 0.80%, due May 3, 2022		100,660
	1,017,508	1,047,537
<i>Mutual funds</i>		
Renaissance High Interest Savings Account	429,438	373,360
CIBC High Interest Savings Account	104,581	102,596
	534,019	475,956
	1,551,527	1,523,493

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Notes to Financial Statements (continued)

February 28, 2023

3. Investments (continued)

	2023 \$	2022 \$
Investments held for operating	271,527	243,493
Investments held for reserves	1,280,000	1,280,000
	<u>1,551,527</u>	<u>1,523,493</u>

Investment risk management

Risk management relates to the understanding and active management of risks associated with all areas of the College's activities and operations. Investments are primarily exposed to credit risk, interest rate and other price risks. The College has formal policies and procedures for investment transactions and the majority of investments are made on the advice of the portfolio manager. Credit risk, interest rate and other price risks are disclosed in note 2.

4. Capital assets

Details of capital assets are as follows:

	2023		
	Cost \$	Accumulated Amortization \$	Net Book Value \$
Office furniture and equipment	78,319	70,352	7,967
Office equipment under capital lease	60,850	30,425	30,425
Computer equipment and software	54,018	41,256	12,762
Database	459,128	440,938	18,190
Software - mobile app	84,433	84,433	-
Leasehold improvements	153,876	153,876	-
	<u>890,624</u>	<u>821,280</u>	<u>69,344</u>
	2022		
	Cost \$	Accumulated Amortization \$	Net Book Value \$
Office furniture and equipment	70,808	68,938	1,870
Office equipment under capital lease	60,850	18,255	42,595
Computer equipment and software	44,607	35,304	9,303
Database	459,128	413,405	45,723
Software - mobile app	84,433	84,433	-
Leasehold improvements	153,876	153,876	-
	<u>873,702</u>	<u>774,211</u>	<u>99,491</u>

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Notes to Financial Statements (continued)

February 28, 2023

4. Capital assets (continued)

Total depreciation of \$47,067 (\$57,134 - 2022) was included in the Statement of Operations. Depreciation of the office equipment under capital lease was \$12,170 (\$12,170 - 2022).

5. Credit facility

The College has a credit facility with the Canadian Imperial Bank of Commerce in the amount of \$25,000 for corporate Visa cards. This credit facility is secured by a security agreement granting a first security interest in all present and after acquired personal property of the College.

6. Investment income

Investment income is comprised of the following:

	2023 \$	2022 \$
Interest income	38,896	11,593
Distributions from mutual funds	8,688	955
	<u>47,584</u>	<u>12,548</u>

7. Obligation under capital lease

The College has signed an agreement for a capital lease of equipment expiring August 2025. The future minimum lease payments, payable at \$3,010.85 per quarter, are as follows:

	2023 \$	2022 \$
Opening balance	39,142	51,185
Less: payments made during the year	<u>(12,043)</u>	<u>(12,043)</u>
	27,099	39,142
Less: amount representing future interest rate at 3%	<u>(1,210)</u>	<u>(2,283)</u>
Balance of obligation	25,889	36,859
Current portion	<u>8,292</u>	<u>7,959</u>
Long term portion	<u>17,597</u>	<u>28,900</u>

During the year, interest paid on the capital lease obligation was \$1,073 (\$1,396 - 2022).

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Notes to Financial Statements (continued)

February 28, 2023

8. Lease commitment

The College is committed to annual minimum payments under an operating lease for office premises expiring December 31, 2024. The minimum lease payments over the remaining lease term is as follows:

	<u>\$</u>
2024	<u>114,664</u>
2025	<u>100,556</u>
	<u><u>215,220</u></u>

In addition, the College is responsible for its share of annual operating costs and realty taxes on the premises, which in 2023 amounted to approximately \$82,000 (\$85,000 - 2022).

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COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

SUMMARY FINANCIAL STATEMENTS

FEBRUARY 28, 2023

Report of the Independent Auditor on the Summary Financial Statements

To the Council of College of Respiratory Therapists of Ontario

Opinion

The summary financial statements, which comprise the summary balance sheet as at February 28, 2023, and the summary statement of operations for the year then ended are derived from the audited financial statements of College of Respiratory Therapists of Ontario (the "College") for the year ended February 28, 2023.

In our opinion, the accompanying summary financial statements are a fair summary of the audited financial statements, in accordance with Canadian accounting standards for not-for-profit organizations, except that information in respect of changes in net assets and cash flows has not been presented and notes to the summary financial statements have not been prepared as further described in the Summary Financial Statements.

Summary Financial Statements

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summary financial statements and the auditor's report thereon, therefore, is not a substitute for reading the audited financial statements of the College and the auditor's report thereon.

The Audited Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial statements in our report dated [Date of auditor's report for the general purpose financial statements].

Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of the summary financial statements in accordance with Canadian accounting standards for not-for-profit organizations, except that information in respect of changes in net assets and cash flows has not been presented and notes to the summary financial statements have not been prepared.

Auditor's Responsibility

Our responsibility is to express an opinion on whether the summary financial statements are a fair summary of the audited financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, *Engagements to Report on Summary Financial Statements*.

Toronto, Ontario
Date to be determined

Chartered Professional Accountants
Licensed Public Accountants

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Summary Balance Sheet

February 28	2023 \$	2022 \$
ASSETS		
Current assets		
Cash	2,004,732	1,987,584
Investments held for operating	271,527	243,493
Prepaid expenses	53,734	70,966
	2,329,993	2,302,043
Non-current assets		
Investments held for reserves	1,280,000	1,280,000
Capital assets	69,344	99,491
	1,349,344	1,379,491
	3,679,337	3,681,534
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities	82,448	88,797
Deferred revenue - registration fees	2,158,400	2,127,500
Obligation under a capital lease - current portion	8,292	7,959
	2,249,140	2,224,256
Non-current liability		
Obligation under a capital lease - non-current portion	17,597	28,900
	2,266,737	2,253,156
NET ASSETS		
Internally restricted		
Abuse therapy fund	80,000	80,000
General contingency reserve fund	500,000	500,000
General investigations and hearings fund	150,000	150,000
Special projects reserve	300,000	300,000
Fees stabilization reserve	250,000	250,000
Unrestricted		
Operating fund	132,600	148,378
	1,412,600	1,428,378
	3,679,337	3,681,534

Copies of the 2022/2023 complete audited financial statements are available on our website at www.crto.on.ca or on request from the Registrar at 416-591-7800.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Summary Statement of Operations

Year ended February 28	2023 \$	2022 \$
Revenues		
Registration, renewal and application fees	2,433,288	2,390,407
Investment income	47,584	12,548
	2,480,872	2,402,955
Expenses		
Salaries and benefits	1,363,599	1,286,064
Occupancy costs	209,880	209,565
Quality assurance	61,725	75,622
Professional fees	329,833	276,319
Printing, postage, stationery and delivery	13,954	23,072
Council and committee	69,140	71,113
Special projects	14,102	84,614
All other operating expenses	434,417	310,875
	2,496,650	2,337,244
Excess (deficiency) of revenues over expenses	(15,778)	65,711

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College of Respiratory Therapists of Ontario
Balance Sheet Comparison
As of February 28, 2023

	Total		
	As of Feb. 28, 2023	As of Feb. 28, 2022 (PP)	As of Feb. 28, 2022 (PY)
Assets			
Current Assets			
Cash and Cash Equivalent			
1050 Petty Cash	300.00	300.00	300.00
1100 Bank-CIBC	2,004,431.86	1,986,535.82	1,986,535.82
Total Cash and Cash Equivalent	\$ 2,004,731.86	\$ 1,986,835.82	\$ 1,986,835.82
1116 CIBC GIC	510,346.15	500,235.33	500,235.33
1118 Investment - Wood Gundy	1,041,180.73	1,023,257.74	1,023,257.74
1119 Investment - Wood Gundy Cash	0.00	748.12	748.12
1190 Prepays	53,733.62	70,966.12	70,966.12
Total Current Assets	\$ 3,609,992.36	\$ 3,582,043.13	\$ 3,582,043.13
Non-current Assets			
Property, plant and equipment			
1310 Furniture & Equipment	78,318.92	70,807.85	70,807.85
1320 Computer	54,018.29	44,606.73	44,606.73
1330 Database	459,127.64	459,127.64	459,127.64
1332 Mobile App	84,433.40	84,433.40	84,433.40
1340 Accum. Dep'n-Furniture&Equipment	-70,351.89	-68,937.86	-68,937.86
1350 Accum. Dep'n - Computers	-41,255.53	-35,304.42	-35,304.42
1360 Accum. Dep'n - Database	-440,937.74	-413,405.39	-413,405.39
1361 Accum. Dep'n-Mobile App	-84,433.40	-84,433.40	-84,433.40
1370 Lease improvements	153,875.93	153,875.93	153,875.93
1380 Accum. Dep'n - Leasehold Improv	-153,875.93	-153,875.93	-153,875.93
1500 Equipment under captial lease	60,850.00	60,850.00	60,850.00

1520 Accumulated depre'n-capital lea	-30,425.00	-18,255.00	-18,255.00
2700 Obilgation under captial lease	-25,888.83	-36,858.78	-36,858.78
Total Property, plant and equipment	\$ 43,455.86	\$ 62,630.77	\$ 62,630.77
Total Non Current Assets	\$ 43,455.86	\$ 62,630.77	\$ 62,630.77
Total Assets	\$ 3,653,448.22	\$ 3,644,673.90	\$ 3,644,673.90

Liabilities and Equity

Liabilities

Current Liabilities

Accounts Payable (A/P)

2200 Accounts Payable	15,611.40	9,221.35	9,221.35
Total Accounts Payable (A/P)	\$ 15,611.40	\$ 9,221.35	\$ 9,221.35

2210 Accrued Liability	66,835.87	79,573.75	79,573.75
2300 Deferred Revenue - Renewal Fees	2,158,400.00	2,127,500.00	2,127,500.00

Total Current Liabilities	\$ 2,240,847.27	\$ 2,216,295.10	\$ 2,216,295.10
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Total Liabilities	\$ 2,240,847.27	\$ 2,216,295.10	\$ 2,216,295.10
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Equity

3110 Gen. Contingency Reserve Fund	500,000.00	500,000.00	500,000.00
3150 Reserve for Funding of Therapy	80,000.00	80,000.00	80,000.00
3651 Reserve for COVID-19 Fund	250,000.00	250,000.00	250,000.00
3652 Reserve, Investigations&Hearing	150,000.00	150,000.00	150,000.00
3653 Special Projects Reserve Fund	300,000.00	300,000.00	300,000.00
Retained Earnings	148,378.80	82,669.06	82,669.06
Profit for the year	-15,777.85	65,709.74	65,709.74

Total Equity	\$ 1,412,600.95	\$ 1,428,378.80	\$ 1,428,378.80
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Total Liabilities and Equity	\$ 3,653,448.22	\$ 3,644,673.90	\$ 3,644,673.90
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College of Respiratory Therapists of Ontario

Income Statement after Audit: Budget vs. Actuals

March 2022 - February 2023

	TOTAL			
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
Income				
4100 Registration Application Fees	16,500.00	15,000.00	1,500.00	110.00 %
4200 Registration & Renewal Fees	2,392,787.60	2,492,325.00	-99,537.40	96.01 %
4210 Competency Assessment-Stage1&2	3,500.00	4,000.00	-500.00	87.50 %
4211 Competency Assessment (CSA)	12,750.00	8,500.00	4,250.00	150.00 %
4300 Penalty Fees	7,750.00	6,000.00	1,750.00	129.17 %
4400 Misc. Revenue		250.00	-250.00	
4600 Investment Income	47,583.53	13,927.54	33,655.99	341.65 %
Total Income	\$2,480,871.13	\$2,540,002.54	\$ -59,131.41	97.67 %
GROSS PROFIT	\$2,480,871.13	\$2,540,002.54	\$ -59,131.41	97.67 %
Expenses				
5000 Admin./Operational Expenses				
5010 Staff Salaries	1,156,851.61	1,119,325.48	37,526.13	103.35 %
5020 Staff Benefits	106,535.87	91,338.40	15,197.47	116.64 %
5030 CPP&EI-Employer Contribution	60,788.61	48,969.14	11,819.47	124.14 %
5031 Staff RSP	37,129.06	31,920.88	5,208.18	116.32 %
5035 Employer Health Tax (EHT)	2,293.75	2,326.85	-33.10	98.58 %
5040 Staff Training & Development	4,001.33	8,000.00	-3,998.67	50.02 %
5041 Staff Personal Education	8,212.69	8,800.00	-587.31	93.33 %
5045 Staff-Travel & Expense-Misc.	11,097.91	5,000.00	6,097.91	221.96 %
5050 Equipment (Non-Capitalized)	2,055.27	1,500.00	555.27	137.02 %
5060 Rent & Occupancy	209,880.10	222,490.00	-12,609.90	94.33 %
5070 Equipment Leases & Maintenance	1,830.88	13,876.00	-12,045.12	13.19 %
5090 Insurance	6,546.96	5,788.33	758.63	113.11 %
5110 Accounting & Audit	14,068.50	12,035.00	2,033.50	116.90 %
5120 Legal - General	28,756.20	45,000.00	-16,243.80	63.90 %
5121 Legal - Investigation&Hearing	12,528.31	20,000.00	-7,471.69	62.64 %
5130 Expenses-Investigations&Hearing	11,100.23	25,000.00	-13,899.77	44.40 %
5131 Investigation Services	102,313.10	120,000.00	-17,686.90	85.26 %
5140 Consulting - General	55,900.21	15,000.00	40,900.21	372.67 %
5141 Consulting - Core Functions	24,936.41	48,000.00	-23,063.59	51.95 %
5142 Consulting - Governance	80,229.96	15,000.00	65,229.96	534.87 %
5210 Telephone/Fax/Internet	17,590.76	13,432.82	4,157.94	130.95 %
5220 Computer Software	61,364.36	25,000.00	36,364.36	245.46 %
5221 Computer Hardware	4,933.72	5,000.00	-66.28	98.67 %
5223 Website Hosting	2,278.93	4,154.00	-1,875.07	54.86 %
5224 Website Development	20,404.70	20,000.00	404.70	102.02 %
5230 Postage/Courier - General	1,621.61	8,000.00	-6,378.39	20.27 %
5240 Printing - General	2,507.13	10,000.00	-7,492.87	25.07 %
5250 Translation - General	16,914.14	30,000.00	-13,085.86	56.38 %
5310 Office Supplies	1,789.41	5,000.00	-3,210.59	35.79 %
5320 Office Maintenance/Upkeep	8,035.20	8,000.00	35.20	100.44 %
5321 Office Meeting Expenses	4,357.66	5,000.00	-642.34	87.15 %
5330 Bank Account Charges	1,824.45	1,514.07	310.38	120.50 %
5331 Paypal Charges	1,229.39	1,183.07	46.32	103.92 %
5340 Credit Card Merchant Fees	78,261.46	62,533.86	15,727.60	125.15 %

College of Respiratory Therapists of Ontario

Income Statement after Audit: Budget vs. Actuals

March 2022 - February 2023

	TOTAL			
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
5350 Conference Registration Fees	5,140.50	5,000.00	140.50	102.81 %
5380 Membership/Subscriptions	24,594.48	23,766.67	827.81	103.48 %
5385 Accreditation Services	11,824.72	12,000.00	-175.28	98.54 %
5395 Depreciation	47,067.49		47,067.49	
5500 QA Portfolio Reviewers	22,175.00	20,000.00	2,175.00	110.88 %
5516 QA PORTfolio Annual Fee	39,550.00	39,550.00	0.00	100.00 %
5521 Competency Assessment-Phase1&2	800.00	4,000.00	-3,200.00	20.00 %
5522 Competency Assessment-CSA	11,937.74	17,000.00	-5,062.26	70.22 %
5523 Comp. Assessment-Train/Dev't		3,000.00	-3,000.00	
5545 Outreach Activities-Travel/Exp.	4,993.85	2,000.00	2,993.85	249.69 %
5546 Communications - General	40.68	3,000.00	-2,959.32	1.36 %
5547 Communications - Social Media	855.40	1,500.00	-644.60	57.03 %
5555 Government Relations	14,102.40	85,000.00	-70,897.60	16.59 %
5600 Chair Event (Dinner)	826.83	800.00	26.83	103.35 %
5610 Education Day Expenses	2,825.00	5,600.00	-2,775.00	50.45 %
5620 Data Base Development	2,237.40	50,000.00	-47,762.60	4.47 %
5621 Data Base Maintenance	600.31		600.31	
5622 Cybersecurity	8,773.46	15,250.00	-6,476.54	57.53 %
5623 Database Annual Software Fee	40,038.16	23,000.00	17,038.16	174.08 %
5624 Database Hosting		9,500.00	-9,500.00	
5635 Data Management	35,891.93	45,000.00	-9,108.07	79.76 %
Total 5000 Admin./Operational Expenses	2,434,445.23	2,423,154.57	11,290.66	100.47 %
6000 Council		15,200.00	-15,200.00	
6010 Council - Meeting Per Diems	8,720.90		8,720.90	
6020 Council - Prep Time Per Diems	6,150.00		6,150.00	
6040 Council - Meals	322.66		322.66	
6050 Council - Accommodation	3,418.54		3,418.54	
6060 Council - Travel Expense	1,777.17		1,777.17	
6090 Council - Meeting Room Expense	4,214.52		4,214.52	
6097 Council-Education/Training Cost	2,550.00		2,550.00	
Total 6000 Council	27,153.79	15,200.00	11,953.79	178.64 %
6100 Executive		4,200.00	-4,200.00	
6110 Executive - Meeting Per Diems	950.00		950.00	
6120 Executive - Prep Time Per Diems	1,200.00		1,200.00	
Total 6100 Executive	2,150.00	4,200.00	-2,050.00	51.19 %
6200 Registration		26,700.00	-26,700.00	
6210 Registration-Meeting Per Diems	2,025.00		2,025.00	
6220 Registration-PrepTimePerDiems	2,650.00		2,650.00	
Total 6200 Registration	4,675.00	26,700.00	-22,025.00	17.51 %
6300 Pat.Rel.		7,100.00	-7,100.00	
6310 Pat.Rel.-Meeting Per Diems	950.00		950.00	
6320 Pat.Rel.-Prep Time Per Diems	800.00		800.00	
6330 Pat.Rel.-Travel Time Per Diems	90.00		90.00	
6340 Pat.Rel.-Meals	191.20		191.20	
6350 Pat.Rel.-Accommodation	577.88		577.88	
6360 Pat.Rel.-Travel Expenses	1,042.43		1,042.43	

College of Respiratory Therapists of Ontario

Income Statement after Audit: Budget vs. Actuals

March 2022 - February 2023

	TOTAL			
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
Total 6300 Pat.Rel.	3,651.51	7,100.00	-3,448.49	51.43 %
6400 QA		8,400.00	-8,400.00	
6410 QA - Meeting Per Diems	1,775.00		1,775.00	
6420 QA - Prep Time Per Diems	1,650.00		1,650.00	
Total 6400 QA	3,425.00	8,400.00	-4,975.00	40.77 %
6500 ICRC		45,000.00	-45,000.00	
6510 ICRC-Mtg Per Diems	5,950.00		5,950.00	
6520 ICRC-Prep Time	5,900.00		5,900.00	
6597 ICRC-Educ/Training	2,550.00		2,550.00	
Total 6500 ICRC	14,400.00	45,000.00	-30,600.00	32.00 %
6600 Discipline		2,850.00	-2,850.00	
6697 Discipline-Education/Training	900.00		900.00	
Total 6600 Discipline	900.00	2,850.00	-1,950.00	31.58 %
6700 Fitness		1,700.00	-1,700.00	
7000 Finance and Audit Meeting		5,700.00	-5,700.00	
7010 Finance & Audit Mtg-Per Diem	2,950.00		2,950.00	
7020 Finance & Audit Mtg-Prep Time	1,775.00		1,775.00	
7040 Finance & Audit Mtg-Meal	50.00		50.00	
Total 7000 Finance and Audit Meeting	4,775.00	5,700.00	-925.00	83.77 %
7800 Interest on capital lease	1,073.45		1,073.45	
Total Expenses	\$2,496,648.98	\$2,540,004.57	\$ -43,355.59	98.29 %
NET OPERATING INCOME	\$ -15,777.85	\$ -2.03	\$ -15,775.82	777,233.99 %
NET INCOME	\$ -15,777.85	\$ -2.03	\$ -15,775.82	777,233.99 %

Council Meeting Briefing Note

AGENDA ITEM # 5.2

May 26, 2023

From:	Carole Hamp, RRT – Registrar & CEO
Topic:	Appointment of Auditor for 2023 - 2024
Purpose:	For Decision
Strategic Focus:	Governance and Accountability
Attachment(s):	Appendix A – Auditor Assessment Tool Appendix B – CRTO Independence Memo from Hilborn
Motion:	<p>It is moved by _____ and seconded by _____ that:</p> <p>The Council approve Hilborn LLP as the CRTO’s Auditor for the 2023/24 fiscal year.</p> <p>OR</p> <p>It is moved by _____ and seconded by _____ that:</p> <p>The Council direct the Finance & Audit Committee (FAC) to go to tender to retain an independent auditor for the 2023/24 fiscal year.</p>

PUBLIC INTEREST RATIONALE:

It is essential that the independent auditor retained to conduct the annual audit of the CRTO’s finances can do so in an impartial manner and to the highest possible standards.

ISSUE:

The Executive Committee should conduct an annual evaluation of the external auditor using an objective tool that considers the essential assessment elements.

BACKGROUND:

Our current external auditor, Hilborn LLP, has been the CRTO’s auditor since 2017. Prior to that it was Clark Henning, LLP.

ANALYSIS:

Both the Registrar and the Executive Committee evaluate the independent auditor by considering three (3) key elements:

1. Independence, objectivity and professional skepticism
2. Quality of the audit team
3. Quality of communications and interactions with the external auditor

One consideration is that the CRTO staff's responsibility for the audit preparation is gradually moving from Amelia Ma to Stephanie Tjandra. It may therefore be beneficial to retain Hilborn during this transition period because they are familiar with the CRTO and its processes.

- One way to do this and, at the same time, ensure optimal objectivity is to request a new Hilborn team to conduct the 2023/24 audit. This option was explored with Hilborn, and they stated that they could assign a different audit team to conduct the 2023/24 audit. They also shared that Hilborn was recently inspected by the Canadian Institute of Internal Auditors and passed smoothly.

RECOMMENDATION:

- Renew Hilborn as the external auditor for the current fiscal year.
- Go to tender for a new external auditor.

NEXT STEPS:

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

Annual Assessment of the External Auditor for the CRTO

Introduction

The Executive Committee of the College of Respiratory Therapists of Ontario (CRTO) conducts an annual assessment of the external auditor prior to Council deciding the issue of reappointment. This assessment may:

- Identify opportunities for quality improvement recommendations to the external auditor;
- Serve as the basis for recommending the auditor for tender or reappointment; and/or,
- Note any concerns with the audit or the auditor's performance.

Assessment Elements

The annual assessment appraises three (3) key elements*:

1. **Independence, objectivity and professional skepticism** – *Do the auditors approach their work with objectivity to ensure they appropriately question and challenge management's assertions in preparing the financial statements?*
2. **Quality of the audit team** – *Does the audit team put forward team members with the appropriate industry and technical skills to carry out an effective audit?*
3. **Quality of communications and interactions with the external auditor** – *Are the communications with the external auditor (written and oral) clear, concise and free of boilerplate language? Is the auditor open and frank, particularly in areas of significant judgments and estimates or when initial views differ from management?*

Assessment Process

1. Statements for each element to be considered by :
 - i. The Registrar (in consultation with the Manager, Finance & Office); and
 - ii. Executive Committee (in consultation with the Finance & Audit Committee).
2. Executive Committee to recommend that Council:
 - i. Renew the external auditor for the current fiscal year; or
 - ii. Go to tender for a new external auditor.
3. Report to Council must include:
 - i. Results of assessment; and
 - ii. Recommendation.

*Chartered Professional Accountants Canada (2018). Annual Assessment of the External Auditor: Tool for Audit Committees

Assessment of the External Auditor

Assessment Statements

Assessment Scale

Disagree – does not meet expectations

Agree – meets expectations

NA – not applicant/ do not know

1. Independence, objectivity and professional skepticism

i. Registrar

Questions	Assessment	Comments
The external auditor has safeguards in place to detect independence issues.	Agree	
The external auditor proactively articulates independence matters and reports exceptions to its compliance with independence requirements.	Agree	
The audit fees are appropriate in relation to costs incurred to enable the performance of a quality audit.	Agree	Has been our auditor since the 2017-2018 fiscal year.

ii. Executive Committee

Questions	Assessment	Comments
The audit team communicated their audit plan in advance of the audit.	Agree	
The audit plan appropriately addresses the areas of higher risk.	Agree	
The relationship between the external auditor and the CRTO poses no current risk to the external auditor’s independence, objectivity or professional skepticism.	Agree	

Total	Assessment
0 – 25% Yes	does not meet expectations
30 – 75% Yes	meets minimal expectations
80 – 100% Yes	meets most to all expectations

Assessment of the External Auditor

2. Quality of the audit team

i. Registrar

Questions	Assessment	Comments
The external audit firm has a good reputation and a strong presence in the industry.	Agree	
There is sufficient continuity of audit team staff to ensure a smooth audit.	Agree	
The audit team seeks feedback on the quality and effectiveness of the audit.	Agree	

ii. Executive Committee

Questions	Assessment	Comments
The audit team understands the nature of our work and its issues.	Agree	
The audit team is proactive in their approach.	Agree	
The audit team completed their work in line with the agreed timelines.	Agree	

Total	Assessment
0 – 25% Yes	does not meet expectations
30 – 75% Yes	meets minimal expectations
80 – 100% Yes	meets most to all expectations

Assessment of the External Auditor

3. Quality of communications and interactions with the external auditor

i. Registrar

Questions	Assessment	Comments
All communications between the audit team and CRTO staff are clear, relevant and timely.	Agree	
The external auditor keeps the CRTO informed regarding current accounting and auditing standards developments.	Agree	
The audit team maintains a respectful and professional attitude during the audit.	Agree	Lanjun and her team are very prompt, professional and helpful.

ii. Executive Committee

Questions	Assessment	Comments
The external auditor is able to explain accounting and auditing issues to the Committee in a transparent manner.	Disagree	The Executive Committee felt there were some errors in the audit communication that called into question the Auditor's attention to detail.
This year's audited findings' accounting estimates and judgments appear reasonable and appropriate.	Agree	
In their report of this year's audited findings, the external auditor addressed all of the Committee's questions/concerns.	Disagree	The Executive Committee felt that the Auditor could have provided greater details in some areas of the report.

Total	Assessment
0 – 25% Yes	does not meet expectations
30 – 75% Yes	meets minimal expectations
80 – 100% Yes	meets most to all expectations

Assessment of the External Auditor

Recommendation to Council

Results of Assessment

Assessment Elements	Overall Total	Assessment
Independence, objectivity and professional skepticism.	100%	
Quality of the audit team.	100%	
Quality of communications and interactions with the external auditor.	66%	As noted, the Executive Committee expressed concerns regarding the quality of the audit documents provided for their meeting.

Comments

This matter was discussed by the members of the Executive Committee present at the May 17th meeting. It was noted that the discussion last year was that we would look to go to tender this fiscal year.

In response to how it proposed to retain its objectivity given that the CRTO has been a client for 6 years, they provided a letter which is included as Appendix B (CRTO Independence Memo).

Under the Options section below, the CRTO has included a list of external Auditors utilized by other Ontario health regulatory bodies.

Recommendation

- Renew the external auditor for the current fiscal year.
- Go to tender for a new external auditor.

Options

[Tinkham and Associates](#) (College of Dietitians, Royal College of Dental Surgeons, CPSO, OCP)

[Crowe Soberman](#) (College of Kinesiologists)

[Krien- Larose LLP](#) - Thomas Kriens - auditor (College of Naturopaths – very positive recommendation)

[Tator Rose and Leong](#) - contact Glenn Goldhann – (College of Chiropractors)

Assessment of the External Auditor

[Welch LLP](#) (College of Midwives, College of Homeopaths)

[PennyLegion-Chung LLP](#) - Phil Cowperthwaite auditor (formerly used by the College of Physiotherapists)

To: Ms. Carole Hamp

From: Lanjun Wang, engagement partner, Hilborn LLP

Date: April 28, 2023

You asked me to comment on the topic of routinely rotating firms to maintain auditor objectivity and articulate the steps taken within our firm to maintain our independence and objectivity over long tenures.

There are lots of discussions as to whether or not to routinely rotate audit firms. Firm rotation is required in the UK and, although not required in Canada, has frequently been a topic of discussion amongst stakeholders. We have observed that the majority of our clients remain with us for many years. I reviewed my client list and also consulted with other partners as well as the Professional Standards Leader of our firm in accumulating these observations. A small number of our clients have bylaws and mandates which limits the term of the external auditor, but most find that the consistency of service provided, in part because the firm has accumulated significant institutional knowledge about the client's operations, is a greater driver of high quality audit services.

From my perspective, impaired objectivity is a risk when auditors and clients are overly familiar with each other. As part of our firm's overall risk management and quality awareness initiatives, all assurance partners are subject to the firm's annual internal inspection process. Longstanding client relationships are reviewed annually by the firm's management committee for continued appropriateness. The firm and all of its partners are also subject to a triennial inspection by CPA Ontario, our provincial regulator.

Below is the three step approach taken by our firm to mitigate the risk to independence stemming from over familiarity and long-standing relationships with clients.

Step One

The firm's Quality Control Policies require all of its members to conduct themselves in an ethical manner and to act with integrity, objectivity, and due care through their day-to-day interactions. The Quality Control Policies speak specifically to standards about professional conduct and independence to ensure that the ethical standards of our firm and those of our profession are understood and adhered to by all firm members. Each member of the firm must sign an annual compliance confirmation.

Step Two

Annually, the management committee of the firm produces a list of assurance clients of the firm that will be subject to an Engagement Quality Control Review ("EQCR") or a Presentation and Disclosure Review. A selection of completed assurance engagements are also subject to our internal file inspection process. Identification and selection criteria have been developed to address certain risk factors inherent to the firm's assurance engagements. Through the mapping of these risks to our assurance engagements, a decision is reached for each respective assurance engagement as to whether additional levels of pre-release review or support are warranted.

Step Three

Where a threat to independence resulting from long term association has been identified, safeguards implemented to mitigate the familiarity threat may include the rotation of senior management personnel or the involvement of an engagement quality control reviewer for the affected engagement.

As the engagement partner of the College of Respiration Therapists Ontario (the “College”), I have been conscious in maintaining my relationship with the College’s top management and other employees of the College that there are boundaries around the comfort zone that permits me to support the College and address your concerns while maintaining my independence and objectivity.

Moving forward, the following procedures will be implemented or will continue to be applied in managing the College’s audit engagement.

- Communicating our independence to the Council at least annually in our pre-audit and audit findings communications with those charged with governance of the College;
- Conducting regular interviews and discussions with individuals throughout the College organization to update the audit team’s knowledge about operational, structural, and regulatory changes;
- Periodically assigning new senior staff to the audit team so that they can bring unique perspectives, experiences, and capabilities to the team; and
- Appointing an engagement quality control reviewer to add an objective viewpoint to the audit team’s discussions and conclusions on significant matters every five years or whenever the circumstances require.

I believe that the actions listed above are effective means of introducing new viewpoints to the team while also drawing on institutional knowledge about the College in the overall audit approach. A fresh perspective paired with appropriate context provides a frame for professional skepticism which enables an auditor to consider information objectively, exercise due care in forming conclusions, and act with integrity at all times. We believe that our self-awareness, commitment to integrity, and professional competence are paramount to supporting an independent and objective mindset. These attributes are fundamental in identifying, assessing, and safeguarding against threats to our independence and objectivity.

Council Meeting Briefing Note

AGENDA ITEM # 5.3

May 26, 2023

From:	Carole Hamp, RRT – Registrar & CEO
Topic:	2022 – 2023 Annual Report
Purpose:	For Decision
Strategic Focus:	Governance & Accountability
Attachment(s):	Appendix A – 2022-2023 Annual Report (Note: The Annual Report will be posted separately)
Motion:	It is moved by _____ and seconded by _____ that: The Council approves the 2022 – 2023 Annual Report.

PUBLIC INTEREST RATIONALE:

All health regulatory bodies are required to produce Annual Report to be distributed to the Ontario Ministry of Health and other stakeholders.

ISSUE:

The Annual Report provides an overview of the CRTO’s Strategic Direction, Committee Reports, as well as statistics and demographics regarding the profession.

BACKGROUND:

The CRTO has produced a draft Annual Report that includes CRTO activities between March 1, 2022 to the end of February 2023.

RECOMMENDATION:

The Council approves the 2022 – 2023 Annual Report as presented.

College Performance Measurement Framework (CPMF): CRTO 2022 Summary Report

Background

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

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

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

CPMF Measurement Domains

1. **Governance** (3 standards and 21 measures)
 - Competent and effective Council and Committees; transparent decision-making process and actions
2. **Resources** (1 standard and 4 measures)
 - Responsible stewardship of human and financial resources
3. **System Partners** (2 standards - measures not scored)
 - Active engagement with other health regulatory Colleges and system partners
4. **Information Management** (1 standard and 2 measures)
 - Collected information that is protected from unauthorized disclosure
5. **Regulatory Policies** (1 standard and 3 measures)
 - Policies, standards of practice, and practice guidelines that are based on the best available evidence
6. **Suitability to Practice** (5 standards and 16 measures)
 - Risk-based and right touch quality assurance, registration and professional conduct practices
7. **Measurement, Reporting, and Improvement** (1 standard and 4 measures)
 - Ongoing monitoring and reporting of organizational performance

What's New in 2022

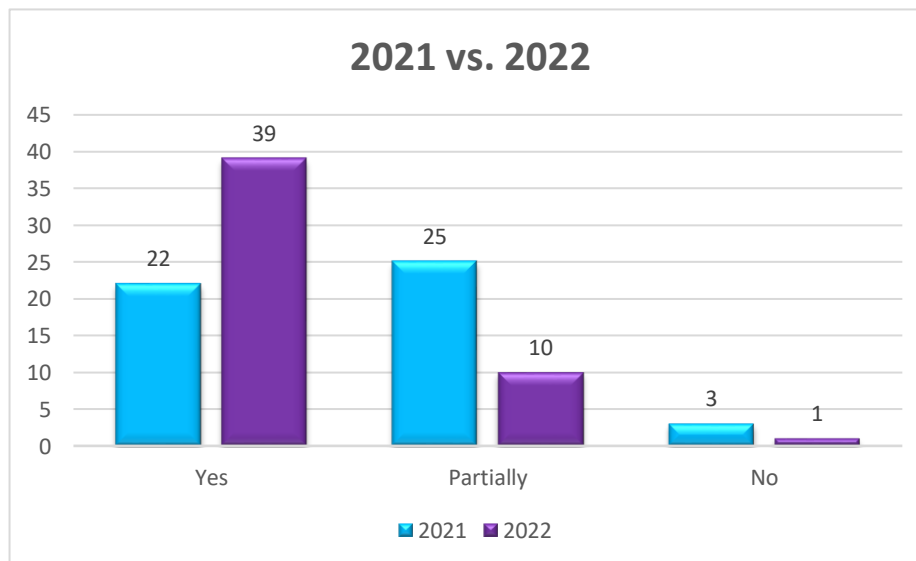
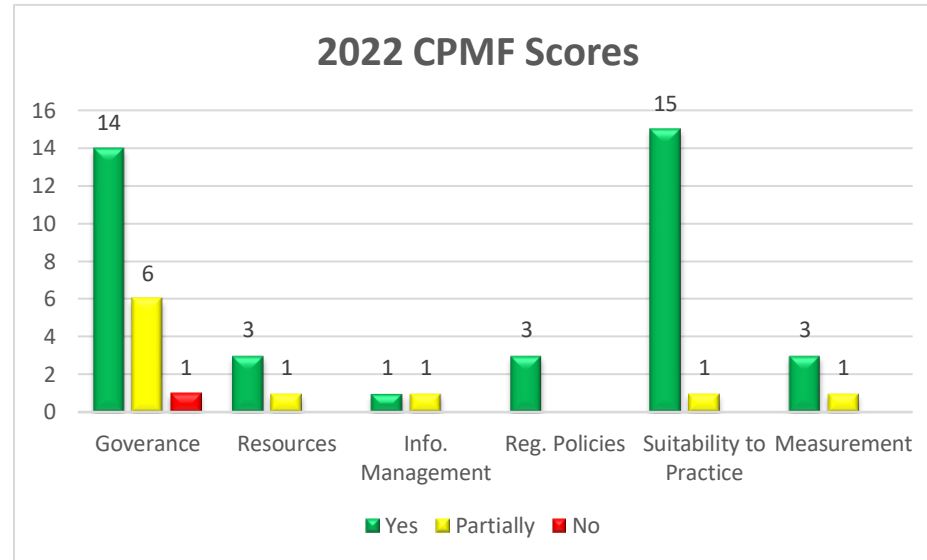
This year, eight (8) measures have been categorized as Benchmark Evidence that Colleges are expected to meet or work towards meeting, and they include:

1. **Governance 1.1 a i**
 - Professional members are eligible to stand for election to Council only after meeting pre-defined competency and suitability criteria.
2. **Governance 1.1 b i**
 - Professional members are eligible to stand for election to a statutory committee only after meeting pre-defined competency and suitability criteria.
3. **Resources 4.1 c i**
 - Colleges regularly review and update their written operational policies to ensure the organization has the necessary staffing complement (e.g., Succession planning for Senior Leadership).
4. **Information Management 7.1 a ii & iii**
 - College protects against and addresses unauthorized disclosure of information through cybersecurity measures & processes to address accidental or unauthorized disclosure of information.
5. **Regulatory Policies 8.1.a**
 - Colleges regularly evaluate their policies, standards and guidelines to determine whether they are appropriate, require revisions, or require new direction or guidance based on the current practice environment.
6. **Regulatory Policies 8.1 b i – vi**
 - When developing or amending policies, standards and practice guidelines, Colleges use an evidence-informed approach (e.g., the risk posed to the public, current practice environment, etc.).
7. **Suitability to Practice 11.1 a iii**
 - The College evaluates the different stages of the complaints process and all relevant supports available to complainants to ensure the information provided to complainants is clear and useful.
8. **Measurement, Reporting & Improvements 14.2 a**
 - Council uses performance and risk review findings to identify where improvement activities are needed.

CRTO's Overall Score

There are 50 measures, and for each, we were required to self-declare whether we met the criteria – “yes”, “partially” or “no”.

- In 2022, our overall score was as follows:
 - Yes – 39
 - Partially – 10
 - No – 1
- When the response was “partially” or “no”, we briefly outlined our objectives for meeting the criteria in 2023.
- The chart to the right illustrates how we performed, per domain.
- The chart below illustrates our performance compared to our 2021 CPMF submission.



Scores for Benchmark Evidence

Of the eight (8) measures that have been categorized as Benchmark Evidence, the CRTO scored the following in 2022:

- “Yes” for five (5)
- “Partially” for three (3)

CRTO’s Objectives for 2023

Domain 1: Governance

- Complete the development of a Council & Committee Member Competency Profile.
- Finalize the pre-nomination Council and Committee Orientation eLearning module.
- Update the Annual Board Affiliation & Conflict of Interest form.
- Complete the Council Effectiveness Evaluation Framework.

Domain 2: Resources

- Validate the CRTO’s Reserve Policy.

Domain 4: Information Management

- Incorporate the strategies for accidental disclosure of confidential information into our organizational Risk Management Framework.

Domain 6: Suitability to Practice

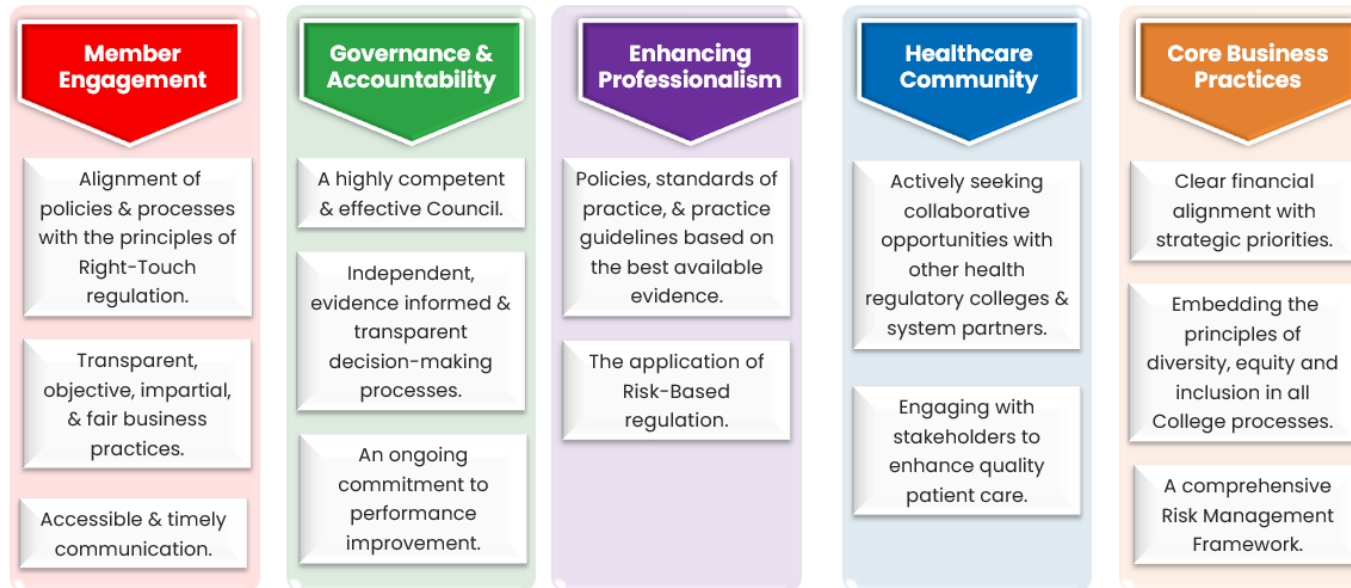
- Update the feedback form to be completed by complainants after the disposition of their complaint.

Domain 7: Measurement, Reporting, and Improvement

- Develop a Risk Register.

CRTO 2021 – 2025 Strategic Direction

The CRTO regulates the practice of Respiratory Therapy in the public interest through:



2021 – 2025 Strategic Direction Update Report

Please note that this item will be presented at the Council meeting and is not part of the Council Package.

Item 5.6

The College of Respiratory Therapists of Ontario

Third-Party Assessment of Council 2023

The following third-party assessment of Council is premised on principles of good governance within the legislative landscape of the *Regulated Healthcare Professions Act (RHPA)*. This assessment has been completed with a view to satisfying the requirement for such assessment to be completed every three (3) years, pursuant to the Ministry of Health of Ontario's reporting tool, the College Performance Measurement Framework (CPMF).

Principles of Good Governance:

- Council members have received member orientation/training in advance of attending their first Council meeting.
- Council members understand a Conflict of Interest (COI) in the context of the RHPA and the Council's business and attest to having no COI or must declare a COI in advance of every Council meeting.
- The public interest is considered in every decision of Council.
- Transparency is optimized in all Council decision-making.
- In-camera matters are considered by Council only when confidentiality for legal purposes or privacy issues requires such.
- Right-touch Regulation is applied to Council decision-making with matters posing the greatest risk to public protection, warranting the greatest regulatory resources.

Assessor: Nanci Harris, BScN, MLIS

Date of Assessment: March 3, 2023

Type of Meeting Assessed: Council Meeting

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Part I: Council Member Orientation, Competency and Ongoing Council Member Training

Criteria	Observations	Proposed Actions
<p>Elected Council Members who are Members of the Profession must complete a competency assessment prior to running for election to Council.</p>	<ul style="list-style-type: none"> • Met Criteria <p>Comments: CRTO requires, as part of the application process and nomination form, the completion of a Competency and Experience Questionnaire, and there are plans to continue to build on that requirement. This is best practice. https://www.crto.on.ca/public/about-us/council-info/crto-elections/sample-nomination-form</p>	<p>Plan to review the competency assessments utilized by other health regulatory Colleges to see if we need to refine our competency assessment tool.</p>
<p>Council Members are provided with orientation prior to their first Council meeting.</p>	<ul style="list-style-type: none"> • Met Criteria <p>Comments: Members are required to complete a number of well-done professional modules related to their work, including financial literacy and the annual audit. An overview presentation of the CRTO and a description of the Council and Committee structure is also provided. This is a commendable component of governance orientation as it provides consistency and the capacity for asynchronous orientation.</p>	<p>Completing the development of an online orientation module that all candidates will be required to complete. This module will consist of an overview of the roles & responsibilities of a professional member of Council.</p> <p>Plan to introduce a mentoring program for new council members (professional and public)</p>
<p>Council Members receive ongoing training that includes principles of good governance throughout their term.</p>	<ul style="list-style-type: none"> • Met Criteria <p>Comments: An Annual Education session (1/2 day) is provided that coincides with a Council Meeting. Topics are current and relevant to governance education, including Privacy, Cybersecurity and</p>	<p>The Chairs and Vice-Chairs will be taking part in a discussion on Right Touch Regulation facilitated by Deanna Williams on May 25, 2023.</p>

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Criteria	Observations	Proposed Actions
	<p>Standards updates. CRTO continues to develop learning modules, most recently the topic being “Chairing a Meeting,” which can be applied to any manner of meeting format. An Education Day is planned for May 26th.</p> <p>One suggestion is to ensure that principles of Right Touch Regulation are reflected in future learning to ensure alignment is maintained in decision-making.</p>	
<p>Council Meeting Agenda includes education item(s) for Council Members.</p>	<ul style="list-style-type: none"> • Met Criteria <p>Comments: A formal education session is offered annually akin to a Council meeting (and for which members can suggest topics) as well as informal education, which occurs through content in briefing notes and discussions which take place for decision items at Council.</p>	<p>To continue to host an annual Education Day to coincide with the spring or fall Council meeting.</p>
<p>Council Members are surveyed following the completion of the Council Meeting for feedback and suggestions to improve future Council meetings.</p>	<ul style="list-style-type: none"> • Met Criteria <p>Comments: This is done at the first meeting of the year using an online Council Evaluation Survey, and members can suggest additional topics throughout the year for future consideration. At the current time, participants do not complete a post-session evaluation; it is suggested to include this for future learning opportunities.</p>	<p>Have implemented a post-Council self-evaluation that we will continue to expand and improve upon.</p>

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Criteria	Observations	Proposed Actions
Council Members are surveyed following the completion of the Council Meeting for feedback and suggestions to improve future Council meetings.	<ul style="list-style-type: none">• Met Criteria	Will continue to monitor and improve the post-Council survey.

Assessor’s Overall Comments about Member Orientation, Competency and Ongoing Training:

- There is an extensive and comprehensive range of materials in both video and document form available on the Member’s Page to assist a Council/Committee member in understanding health regulation, the history of the CRTO, financial literacy, the role of Council and Committee members and the skills and focus needed to make a meaning contribution. There is also a commitment to expanding content.
- There is additional content specific to the role of the Chair.
- Public members receive a log-in specific to the length of their term to access the material, whereas professional members log in through their CRTO account.
- For consideration is the introduction of a mentoring program for new Council members to be paired with a more experienced member for support and direction.
- CRTO’s approach represents a comprehensive and evolving approach to orientation and education and reflects current best practices with respect to assessing the skills and competency of potential Council members.

On a scale of 1 (unsatisfactory) to 5 (excellent), rate the Member Orientation, Competency and Ongoing Training:

- **4 (Good)**

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Part II: Council Meeting Materials

Criteria	Observations	Proposed Actions
Council Meeting Materials are provided to Council Members in a timely manner.	<ul style="list-style-type: none">• Met Criteria <p>Comments: Materials are provided two weeks prior to the meeting. Requests for accommodation are handled on a case-by-case basis.</p>	
Council Meeting Materials include an agenda indicating decision items with briefing notes and supporting material to aid Council Members in decision-making.	<ul style="list-style-type: none">• Met Criteria <p>Comments: The agenda is clear and always includes reference to the appropriate strategic plan element. Items requiring an in-camera component are noted on the agenda, and the President verbally cites the relevant section of the legislation prior to commencing discussion of the item.</p>	
All items for the decision include briefing notes clearly setting out the public interest in decision-making.	<ul style="list-style-type: none">• Met Criteria <p>Comments: Briefing notes are clearly written in a consistent manner and include public interest rationale. Each BN provides, as part of the package, the motion, who is the mover/seconded and if the motion is carried.</p>	
Notice of the Council Meeting is on the Regulator’s website in advance of the Council meeting.	<ul style="list-style-type: none">• Met Criteria <p>Comments: To be commended is the clear messaging that is provided for when materials will be available and the Zoom link. Instructions are present on how to</p>	

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Criteria	Observations	Proposed Actions
Notice of the Council Meeting includes instructions for attending the meeting (either in person or virtually).	<p>inform the CRTO if there is an intention to participate.</p> <p>All but one Council meeting is held virtually, and specific information about the one meeting held in-person is provided with respect to attendance, details about accommodation booking and meals reimbursement at that time.</p> <p>The materials are posted on the website two (2) weeks in advance of the meeting (with a possible supplemental posing of any additional material one (1) week prior), and a link to the webpage is sent to all Council members. Both at the two (2) and one (1) week mark, all Council members (professional and public) are asked to notify asap if they are not able to attend.</p>	<p>• Met Criteria</p> <p>Comments: Any request for accommodation to attend in person would be handled on a case-by-case basis.</p>
Minutes of previous Council Meetings that have been approved by Council are posted on the Regulator’s website.	<p>• Met Criteria</p> <p>Comments: Meeting minutes for the last several years are available for review.</p> <p>CRTO has a Records Management Policy that outlines the retention schedule for Council and Committee materials (Five (5)</p>	Have added a disclaimer to the CRTO website.

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Criteria	Observations	Proposed Actions
	<p>years). However, it is recommended to have a content management policy for the currency of materials to be available on the website.</p> <p>Also for consideration is the addition of a disclaimer on the CRTO website with respect to it being the member’s responsibility to ensure the materials they are referencing are the most current version. This addresses what to do with archived copies of information which come up doing online searches and are not always accurate.</p>	
<p>Council Meeting Materials posted on the Regulator’s website include all materials provided to Council members excluding in-camera materials.</p>	<ul style="list-style-type: none"> • Met Criteria <p>Comments: It may help to provide a definition of what is “in-camera” for any general public participants who attend to understand why that material is not available for download.</p>	<p>In-camera material is housed in a separate, secure location in the Member Login portion of the CRTO website. We plan to add a definition of “in-camera” in that location.</p>
<p>Council Meeting materials include a declaration of a COI for Council Members to complete and sign in advance of the meeting.</p>	<ul style="list-style-type: none"> • Met Criteria <p>Comments: The COI declaration is completed prior to each meeting and is done via a link with the Member log-in portal. This gives the Registrar time to review responses and respond to any COI prior to the meeting. There is still the capacity to declare COI at a meeting if the issue arises.</p>	

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Criteria	Observations	Proposed Actions
Council Meeting materials are available in both English and French upon request.	<ul style="list-style-type: none">• Met Criteria In Part <p>Comment: This is an area for improvement. However, also relevant is the practical consideration of the expense involved for the French translation. Therefore, at this time, it is handled on a case-by-case basis. To date, there have been no requests for French translation of any Council meeting material.</p>	

Assessor’s Overall Comments About Council Meeting Materials:

- Council materials are well-prepared, comprehensive and thorough. Each item on the agenda includes a public interest rationale. PowerPoints and other graphics are well done in presentations.
- Suggested is a “second set of eyes” review prior to posting of materials to ensure any spelling and numbering mistakes are corrected.

On a scale of 1 (unsatisfactory) to 5 (excellent), rate the Council Meeting Materials:

- **4 (Good)**

Item 5.6

Part III: Council Meeting

(A) The Council Meeting Chair:

Criteria	Observations	Proposed Actions
<p>The Chair conducts the Council Meeting in an orderly fashion.</p>	<ul style="list-style-type: none"> • Met Criteria <p>Comments: The meeting was run in a professional, relaxed, and collaborative atmosphere where it was clear that people felt comfortable discussing and asking questions. The Chair and the Registrar conversed respectfully and collegially.</p>	
<p>The Chair seeks a mover and seconder for every motion prior to tabling the motion for discussion.</p>	<ul style="list-style-type: none"> • Met Criteria <p>Comments: This was consistently done.</p>	
<p>The Chair appropriately addresses any declared Conflicts of Interests (COIs).</p>	<ul style="list-style-type: none"> • Met Criteria <p>Comments: There were no COIs declared during this meeting.</p>	
<p>The Chair invites appropriate discussion on all matters.</p>	<ul style="list-style-type: none"> • Met Criteria <p>Comments: Not all members participated in the discussion of items, but those who did were at ease and offered thoughtful and respectful observations and questions.</p>	
<p>The Chair is inclusive to ensure all Council Members wishing to speak to a matter are afforded an opportunity to do so.</p>	<ul style="list-style-type: none"> • Met Criteria <p>Comments: See the above comments. It may be worthwhile if particular members</p>	<p>Plan to create a process to follow up with those members who do not routinely participate in Council discussions.</p>

Item 5.6

Criteria	Observations	Proposed Actions
	do not regularly participate in exploring offline if there is any barrier to their participation and to support more active involvement.	
The Chair ensures consensus is achieved on each decision item or takes a vote for each item.	<ul style="list-style-type: none"> • Met Criteria Comments: There were no matters where dissent occurred.	
The Chair conducts the meeting in a manner that is respectful and professional.	<ul style="list-style-type: none"> • Met Criteria Comments: As noted above, excellent chairing practice was observed. All Council members were made to feel welcome and included.	
The Chair addresses quorum if there is an issue.	Comments: Could not assess as this did not occur.	
The Chair cites the relevant section of the <i>RHPA</i> when seeking a motion to move in-camera, identifying the need to move the Council meeting from a public forum.	Comments: Could not assess as this did not occur.	Will ensure the Council Chair is prepared for this scenario should it occur.
The Chair appropriately addresses any Council Members attending virtually who do not have their camera on.	Comments: Could not assess as this did not occur.	

Item 5.6

Assessor’s Overall Comments About the Chair:

- As previously noted, the Chair was professional, relaxed and skilled in running the meeting. The meeting was completed on time (early, in fact), and it was clear there was mutual respect and collegiality between the Chair, the Registrar, members, and staff present. The Chair was well prepared and knowledgeable about all items but comfortable deferring to the Registrar or appropriate staff to answer any questions that required a more detailed explanation. As a visitor, I was made to feel welcome and included.

On a scale of 1 (unsatisfactory) to 5 (excellent), rate the Chair:

- **5 (excellent)**

(B) Council Members

Criteria	Observations	Proposed Actions
Council Members are respectful, raise their hand when they wish to speak to a matter and wait until the Chair invites them to speak before speaking.	<ul style="list-style-type: none"> • Met Criteria <p>Comments: Members communicated respectfully and clearly, offering comments and/or when asking questions or providing feedback.</p>	
Council Members are well prepared for the meeting and are familiar with the Council Meeting agenda/materials.	<ul style="list-style-type: none"> • Met Criteria <p>Comments: Members who spoke came prepared to speak to items and offer comments and feedback. Some members did not speak during the meeting.</p>	As noted above, the CRTO plans to create a process to follow up with those members who do not routinely participate in Council discussions.
Council Members focus discussion on public protection in all decision-making items.	<p>Comments: Was not able to assess as this topic did not come up as part of the discussion. The lens of public protection is reflected in Briefing Note content.</p>	

Item 5.6

Criteria	Observations	Proposed Actions
Council Members who focus concerns on stakeholder interests above that of the public interest are appropriately addressed by the Chair and/or other Council Members.	Comments: Unable to assess as this did not occur.	
Council Members attending virtually have their cameras on.	<ul style="list-style-type: none"> • Met Criteria 	
Council Members are respectful of the agenda schedule and are on time and in attendance when the Council Meeting resumes after breaks.	<ul style="list-style-type: none"> • Met Criteria Comments: The meeting finished earlier than scheduled, and there was ample time for presentations, breaks and discussions.	
Council Members appear familiar with the <i>RHPA</i> and applicable legislation.	Comments: Not able to assess as the need to include content about <i>RHPA</i> legislation did not arise.	
Council Members appear to understand the concept of Right Touch Regulation and its application to Agenda items.	Comments: Not able to assess as this did not arise as part of discussions. As previously noted, specific reference to elements of Right Touch Regulation could be helpful as content for the Briefing Notes (when appropriate) and as a topic for a future education day.	As previously noted, the CRTO will be hosting an event for all Council and Committee Chairs & Vice-Chairs, where there will be a presentation on Right Touch Regulation. Also, plan to add a section that references Right Touch Regulation in the Council Briefing Notes.

Item 5.6

Assessor's Overall Comments about Council Members:

- Council members behaved professionally and courteously, and those who participated in discussions did so respectfully, knowledgeably, and collegially. There is evidence of mutual respect and commitment to the goals of CRTO and their responsibility/accountability as Council members.
- As noted earlier, it might be worthwhile to address ways to support any members who consistently do not participate, as this cannot be evaluated on the basis of observing only one meeting.

On a scale of 1 (unsatisfactory) to 5 (excellent), rate the Council Members:

- **4 (good)**
-

Assessor's Comments:

1. 3 key items for suggested improvement:

- Consider a disclaimer on the website with respect to member responsibility to ensure the currency of the version of documents they are accessing.
- Include education on Right Touch Regulation as part of future education sessions.
- Consider the introduction of a mentoring program for new council members (professional and public).

2. 3 highlights that represent best practice:

- Inclusion of public interest rationale in Briefing Notes.
- Inclusion of standardized professional online training modules for Board Orientation (and commitment to continued development).
- Alignment of all agenda items to CRTO Strategic Direction.

3. General Comments:

It was a pleasure to observe this meeting. The evidence of mutual respect, collegiality, well-prepared materials and relevant discussion reflects a synergy between staff and Council that positively promotes effective functioning and decision-making.

Item 5.6

The agenda was well organized, and the materials were clear and understandable. There was sufficient time for discussion. The presentations were excellent. It was welcoming to see the amount of staff involved in preparing and presenting material (which, to be acknowledged, is easier to do in a smaller college). The amount of work accomplished in particular in the last year, as evidenced by the agenda, reflects a commitment to effective and responsible regulation.

Item 5.7

The College of Respiratory Therapists of Ontario

Council and Committee Competency Profile

The CRTO's Council and Committee Competency Profile defines the knowledge, skill, judgement, attitude, and experience (i.e., competencies) expected of College Council and Committee members. The competency profile establishes minimum requirements for a Council/Committee candidate and is supported by the **CRTO Council and Committee Orientation Module**. Once an individual becomes a Council or Committee member, these competencies can continue to be enhanced through ongoing orientation, continuing education and professional development.

Understanding Basic Governance Responsibilities and Fiduciary Duties

Understands the role, fiduciary duties, effective governance principles, and stewardship responsibilities of a Council/Committee Member, including:

- Governance & Fiduciary Responsibilities
- Financial & Organizational Oversight
- responsible decision-making
- basic financial literacy

A. Governance and Fiduciary Responsibilities – Council and Committee members are required to have a foundational understanding of:

Competency	Indicators	Council member	Committee member
The structure and function of the CRTO.	<ul style="list-style-type: none">• the College's mandate.• professional self-regulation.• the <i>RHPA</i> & other relevant legislation.	✓	✓
The structure & function of the CRTO Council & Committees.	<ul style="list-style-type: none">• the role of the Council and Committees in accomplishing the College's mandate.• the distinction between the role of Council & the roles of the Registrar and CRTO staff.	✓	✓
The principles of good governance.	<ul style="list-style-type: none">• accountability and transparency.• confidentiality and conflict of interest.• right touch regulation.• Good faith, trust, preparedness and participation.	✓	✓

Item 5.7

B. Financial and Organizational Oversight – Council and Committee members are required to have a foundational understanding of:

Competency	Indicator	Council member	Committee member
Financial management	<ul style="list-style-type: none"> • basic financial literacy (e.g., how to read and interpret financial statements). • financial planning and budget development process. • adequate financial controls. 	✓	(✓)
Risk Management	<ul style="list-style-type: none"> • risk-based regulation. • identification and mitigation of organizational risk. • succession planning for senior leadership. 	✓	

C. Collaborative Leadership – Council and Committee members are required to possess skills in the following:

Competency	Indicator	Council member	Committee member
Professionalism	<ul style="list-style-type: none"> • respectful of diverse backgrounds and points of view. • Self-reflective and committed to ongoing growth and improvement. 	✓	✓
Communication	<ul style="list-style-type: none"> • respectful participation in discussions. • active listening. • effective questioning. 	✓	✓
Decision-making	<ul style="list-style-type: none"> • strategic thinking. • ability to maintain objectivity. 	✓	✓

Item 5.8

The College of Respiratory Therapists of Ontario

Council Self-Evaluation – March 3, 2023

15 views – 12 completed surveys

Question: Did we achieve all the goals outlined in the meeting agenda?	
<i>Number Who Answered: 12</i>	
Yes	No
12	0
100 %	0 %

Question: Please provide feedback regarding your response.

- The meeting was run very efficiently, and topics were covered thoroughly and detailed.
- The meeting was well run, kept on track and efficient.
- Agenda completed with some good discussion and suggestions for a few revisions to items to make them more inclusive.
- The agenda was run smoothly and efficiently. This was a well-run meeting!
- We were able to have as much discussion as wanted/needed despite having a very heavy agenda.

Question: Were you provided with sufficient information prior to the meeting to fully understand all the agenda items?	
<i>Number Who Answered: 12</i>	
Yes	No
12	0
100 %	0 %

Question: Please provide feedback regarding your response.

Number Who Answered: 0

- Council package provided in-depth preparation materials.

- Posted with sufficient time to review the readings.
- Very detailed agenda and meeting package.
- The Board package was available with sufficient time to review all the documents. The briefing notes are always very clear and include enough information for me to make informed decisions.

Question: Were you able to freely provide your input and express your viewpoints?	
<i>Number Who Answered: 12</i>	
Yes	No
12	0
100 %	0 %
Question: Please provide feedback regarding your response.	
<i>Number Who Answered: 0</i>	

- The opportunity to express opinions and comments is readily available.
- My questions and suggestions were openly received and discussed.
- Seeing that the meeting finished early, perhaps there were opportunities to engage differently through things such as breakout rooms and polls.
- Even with the Zoom format, we are able to provide input.

Question: Did we make the most efficient use of time during our meeting?	
<i>Number Who Answered: 12</i>	
Yes	No
12	0
100 %	0 %
Question: Please provide feedback regarding your response.	

- Meeting ran very timely and smooth.
- Very efficient. Lindsay very quickly brought the meeting back to the agenda item when the discussion strayed.

- Lindsay did an excellent job chairing and ensuring adequate discussion but managing time to cover the entire agenda in the appointed time.
- There are no "squirrel" moments, and everyone is on script.

Question: Did the Council employ good decision-making processes that were focused on the public interest?	
<i>Number Who Answered: 12</i>	
Yes	No
12	0
100 %	0 %
Question: Please provide feedback regarding your response.	

- Good discussion from members to come to an agreement for the public.
- With the background information provided by staff, and the discussion during the meeting, I feel that we are making good decisions focused on the public interest.

Question: Do you have any suggestions for topics/speakers for our upcoming Educational Day on May 26, 2023?
<i>Number Who Answered: 0</i>

- Activity to help break the ice for newer members to feel more comfortable to speak during meetings. Role play, or case scenario's.
- Updates on some of the governmental changes to improve HHR crisis through engagement.

Council Briefing Note

AGENDA ITEM # 5.9

May 26, 2023

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

PUBLIC INTEREST RATIONALE

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

ISSUE

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

As outlined in the framework document, Council is ultimately responsible for overseeing the CRTO's risk management strategy. This includes monitoring CRTO's activities and maintaining oversight of risks that can impact CRTO's strategic objectives. A Risk Register is the intended primary tool for monitoring and reporting CRTO risks. The proposed draft Risk Register template is attached in Appendix A.

Over the last couple of months, staff worked with a risk management consultant to develop consistent and comprehensive criteria for assessing CRTO's risks. As part of this process, on May 26, Council and staff will participate in a workshop facilitated by the consultant, with a focus on key risk evaluation. After the workshop, staff will finalize the Risk Register template. Once finalized, the template will be used to provide Council with quarterly risk management reports (focusing on the top risks).

Risk Register Components:

- Category/Subcategory - as part of the risk identification, the CRTO will use a risk classification process, grouping risks into three broad categories:
 - Organizational – risk in all aspects of CRTO's operations and programs, including strategic, legal and compliance, operational (business continuity, people, IT, finance), and governance risks.
 - Regulatory – risks that threaten the CRTO's ability to fulfil its mandate to regulate the profession in the public interest. These may include, for example, risks to individual patients related to the quality of Respiratory Therapy care, but also, from a wider systems perspective, risk of patients having inadequate access to RT services; and
 - Reputational – reputational risks related to public confidence in the CRTO's ability to regulate the profession in the public interest. In general, it is assumed that any regulatory or organizational risk can affect the CRTO's reputation.
- Description - detailed explanation of the risk.
- Impact - explanation of what could happen if the risk event occurs.
- Risk Rating

1-2	Very low to low risk
3-4	Medium Risk
6-9	Hight to Critical Risk

Risk rating will be assigned using the following Risk Assessment Matrix:

$$\text{RISK RATING} = \text{LIKELIHOOD}^1 \times \text{IMPACT}^2$$

- Control - identifies existing controls that are already in place, such as policies, procedures, training programs etc., that may modify or mitigate the risk
- Responsibility – identifies who/which department is most accountable for each risk and treatment strategy
- Action required – lists the actions needed to address/minimize the risk

¹Draft Likelihood Scale

	Measure	Frequency
1 - Unlikely	Less than 10% chance that the risk will occur	Will occur infrequently, e.g., every 5 years and upwards
2 - Likely	10%-50% chance that the risk will occur	Will occur periodically, e.g., every 5 to 2 years
3 - Expected	More than 50% chance that the risk will occur	Will occur frequently/ on a regular basis, e.g., annually

²Draft Impact Scale - Criteria













	1 – Minor	2 – Moderate	3 – Major to Severe
Organizational			
Strategic Member Relations	Slight level of increase in engagement	Failure to increase level of engagement	Decrease in level of engagement
Compliance	Minor non-compliance with statutory requirements/ standards Limited amount of government involvement in CRTO operations Minimal interest at a government level	Single failure to meet statutory requirements/ standards Successive requests/inquiries from oversight agencies (e.g., MOH, OFC) for updates/reports on a particular matter	Multiple noncompliance with statutory requirements MOH orders a review of CRTO's activities MOH appoints a supervisor MOH to step in and assume operations
Compliance Registration	<10% applications delayed	10-50 % applications delayed	>50% of applications delayed
Governance Elections, Committee Appointments	Slight level of increase in engagement in CRTO elections, Committee appointment process	Failure to increase level of engagement in elections, Committee appointment process	Insufficient number of members running in elections or applying for Committee appointments. Council and Committees not constituted
Operations Business Disruption	Minor (no more than one day) delays or interruptions to operations	A loss or interruption to operations causing medium term impacts (2 to 7days) Moderate work is needed to address the issue.	Loss or interruption to operations with significant impact on progress over an

	1 – Minor	2 – Moderate	3 – Major to Severe
			extended period (5 days+)
Operations Business Continuity	> 80% core functions supported by standard operating procedures	80-50% core functions supported by standard operating procedures	<50% core functions supported by standard operating procedures.
Operations Financial	<1 - 10% of annual budgeted expenses. (approx. <\$25K - \$250K)	11 - 40% of annual budgeted expenses. (approx. \$250K - \$1M)	40 - 100% of annual budgeted expenses. (approx. \$1M - \$2.5M)
Operations Human Capital	71 – 90 % retention rate Average of 15 days absent /staff member/year	61 - 70% retention rate Average of 20 days absent /staff member/year	< 50% - insufficient staff to maintain essential College functions < 25 days absent/staff/year - absenteeism disrupts the daily functioning of the College.
Regulatory			
Patient outcomes	No direct impact on patient safety	Indirectly affects patient safety	Negative patient care outcomes Direct impact on patient safety
Reputational			
Media attention	Complaints/criticisms in private forums about the CRTO that do not adversely impact stakeholder relations Rumors Increase in negative social media attention	Negative publicity, media or complaints that heightens stakeholder concerns CRTO openly criticized by stakeholder/s (in public forums) for being ineffective Brief negative provincial or regional media attention Several stakeholders and public raise concerns	Negative publicity, media or complaints that results in sustained impacts on stakeholder relations and long-term damage to CRTO's reputation Negative provincial, national media attention Many stakeholders and public raise concerns Many stakeholders including the public lose confidence in the CRTO

Appendix A
Draft CRTO Risk Register

Id	Category/ Subcategory	Risk Description	Impact	Risk Rating	Controls	Responsibility	Treatment/Action
Organizational							
01	Legal & Compliance	Misalignment with the CRTO's regulatory requirements, e.g., <ul style="list-style-type: none"> • Slow registration processing timelines • Delays in complaints processing 	Risk of harm to the public due to delays (e.g., when concerns are not addressed effectively/efficiently) Loss of confidence in the CRTO's ability to fulfil its regulatory functions Reputational damage	3	Internal monitoring, audits and controls to ensure compliance with statutory requirements Staff training	Office of the Registrar Program Managers	Ongoing monitoring Establish internal audits to monitor compliance with regulatory requirements (e.g., better tracking of registration processing timelines)
02	Governance	Disruption in the effectiveness of Council (e.g., lack of the appropriate competencies on Council and Committees)	Delays in decision making Loss of confidence in the CRTO's ability to fulfil its mandate Reputational damage	3	Governance e-learning modules Ongoing training for Council and Committee members Onboarding process Code of Conduct & Conflict of Interest Policy Council evaluation	Office of the Registrar Council	Ongoing training Update election communication materials Develop Council & Committee competency self-evaluation
	Operations Human Capital	Significant and sudden staff turnover &/or loss of key leadership	Loss of critical organization knowledge Insufficient staffing compliment (e.g., unable to administer core functions/deliver core objectives) Reduced effectiveness in key program areas Loss of confidence in the CRTO's ability to fulfil its mandate	6	Succession Plan Policy Employee handbook Clearly defined role descriptions Regular check-ins Annual performance reviews	Registrar	Ongoing monitoring Staff training Develop standard operating procedures
Regulatory							
R1	Professional Practice	Insufficient/out-of-date practice information OR practice information that is not easily accessible to members	Members unaware of/ non-compliant with practice standards and guidelines Risk of harm to patients Reputational damage	2	Policy Framework – review cycle Tracking of practice inquiries PDP program	Quality Practice	Ongoing monitoring of practice related inquiries

Draft Risk Report Template¹

Strategic Domains	Risks		Risk Assessment		Risk mitigation	Risk Outlook	Certainty of achieving objectives
	Type	Statement of Risk	Current Quarter	Prior Quarter			
Governance & Accountability	Compliance	[O1] Misalignment with the CRYPTO's regulatory requirements			Internal monitoring, audits and controls to ensure compliance with statutory requirements Staff training		75%
	Governance	[O2] Disruption in the effectiveness of Council			Governance e-learning modules Ongoing training for Council and Committee members Onboarding process Code of Conduct & Conflict of Interest Policy Council evaluation		
Enhancing Professionalism	Regulatory	[R1] Insufficient/out-of-date practice information OR practice information that is not easily accessible to members			Policy Framework – review cycle Tracking of practice inquiries PDP program requirements		90%
Core Business Practices	Operational	[O3] Significant and sudden staff turnover &/or loss of key leadership			Succession Plan Policy Employee handbook Clearly defined role descriptions Regular check-ins Annual performance reviews		

¹ Adapted from the CPA Enterprise Risk Management

Registrar's Report – Council Meeting

May 26, 2023

AGENDA ITEM # 6.1

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

INTERNAL

CURRENT INITIATIVES

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

The large-scale review and revision of all CRTO policies and procedures we embarked on in the spring of 2021 is now completed. The following is an overview of this project:

- Policy documents developed and revised under the Policy Framework:
 - By-laws – two revisions/ consultations (Feb. 2022 and Feb. 2023)
 - Registration Regulation (and related regulations)
 - 37 Polices:
 - 5 Administrative
 - 11 Council
 - 6 Professional Conduct
 - 2 Professional Practice
 - 2 QA
 - 11 Registration
 - 8 Professional Practice Guidelines
 - 2 Clinical Best Practice Guidelines
 - 13 Fact Sheets
- 38 Policies archived under the Framework

Consultations

Of the above policy documents, 34 were sent out for public consultation. Moving forward, when deciding whether a policy needs to go out for consultation, the CRTO will consider the following factors:

- Any legislative consultation requirements (e.g., regulations, by-law amendments);
- Does the policy address an issue directly related to patient or public safety; or
- Does the policy have an impact on RT practice?

Registrar's Report

Below is an overview of the member engagement in our Policy Framework public consultation process:

Average Views - 71 (1.87% of membership)

Most Views (>100)

No. of Views	% of Membership	Policy Document
669	17.61	Registration Regulation
172	4.53	Use of Social Media by Respiratory Therapists PPG
137	3.61	Commitment to Ethical Practice PPG
117	3.08	By-laws Feb. 2022
106	2.79	By-laws Feb. 2023

Lowest Views (<30)

No. of Views	% of Membership	Policy Document
27	0.71	Entry-to-Practice Exam Policy
27	0.71	Reporting to Police Policy
28	0.74	Registrar's Reasonable and Probable Grounds Policy
29	0.76	Accessibility Standards Policy

Average Completion Rate (based on views) - **9%**

Highest Completion Rate (≥15%)

23%	Use of Social Media by Respiratory Therapists PPG
19%	Privacy Policy
19%	Professional Development Policy
15%	Reporting to Police Policy

Lowest Completion Rate (≤3%)

2%	Graduate Certificate of Registration Policy
2%	Supervision Policy
3%	Accessibility Standards Policy
3%	Interpretation of Authorized Acts PPG
3%	Respiratory Therapists Providing Education PPG

Policy Framework Recent Initiatives

- At the Special meeting of Council on April 24th, the Council members in attendance voted to rescind the Funding for Supportive Measures Policies (for Patients/Clients and Non-Patients/Clients). These policies have been replaced by a Funding for Therapy and Counselling Fact Sheet.

Registrar's Report

- Review and revision of CRTO Professional Practice Guidelines (PPG) and Clinical Best Practice Guidelines (CBPG) remains ongoing. At the May Council meeting, we will seek final approval for the Respiratory Therapists Providing Virtual Care PPG and approval for the Abuse Awareness & Prevention PPG consultation.

ADMINISTRATION

2023 General Elections

Elections this year will include Districts 3, 4 & 6, and the following are the timelines:

- June 28th - Notice of Elections to Members
- July 26th – Nomination Period Opens
- August 30th – Nomination Period Closes
- September 6th - Election Opens
- October 11th – Election Day (Voting ends at 1600)

The following Professional Council members are in the Districts where the elections will take place:

- District 3 - Katie Lalonde (Council).
- District 4 – Jeff Dionne & Lindsay Martinek (Council).
- District 6 – Kelly Munoz (Council).

It is important to note that with the most recent changes to our By-Laws, only Council members are required to seek nomination and run for election to their seat. “Committee” members are now “Professional Committee Appointees” and are eligible to be appointed to a Committee provided they meet the requirements set out in articles 2.07 & 2.09 of the By-Laws, which includes completing an application provided by the Registrar.

CRTO is currently developing the Professional Committee Appointee Application Form and the corresponding communication that will go out to the membership to receive applications for these positions. Traditionally we would have 2 “Committee” seats in each of Districts 3, 4 & 6, and so we will be looking to accept six (6) Professional Committee Appointee applications.

Canadian Equity Consulting (CEC)

The CEC has embarked on Phase Three of our DEI initiative, which is the creation of a DEI Steering Committee. This committee comprises a group of volunteers from the Patient Relations Committee (PRC) and two (2) CRTO staff member representatives. The consultants and the committee will finalize the CRTO’s DEI work plan during this project phase.

Registrar's Report

External Financial Audit

The CRTO's 2022 – 2023 independent audit has recently been completed, and the audit finding was presented at the May 17th Executive Committee and will be presented at the May 26th Council meeting.

Investment Planning Services

The FAC has selected a new investment team to manage the CRTO financial reserves, and the CRTO staff have begun the transfer of our invested assets to the team at the Royal Bank.

Council 3rd Party Evaluation & Action Plan

At its March 3rd meeting, an external consultant evaluated the CRTO Council's effectiveness. An action plan has been created from this third-party review, and it will be reviewed at the May Council meeting.

CRTO Database

The CRTO recently met with several database providers, as well as a number of their health regulator clients, in the hopes of finding a platform that is a better fit for our organization. Our search was narrowed down to the three (3) best, and we sent out RFPs to each of those. Based on the responses, we have decided on the best possible provider and are currently in the process of negotiating a contract. Implementation of the new database is planned for the spring of 2024.

EXTERNAL

Your Health Act, 2023

Bill 60 has been debated at the third reading and amended by the Standing Committee. No changes have yet been made to Schedule 2 – Regulated Professions Amendments, which proposes that the *Respiratory Therapy Act* be amended to remove the prohibition against using the restricted title without being a member of the CRTO.

The CRTO and the other three professions impacted by the interjurisdiction mobility proposal (Nursing, Physicians, and Medical Laboratory Technologist) have had several meetings with the Ministry of Health to discuss overcoming the challenges presented by these proposed legislative revisions. In addition, the CRTO has submitted summations of the potential impact of these changes to the Ontario Regulatory Registry, the Ministry of Health, and the Standing Committee on Social Policy. We are now awaiting word on the regulations apparently being drafted to enable the legislative changes.

College Performance Measurement Framework (CPMF)

The CRTO submitted its 2022 CPMF report at the end of March. Of the 50 measures, our self-declared scores were as follows:

Registrar's Report

- Yes – 39
- Partially – 10
- No – 1

An overview of our submission will be presented at the May Council meeting. Based on the results of our most recent CPMF submission, the CRTO has redrafted its work plan for 2023.

Accreditation Canada (AC)

The EQual Council is consulting with Council members in late April/early May to collate feedback on the current Council membership model, its strengths, and areas for improvement moving forward. The consultation and the review are being led by an external consultant whom the CRTO met with on April 26th.

We are still waiting to hear news regarding the accreditation status of the new RT program that began at Fleming College in January of this year. AC is currently reviewing Qatar's University of Doha for Science and Technology (UDST). This RT educational program was formerly affiliated with the College of the North Atlantic (CNA) in Newfoundland. However, it separated from CNA some time ago, and its accreditation expires on June 30, 2023. AC has granted the UDST a six (6) month extension and will conduct the virtual off-site review in May 2023. The in-person, on-site inspection is planned for early November.

NARTRB Entry-to-Practice (ETP) Framework

The validation survey for the revised Entry-to-Practice document closed on May 1st. Overall, the national response rate was relatively low. In addition to the survey, two focus groups for neo/pediatric practice also met. The NARTRB ETP Steering Committee will meet in the first week of June to approve the final competencies. The final report is expected in mid-July 2023.

Health Profession Regulators of Ontario (HPRO)

HPRO has been working on several initiatives, including options to address the shortage of public members and staff compensation frameworks. The Anti-Bipoc racism sub-committee has been continuing its work, which most recently involved an Unconscious Bias workshop for all Registrars.

Diagnostic Ultrasound

Up until Jan. 2019, RTs were permitted to apply soundwaves for the purpose of diagnostic ultrasound under a provision in the *Controlled Acts Regulation*, provided they had a valid order and the procedure was performed in a public hospital. When Medical Sonography became a regulated profession, that section of the regulation was changed to name specific professions, and this resulted in RTs requiring delegation to use ultrasound in their practice.

Registrar's Report

The Ontario Ministry of Health has now amended the [Controlled Acts Regulation](#) (s. 7.1 (1) – O. Reg. 107/96) to enable Respiratory Therapists to utilize diagnostic ultrasound in their practice under the order of a physician or nurse practitioner. **Delegation is no longer required.**

Council Meeting Briefing Note

AGENDA ITEM #6.2

May 26, 2023

From:	Carole Hamp. CRTO Registrar & CEO
Topic:	Financial Statements – March 1, 2023 – April 30, 2023
Purpose:	For Decision
Strategic Focus:	Core Business Practices: Clear financial alignment with strategic priorities.
Attachment(s):	Appendix A: Balance Sheet Summary Report Appendix B: Income Statement Summary Report Appendix C: Income Statement Reporting Codes
Motion:	It is moved by _____ and seconded by _____ that: The Council approves the quarterly financial statements for March 1, 2023 – April 30, 2023.

PUBLIC INTEREST RATIONALE:

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

ISSUE:

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

BACKGROUND:

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

ANALYSIS:

- Appendix A – Balance Sheet Summary Report
 - Increase in cash and cash equivalents and decrease in investments due to cashing out 3 GICs at maturity in preparation for transfer to the new investment management services.
 - Current unrestricted reserves equivalent to 10.5 months of operating expenses.

- Appendix B: Income Statement Summary Report
 - Wages are up, and consulting costs are down relative to last year.
 - Consulting costs last fiscal year at this time included the ISA cybersecurity infrastructure review and the final invoices of the external policy consultant.

RECOMMENDATIONS:

That Council approves the CRTO's quarterly financial statements for March 1, 2023 – April 30, 2023.

Appendix A: Balance Sheet Summary Report

Total Equity	\$	3,542,990.18	\$	3,570,883.51
CRTO				
Balance Sheet Summary				
	As of April 30, 2023		As of April 30, 2022	
Assets				
<i>Current Assets</i>				
Cash and Cash Equivalent	\$	2,405,336.92	\$	1,905,673.87
Accounts Receivable	\$	-	\$	21,742.52
Investments	\$	1,040,463.78	\$	1,527,102.73
Prepays	\$	53,733.62	\$	53,733.62
Total current assets	\$	3,499,534.32	\$	3,508,252.74
Total Non-Current Assets	\$	43,455.86	\$	62,630.77
Total assets	\$	3,542,990.18	\$	3,570,883.51
Liabilities				
Accrued liability	\$	51,105.87	\$	61,685.57
Net Assets				
General contingency reserve fund	\$	500,000.00	\$	500,000.00
Reserve for funding of therapy	\$	80,000.00	\$	80,000.00
Reserve for COVID-19	\$	250,000.00	\$	250,000.00
Reserve for investigations and hearings	\$	150,000.00	\$	150,000.00
Special projects reserve fund	\$	300,000.00	\$	300,000.00
<i>Total Restricted funds</i>	\$	1,280,000.00	\$	1,280,000.00
Unrestricted Reserves	\$	2,208,570.75	\$	2,229,184.38
Budged Monthly Operating Expenses = \$208,333.00				
Current Unrestricted Reserves > 10.5 months operating expenses				

Appendix B: Income Statement Summary Report

Code	CRTO Statement Summary	Income Mar 1-April 30, 2023	Budget for year	Over (Under) Budget	% (Under) Over Budget	Mar 1 - April 30, 2022
0	Revenue	\$ 2,400,151.88	\$ 2,568,225.00	-\$ 168,073.12	-6.5%	\$ 2,389,645.10
0.5	Competency Assessment Income	\$ 2,000.00	\$ 12,500.00	-\$ 10,500.00	-84.0%	\$ 500.00
	Total Income	\$ 2,402,151.88	\$ 2,580,725.00	-\$ 178,573.12	-6.9%	\$ 2,390,145.10
0.6	Competency Assessment Expense	\$ 2,919.59	\$ 24,000.00	-\$ 21,080.41	-87.8%	\$ -
1	Wages and benefits	\$ 229,012.92	\$ 1,315,680.75	-\$ 1,086,667.83	-82.6%	\$ 173,889.24
2	Occupancy costs	\$ 39,119.49	\$ 250,154.33	-\$ 211,034.84	-84.4%	\$ 37,592.40
3	Professional services	-\$ 6,877.13	\$ 155,467.82	-\$ 162,344.95	-104.4%	\$ 9.07
4	Investigation and hearing expense	\$ 12,355.32	\$ 165,000.00	-\$ 152,644.68	-92.5%	\$ 14,352.46
5	Technology / Website	\$ 22,116.04	\$ 121,904.00	-\$ 99,787.96	-81.9%	\$ 2,278.93
6	General operating expenses	\$ 8,777.67	\$ 30,044.58	-\$ 21,266.91	-70.8%	\$ 13,794.43
7	Credit card and Paypal fees	\$ 8,640.76	\$ 63,716.93	-\$ 55,076.17	-86.4%	\$ 7,819.94
8	Memerbership and dues	\$ -	\$ 35,766.67	-\$ 35,766.67	-87.8%	\$ 9,409.55
9	Quality assurance expenses	\$ 2,425.00	\$ 59,550.00	-\$ 57,125.00	-95.9%	\$ -
11	Unrealized (gains) losses	-\$ 1,165.00	\$ -	-\$ 1,165.00		-\$ 619.00
12	Council and committee	\$ 7,243.66	\$ 117,650.00	-\$ 110,406.34	-93.8%	\$ 9,325.00
14	Consulting	\$ 1,500.00	\$ 78,000.00	-\$ 76,500.00	-98.1%	\$ 39,190.15
99	Equipment purchased	\$ 113.76	\$ 6,500.00	-\$ 6,386.24	-98.2%	\$ 2,287.35
	Total Expenses	\$ 326,182.08	\$ 2,423,435.08	-\$ 2,097,253.00	-86.5%	\$ 309,329.52
	Net Income	\$ 2,075,969.80				\$ 2,080,815.58

Appendix C: Income Statement Reporting Codes

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

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

Council Meeting Briefing Note

AGENDA ITEM #6.3

May 26, 2023

From:	Carole Hamp, RRT – Registrar & CEO
Topic:	Investment Portfolio – as of April 30, 2023
Purpose:	For Decision
Strategic Focus:	Core Business Practices
Attachment(s):	Appendix A – Investment Portfolio Summary
Motion:	It is moved by _____ and seconded by _____ that: The Council approves the Investment Portfolio Summary as of April 30, 2023.

PUBLIC INTEREST RATIONALE:

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

ISSUE:

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

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

BACKGROUND:

The CRTO is currently in the process of transferring its investments over to RBC from CIBC. However, some of the CIBC investments (4 GICs) will remain with CIBC until they mature and then be transferred to RBC. We will retain our chequing account and High-Interest Savings Accounts at CIBC for now.

We are currently developing a reporting tool to assist the Executive Committee and Council in making a more meaningful connection between our Strategic Direction & Key Priorities and our quarterly Financial Statements.

RECOMMENDATION:

That Council approves the Investment Portfolio Summary as of April 30, 2023.

Appendix A: Investment Portfolio Summary

Cash – CRTO	As of April 30/23
Chequing Account	\$2,405,336.92
High-Interest Savings	\$537,496.64
Total Cash	\$2,942,833.56

CIBC Wood Gundy GICs		Interest Rates	Due Date	Comments
Community Trust	\$100,000	0.8%	May 3/23	Cashed-out at maturity – transfer to RBC
Fairstone Bank	\$100,000	4.37%	July 4/24	To await maturity – then transfer to RBC
Concentra Bank	\$100,000	4.1%	June 13/24	To await maturity – then transfer to RBC
CIBC Lock-In	\$258,103.10	3%	April 26/23	Cashed-out – transfer to RBC
CIBC Flexible	\$254,125.00	1.65%	April 26/23	Cashed-out – transfer to RBC
CDN Western Bank	\$100,000	1.25%	Dec. 9/23	To await maturity – then transfer to RBC
Equitable Bank	\$100,000	1.25%	Dec. 9/23	To await maturity – then transfer to RBC
Total GICs remaining	\$500,000			

Total Cash & Investments	\$3,442,833.56
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Council Briefing Note


AGENDA ITEM # 6.4

May 26, 2023

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

CRTO Membership Statistics for the May 26, 2023, Council

(Report generated on April 30, 2023)



Membership	March. 2023	At last Council Jan. 2023	1 year ago May. 2022	5 years ago May. 2018
Total members	3897	3948	3887	3544
General Class	3537	3619	3487	3210
Graduate Class	40	50	86	71
Limited Class	4	4	4	6
Inactive Class	316	275	310	257
Status Changes	March 2023- April. 2023	March 2022- Jan. 2023	March 2022 - May. 2022	March- May. 2018
Resigned	41	73	37	65
Retired	20	41	16	27
Moved out of Ontario	8	11	8	16
Working in other profession	6	12	6	12
Personal/Other Reasons	7	8	7	10
Undertaking	0	1	0	0
Suspended	18	12	11	15
due to non-payment of fees	18	12	11	14
due to disciplinary decisions	0	0	0	1
other reasons	0	0	0	0
Revoked	9	8	5	21
due to non-payment of fees	8	4	4	21
due to disciplinary decisions	0	0	0	0
due to expiration of GRT Cert	1	4	1	0
Reinstated	1	16	4	2
from resigned	0	10	2	1
from suspended	1	3	0	0
from revoked	0	3	2	1

New Applications	March 2023- April. 2023	March 2022 - Jan. 2023	March 2022 - May. 2022	March-May. 2018
Applications Received	84	213	106	119
Ontario Graduates	73	175	100	113
Other Canadian Grads	4	16	3	3
USA Graduates	2	7	1	1
International Graduates	5	14	2	2

Council Briefing Note

AGENDA ITEM # 6.5

May 26, 2023

From:	Kelly Arndt RRT, Manager, Quality Practice
Topic:	Draft Revised RTs Providing Virtual Care PPG
Purpose:	For Decision
Strategic Focus:	Enhancing Professionalism
Attachment(s):	Appendix A – Draft Telehealth PPG Appendix B – Consultation results
Motion:	It is moved by _____ and seconded by _____ that: Council approves the draft revised RTs Providing Virtual Care PPG for publication.

PUBLIC INTEREST RATIONALE:

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

ISSUE:

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

BACKGROUND:

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

ANALYSIS:**Summary of Changes**

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

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, 150 people viewed the consultation survey, and 4 responses were received (only 83% were identified as RTs)

50% of respondents found the policy clear, understandable, and 75% stated free from omissions and errors. One comment was received regarding out-of-province care. As a result, the section on "Other Jurisdictions" was further explained, with an example.

For full consultation results see Appendix B.

Length of time consultation was open: 60-days

Date consultation closed: May 7, 2023

RECOMMENDATION:

It is recommended that the CRTO Council review and approve the revised draft of Respiratory Therapists' Providing Virtual Care for publication.

NEXT STEPS:

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

CONSULTATION FEEDBACK**150**

Viewed

4

Completed

2.7%

(Views vs. Completions)

Respiratory Therapists Providing **Virtual Care** ~~Telepractice~~ Services

PROFESSIONAL PRACTICE GUIDELINE



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

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

Definition

Virtual Care "Telepractice" refers to the use of communications technology (e.g., videoconference, telephone, or email) to provide healthcare services (e.g., patient education) at a distance where the healthcare professional and the patient/client are not in the same physical location. It may also involve situations where the healthcare service is not being given by the healthcare professional and received by the patient/client at the same time (i.e., not in real-time). **As a result, this constitutes a therapeutic RT-patient relationship, and all applicable legislation applies.** ~~Telepractice is intended to improve patient/client access to healthcare services, and has the potential to reduce hospitalizations and healthcare costs⁴~~

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

CRTO Members

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

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

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

Please Note:

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

Providing Out of Province Care

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

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

Patient Care Orders Must Come a Member of the appropriate Ontario Regulatory Body:

An RT working in community care can provide virtual care to a patient in another province, provided that the ordering physician is from Ontario, and that province does not have additional restrictions which would not permit this.

Note: The RT is responsible for ensuring that they adhere to each province's legislative and regulatory requirements for which they provide virtual care.

Non-Members

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



**College of Respiratory
Therapists of Ontario**

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

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

Manager, Quality Practice

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

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

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

Appendix B: Virtual Care PPG Consultation Survey Results

Answers to Questions Virtual Care PPG Consultation 2023 As of: 4/27/2023 10:44:30 AM		
Page: Virtual Practice Professional Practice Guideline (PPG) Background		
Question: Introduction/Overview		
Number Who Answered: 0		View Details
Page: About You		
Question: Are you a...		
Number Who Answered: 6		View Details
Respiratory Therapist (including retired)	5	83 %
Graduate Respiratory Therapist	0	0 %
Student of a Respiratory Therapy Program	0	0 %
Member of the Public	0	0 %
Other Respiratory Therapy Regulator or Association	0	0 %
Other Health Care Professional (including retired)	0	0 %
Other Health Care Regulator or Association	0	0 %
Prefer Not to Say	1	17 %
Question: I live in...		
Number Who Answered: 6		View Details
Ontario	5	83 %
Canada, but outside Ontario	0	0 %
Outside of Canada	0	0 %
Prefer Not to Say	1	17 %
Page: Questions		
Question: Virtual Care PPG		
Number Who Answered: 0		View Details
Question: Is the purpose of the Virtual Care PPG clear?		
Number Who Answered: 4		View Details
Yes	No	
1	3	
25 %	75 %	
Question: If no, please provide further details:		
Number Who Answered: 0		View Details
Question: Do you agree that the Virtual Care PPG clear and understandable?		
Number Who Answered: 4		View Details
Yes	No	
2	2	
50 %	50 %	

Appendix B: Virtual Care PPG Consultation Survey Results

Question: If no, please provide further details:	
<i>Number Who Answered: 0</i> View Details	
Question: Is the Virtual Care PPG free from omissions and/or errors?	
<i>Number Who Answered: 4</i> View Details	
Yes	No
3	1
75 %	25 %
Question: If no, please provide further details:	
<i>Number Who Answered: 0</i> View Details	
Question: Does this Virtual Care PPG provide you with a sufficient understanding of the expectations?	
<i>Number Who Answered: 4</i> View Details	
Yes	No
2	2
50 %	50 %
Question: If no, please provide further details:	
<i>Number Who Answered: 0</i> View Details	
Page: Additional Comments	
Question: Do you have any additional comments you would like to share?	
<i>Number Who Answered: 0</i> View Details	

Committee Report Items

AGENDA ITEM 7.1

EXECUTIVE COMMITTEE REPORT – CHAIR’S REPORT TO COUNCIL

February 18, 2023, to May 19, 2023

The Executive Committee has met once since the March 3, 2023, Council meeting. On May 17, 2023, the Executive Committee reviewed the following items:

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

Respectfully submitted,
Lindsay Martinek, RRT
Executive Committee Chair

Committee Report Items

AGENDA ITEM 7.2

REGISTRATION COMMITTEE REPORT – CHAIR’S REPORT TO COUNCIL

February 18, 2023, to May 12, 2023

Since the last Council meeting, there have been no Registration Committee meetings. A Panel of the Registration Committee met via video conference on May 4, 2023.

Referral Summary

Reason for Referral	Decision
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 (TCLs).	The Panel ratified the Registrar’s offer and approved to issue a General Certificate with TCLs (including the general supervision requirement).
The Panel considered two (2) applications for change to TCLs imposed on members’ General Certificates of Registration.	The Panel approved both applications directing the Registrar to modify the TCLs.
One application was referred to consider whether it is in the public interest to approve the application based on the applicant’s entry-to-practice assessment results. The applicant had completed all three stages of the assessment.	The Panel directed the Registrar to issue a Graduate Certificate of Registration (with TCLs) upon the Applicant’s completion of the CRTO’s Documentation eLearning Module and the HealthForceOntario - Orientation to the Canadian Health Care System Parts I & II courses.
Two (2) applications were referred to the Panel because of conduct concerns.	The Panel directed the Registrar to: <ul style="list-style-type: none">• Issue one General Certificate of Registration upon the Applicant’s successful completion of a Specified Continuing Education or Remediation Program (SCERP) related to the CRTO’s Standards of Practice, focusing on professionalism and accountability.• Issue one Graduate Certificate of Registration (with TCLs) upon the Applicant’s successful completion of the CRTO’s Documentation e-learning module.

Respectfully submitted,
Derek Clark
Registration Committee Chair

Committee Report Items

AGENDA ITEM #7.3

QUALITY ASSURANCE COMMITTEE REPORT – CHAIR’S REPORT TO COUNCIL

February 18, 2023, to May 12, 2023

Since the last Council meeting, there have been no meetings of the Quality Assurance Committee (QAC). There have been five panels held via email vote, encompassing the review of 14 Portfolio deferral requests. The following is a summary of those votes:

QAC Panel

A panel of the QAC was convened for email votes on:

- March 6, 2023 (2 denied, 1 approved)
- April 4, 2023 (3 approved)
- March 28, 2023 (4 approved)
- March 31, 2023 (two separate panels: 4 approved)

Respectfully submitted,
Laura Dahmann, RRT
Quality Assurance Committee Chair

Committee Report Items

AGENDA ITEM 7.4

PATIENT RELATIONS COMMITTEE REPORT – CHAIR’S REPORT TO COUNCIL

February 18, 2023, to May 12, 2023

Since the last Council meeting, the Patient Relations Committee (PRC) has met once via Zoom on March 22, 2023. The following is an overview of the key issues that were discussed at that time:

PRC 2023 Terms of Reference and Action Plan

The committee reviewed their Terms of Reference and Action plan, as required annually. Several changes were discussed and recommended to Council for final approval. These recommendations will be discussed in today’s meeting during agenda item 8.2.1.

Equity Impact Assessment Update & Implementation Strategy

The committee reviewed an update on the Equity Impact Assessment & Implementation Strategy. After a discussion around the next steps proposed by Canadian Equity Consulting (CEC), the firm retained by the CRTO to implement the CRTO’s DEI initiatives, a call for volunteers was done to create a sub-committee of the PRC to be the steering committee for all DEI related items. The steering committee will be tasked with discussing and implementing DEI initiatives at the CRTO, and reporting back to the PRC, who in turn will report all initiatives and updates to Council.

On May 4, 2023, the DEI Steering Committee had its inaugural meeting and discussed several topics. A summary of the discussions and results of this meeting will be discussed in today’s meeting during agenda item 8.2.2.

Abuse Awareness & Prevention PPG

A draft of the Abuse Awareness & Prevention PPG was also reviewed and discussed during the meeting. At the conclusion of the discussion, the PRC approved the draft and recommended that it be forwarded to Council for final review and approval. The draft PPG will be discussed in more detail today during agenda item 8.2.3.

Funding for Supportive Measures Policies:

The PRC reviewed two policies related to funding for supportive measures. During the discussion it was decided that both policies, one for patients and one for non-patients, be archived and rescinded. The rationale for this decision was that both policies were inconsistent with the authorizing legislation, the *Regulated Health Professions Act*. In its place, a Factsheet was developed and approved by the PRC, which provides clearer direction to patients who may seek funding for supportive measures from the CRTO. The PRC recommended that Council also approve the archiving and rescinding of both policies.

Committee Report Items

On April 24, 2023, during a special meeting of Council, Council approved the archiving and rescinding of both policies.

Respectfully submitted,
Kim Morris
Patient Relations Committee Chair

Committee Report Items

AGENDA ITEM 7.5

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

February 18, 2023, to May 12, 2023

ICRC Deliberations:

Since the last Council meeting, the ICRC held one (1) meeting via Zoom. The ICRC meeting was for the purpose of ICRC orientation.

ICRC Orientation Meeting:

The focus of this meeting, which built on the previous meeting of February 8, 2023, was to orient ICRC members on how to review the findings captured in an investigation report into a Members conduct, and the role of a ICRC Panel member during an ICRC meeting to review and deliberate on an investigation.

The presentation was conducted by Peter Laframboise , Manager of Professional Conduct, Misbah Chaudhry, Coordinator of Professional Conduct and Abeeha Syed, Associate of Professional Conduct. This meeting was offered to all members of the ICRC, both returning and new.

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

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

New Matters:

Since the last Council meeting, the CRTO received twelve (12) new matters. The new matters are comprised of four (4) Employer Reports, one (1) self report, one (1) illegal practitioner report and six (6) complaints.

Two (2) of the Employer reports, the self report, and three (3) of the complaints are currently under review by the Registrar. Two (2) of the employer reports and (3) three of the complaints have been referred to the ICRC and are under investigation. The illegal practitioner report was closed at the Registrar level.

Committee Report 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

Committee Report Items

AGENDA ITEM 7.6

DISCIPLINE COMMITTEE – CHAIR’S REPORT TO COUNCIL

February 18, 2023, to May 12, 2023

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

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

Committee Report Items

AGENDA ITEM 7.7

FITNESS TO PRACTISE COMMITTEE – CHAIR’S REPORT TO COUNCIL

February 18, 2023 to May 12, 2023

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

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

Committee Report Items

AGENDA ITEM 7.8

FINANCE & AUDIT COMMITTEE - CHAIR'S REPORT TO COUNCIL

February 18, 2023, to May 12, 2023

Since the last Council meeting the Finance and Audit Committee (FAC) has not held any meetings.

The FAC continues to gather the relevant data as outlined in the Membership Fee Tool Assessment documented, presented to Council at the May 3, 2023, Council meeting. Once the data has been collected, the FAC will meet to discuss and draft their initial recommendations to the Executive Committee on whether the CRTO should increase their Membership Fee for next year. Once the recommendations have been finalized, the final recommendations will be brought forward to Council during the September Council meeting.

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

Council Briefing Note

AGENDA ITEM # 8.1.1

May 26, 2023

From:	Registration Committee
Topic:	Revised Registration Regulation Update
Purpose:	For Information
Strategic Focus:	Core Business Practices

PUBLIC INTEREST RATIONALE:

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

UPDATE:

Emergency Class of Registration

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

To address this new requirement, the CRTO drafted amendments to Ontario Regulation 596/94, Part VIII Registration. It is also proposed that Part VII Prescribed Procedures and PART VII.1 Prescribed Substances of Ontario Regulation 596/94 be amended to ensure that members registered in the Emergency Class can provide the necessary patient care.

In addition, related amendments to the Controlled Acts Regulation have been drafted to allow a member who holds an Emergency Certificate to perform tracheostomy tube changes. These amendments have been posted on the Ministry's Regulation Registry website. The deadline for receiving feedback is May 29, 2023.

Other Amendments (O. Reg. 596/94: General, Part VIII)

The draft revisions to the Registration Regulation include several other changes aimed to clarify existing provisions and harmonize the registration requirements for Respiratory Therapists across Canada. If approved, the amendments will:

- Enshrine in the regulation the requirement that an applicant for registration must be mentally *and physically* competent to practise respiratory therapy.
- Help to clarify that RT educational programs are approved by the Registration Committee based on criteria defined by a CRTC Council-approved policy.
- Limit the number of times an applicant can attempt to pass the entry-to-practice examination.
- Change the currency requirement for applicants from two to three years with a new specific minimum practice hours requirement within the three years.
- Add a new currency condition that will apply to members in the General Class.
- Clarify the conditions imposed on Graduate Certificates of Registration.

Ontario Regulation 596/94 Amendments - Process Highlights

February 1, 2023: Registration Committee recommends that Council approve the proposed regulation amendments for consultation

February 10, 2023: Council approves that the draft amendments to be circulated for consultation

February 17 – April 18, 2023: draft regulation amendments posted for consultation on the CRTC website

February 23 – April 11, 2023: draft regulation amendments posted for consultation on the Ministry's Regulation Registry website

April 24, 2023: following a review of the consultation feedback, Council approves the draft amendments for submission to the Ministry of Health

May 1, 2023: CRTC: submits the amended regulation to the Ministry of Health

Council Briefing Note

AGENDA ITEM # 8.2.1

May 26, 2023

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

PUBLIC INTEREST RATIONALE:

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

BACKGROUND:

Under the Patient Relations Committee (PRC) Terms of Reference, it is recommended that the committee review its terms of reference annually. On March 22, 2023, the PRC met to review the Terms of Reference and Action Plan. The attached draft (Appendix A) includes the suggested changes to the Terms of Reference and action plan. These include changes required to the Action Plan because of the rescinding and archiving of two policies related to Funding for Supportive Measures, adding additional responsibilities for the PRC, and confirming the review cycle of a PPG.

ANALYSIS:

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

- Removal of Section 3 of the Action Plan:
 - During a Special Meeting of Council on April 24, 2023, Council approved that the CRTO archive and rescind the two policies related to Funding for Support of Measures as they are not consistent with legislation.

- In their place, a fact sheet has been established to communicate the information captured in legislation, and thus, does not require oversight by the PRC, as it will be dependent on the legislation, specifically section 85.7 of *the Health Professions Procedural Code*, which is Schedule 2 to the *Regulated Health Professions Act*.
- Addition of items e) and f) to Section 2 of the Action Plan
 - The additions e) and f) in section 2 of the action plan are designed to obtain public and membership feedback on redesigns of public-facing aspects of the CRTO.
 - Section e) gives oversight to the PRC in developing a new complaints feedback survey, to obtain insight into the experiences of Complainants who engage the CRTO's complaints process. Post development and deployment of the survey, the PRC will be tasked with analysing survey results and suggesting changes to the CRTO complaints process.
 - Section f) gives oversight to the PRC in developing a feedback survey for when the new redesigned CRTO website is launched. Post development and deployment of the survey, PRC will be tasked with analysing survey results and suggesting changes needed (if any) to the CRTO's new website.
- Update to Section 1 b) of the Action Plan
 - The previous Action Plan did not define a review cycle period for the Abuse Awareness and Prevention Professional Practice Guideline. Therefore, that has been added to include a provision to review the document every five years.

RECOMMENDATION:

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

APPENDIX A

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



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

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

Date originally approved:
April 26, 2005

Date last revision approved:
March 04, 2022

TERMS OF REFERENCE

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

PURPOSE:

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

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

RESPONSIBILITIES AND OPPORTUNITIES:

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

RELATED POLICIES & GUIDELINES:

- Funding for Supportive Measures (Patient/Client) (PR-Funding-103)
- Funding for Supportive Measures (Non-Patient/Client) (PR-Funding-103.5)
- Abuse Awareness and Prevention” Professional Practice Guideline (PPG)

MEMBERSHIP:

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

- at least one (1) Council Member who is a Member of the CRTO;

- at least one (1) public Council Member; and
- at least two (2) Professional Committee Appointees.

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

REPORTING RELATIONSHIP:

The Committee is responsible to Council and shall provide approved or amended terms of reference and proposed annual plan. The Committee shall report to Council at each Council meeting outlining all Committee activities that have been undertaken since the last report. The Chair shall submit to Council an Annual Report of the Committee's activities at the close of each fiscal year.

CHAIR:

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

FREQUENCY OF MEETINGS:

The Committee shall hold at least two (2) meetings each year. Additional meetings of the Committee may be called by the Chair as required. Meetings are held in accordance with CRTO By-Law 2: Council and Committees section 15.09.

QUORUM:

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

TERMS OF APPOINTMENT:

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

CIRCULATION OF MINUTES:

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

RECORDS RETENTION:

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

TRAINING:

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

ACTION PLAN FOR THE PERIOD ENDING (MONTH – YEAR)

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

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

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

Action	How	When	Status
1. To advise council on the adequacy of measures in place to raise awareness, provide support and prevent sexual abuse of patients.			
a. Identify any changes or proposed changes to legislation.*	Staff will monitor and brief Committee.		
b. Recommend changes (if any) to the “Abuse Awareness and Prevention” Professional Practice Guideline (PPG).*	Committee will review document.	<u>Every five years, and as needed.</u> <u>March 22, 2023</u>	
c. Recommend changes (if any) to policies and procedures related to the sexual abuse program (in light of new information or identified issues).*	Staff will brief the Committee on any need for change. Committee will review annually.		
2. Advise Council on opportunities to enhance patient relations through training and awareness on issues of transparency, diversity and inclusiveness to maintain public trust.			
a. Discuss adequacy of existing measures and possible ways to enhance.	Council may refer. Staff and chair will research current and best practices.		
b. Review adequacy of training on prevention and awareness of sexual abuse and topics on diversity and	Staff will advise what has been offered. Committee will discuss and explore other opportunities as		

inclusion.	needed.		
c. Create and maintain a Diversity, Equity and Inclusion (DEI) Plan that is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives	Committee will explore and recommend a plan to Council.		
d. Create and maintain Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.	Committee will explore and recommend assessment to Council.		
e. <u>Develop and Implement a Complaints Satisfaction Survey to ensure Complainants are given an opportunity to provide feedback on the CRTO’s complaints process.</u>	<u>An updated complaints satisfaction survey will be created.</u> <u>Year end results will be tabulated and provided to PRC for analysis on the requirement to improve current complaints process.</u>	<u>Development of Survey is underway, projected completion, September 2023</u>	<u>Ongoing</u>
f. <u>Website Redesign Feedback Survey (possibly an annual survey)</u>	<u>Once new website redesign is completed and website goes live, membership and public will be encouraged to complete a survey on the ease of use and understanding of website.</u> <u>Results of the survey will be communicated to PRC for analysis to identify improvements to the redesigned website.</u>	<u>Development of survey will commence as website redesign nears completion.</u>	<u>Ongoing</u>

	<u>Depending on first iteration of redesign survey and its results, possible that a survey is sent out annually to obtain feedback on effectiveness of website.</u>		
3. Conduct a review of the policies that relate to public facing communications.			
a. Review Funding for Supportive Measures (Patient/Client) (PR Funding-103) and Procedure.	Committee will review documents and recommend changes if necessary.		
b. Review Funding for Supportive Measures (Non-Patient/Client) (PR-Funding-103.5) and Procedure.	Committee will review documents and recommend changes if necessary.		
4.3. To monitor adequacy of reserve funds for funding therapy or counselling or supportive measures.			
a. Identify any changes or proposed changes to legislation.*	Staff will monitor and brief Committee.		
b. Review past and expected access to funding.*	Staff will report trends both within CRTO and the broader health community.		

Committee Report Items

AGENDA ITEM 8.2.2

PATIENT RELATIONS – DIVERSITY, EQUITY, INCLUSION (DEI) STEERING COMMITTEE - CHAIR’S REPORT TO COUNCIL

The PRC-DEI Steering Committee had its first meeting on May 4, 2023, led by Ivana Lochhead and Destiny Udoh from the Canadian Equity Consulting (CEC). The Steering Committee consisted of the following members of the Patient Relations Committee:

- 1.) Kim Morris (Chair), Public Member
- 2.) Katherine Lalonde, RRT
- 3.) Tracy Bradley, RRT
- 4.) Ginette Greffe-Laliberté, RRT
- 5.) Patricia Harris, RRT
- 6.) Laura Van Bommel, RRT
- 7.) Allison Peddle, Public Member

Topics Reviewed During Meeting:

1. Draft Terms of Reference

The Draft Terms of Reference for the PRC-DEI Steering Committee were reviewed. The CEC will revise the document based on the feedback from the Committee.

2. Design Strategy Session

The four strategic pillars from the Council DEI report were reviewed:

- Talent Processes
- Organizational Culture
- Council/Committees Capacity Building, and
- Membership Support.

The Committee then had an extensive brainstorming session using the initial CEC recommendations from the DEI report as a starting point. The CEC will turn the ideas/initiatives discussed during the brainstorming session into an Action Plan that will be shared with the Committee at the next meeting.

Respectfully submitted,
Kim Morris
Chair, Patient Relations Committee

Council Briefing Note

AGENDA ITEM # 8.2.3

May 26, 2023

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

PUBLIC INTEREST RATIONALE:

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

ISSUE:

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

BACKGROUND:

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

ANALYSIS:

Summary of Changes

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

RECOMMENDATION:

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

NEXT STEPS:

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

Abuse Awareness & Prevention

June 2014

Professional Practice Guideline

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

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

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

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Introduction

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

This guideline is divided into three primary sections:

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

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

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

Definitions

Patient

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

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

Abuse

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

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

Sexual Abuse

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

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

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

Sexual Assault

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

According to the CCC, there is no consent if:

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

² *Ibid.*

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

Appendix A

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

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

Sexual Harassment

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

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

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

⁴ *Ibid.*

Appendix A

Abuse Awareness

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

Prevalence & Implications of Abuse

Accurate statistics on the prevalence of abuse, particularly sexual abuse, cannot be obtained because it is believed that only “about one in ten sexual assaults are reported to police”⁵. However, it is likely that healthcare practitioners will encounter survivors of sexual abuse/assault and other forms of abuse in their practice⁶. Research indicates (as of ~~March 2023~~ *February, 2014*) that:

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

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

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

Principles of Sensitive Professional Practice

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

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

⁷ *Ibid.*

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

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

Appendix A

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

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

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

Communication Principles

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

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

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

¹¹ Ibid.

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

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

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

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

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

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

Touching Principles

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

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

-Scenario:

A male RT is required to set and perform a Cardiac Stress Test (CST) on a female patient/client.

~~In this situation, if at all possible it is advisable to give the patient/client the choice of having another person in the room during the preparation phase. Many organizations also have a policy that deals with this type of patient/client interaction.~~

- Respect cultural diversity;

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

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

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

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

Appendix A

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

Abuse Prevention

CRTO Zero Tolerance Position Statement

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

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

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

Therapeutic & Professional Relationships

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

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

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

Managing Power Imbalances

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

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

Therapeutic Relationships

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

It is the expectation that RTs:

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

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

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

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

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

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

Professional Relationships

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

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

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

Professional Boundaries

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

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

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

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

Please note...

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

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

Students

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

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

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

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

Appendix A

Dating

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

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

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

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

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

Penalties for Abusing a Patient/Client

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

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

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

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

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

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

Reporting Suspected Abuse

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

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

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

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

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

Appendix A

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

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

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

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

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

DO

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

DON'T

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

Appendix A

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

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

Responsibilities related to the *Child and Family Services Act*

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

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

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

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

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

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

RTs Experiencing Abuse

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

Additional Resources

~~[CROTO A Commitment to Ethical Practice](#)~~ [Commitment to Ethical Practice](#)

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

~~[CROTO Mandatory Reporting by Member Fact Sheet](#)~~ [CROTO Mandatory Reporting by Members Fact Sheet](#)

~~[CROTO Standards of Practice](#)~~ [CROTO Standards of Practice](#)

~~[Pause Before You Post: Social Media Awareness for Regulated Healthcare Professionals](#)~~
eLearning module

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

Appendix A

Glossary

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

References

[Child and Family Services Act.](#)

[Criminal Code of Canada.](#)

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

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

[Ontario Human Rights Commission \(2013\). Policy on Preventing Sexual and Gender-Based Harassment.](#)

[Regulated Health Professions Act.](#)

[Victimization of Indigenous Women and Girls \(July 2017\)](#)

[Statistics Canada. \(2011\). Violent victimization of Aboriginal women in the Canadian provinces, 2009.](#)

[Statistics Canada. \(2012\). Family violence in Canada: A statistical profile, 2010](#)

[Statistics Canada \(2014\): What is family violence?](#)

[Women and Gender Equality Canada](#)

[World Health Organization \(2021\): Violence against women](#)

[Statistics Canada. \(2013\). Measuring violence against women: Statistical trends](#)

Abuse Awareness & Prevention

PROFESSIONAL PRACTICE GUIDELINE



Professional Practice Guideline

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

Resources and references are hyperlinked to the convenience and referenced to encourage exploration of information related to individual areas of practice and/or interests. **Bolded** terms are defined in the Definitions.

It is important to note that employers may have policies related to abuse awareness and prevention. If an employer's policies are more restrictive than the CRTO's expectations, the RT must abide by the employer's policies. Where an employer's policies are more permissive than the expectations of the CRTO, the RT must adhere to the expectations of the CRTO.

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Introduction

The **Regulated Health Professions Act (RHPA)** requires that all health regulatory Colleges in Ontario have measures for preventing and dealing with the sexual abuse of patients/clients and to encourage the reporting of such abuse. Although this provision in the *RHPA* specifically addresses the prevention of sexual abuse, Respiratory Therapists (RTs - Registered, Graduate, Limited and Inactive) should note that any form of abuse (e.g., sexual, verbal, physical, emotional, financial) is not tolerated and may be considered to be professional misconduct by the College of Respiratory Therapists of Ontario (CRTO). This practice guideline will differentiate between sexual abuse and other forms of abuse. A section of this practice guideline will also discuss the effect of the *Child and Family Services Act* on Respiratory Therapy practice.

This guideline is divided into two primary sections:

1. **Abuse Awareness** – understanding the needs of patients/clients who have experienced, or are experiencing, some form of interpersonal violence;
2. **Abuse Prevention** – ensuring that RTs do not commit any manner of abuse or harassment, and that they report abuse when it occurs.
 - **Professional Conduct** - expectations of Respiratory Therapists (RTs) within their therapeutic and professional relationships;
3. **Members' Responsibilities Regarding Abuse Prevention** – reporting obligations, penalties for abuse.

Definitions

Abuse

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

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

Member

Refers to a Respiratory Therapist who is, or was, registered with the CRTO as either a Registered Respiratory Therapist (RRT), Practical (Limited) Respiratory Therapist (PRT), Graduate Respiratory Therapist (GRT), or Inactive Member.

Non-Patient/Client

An individual who does not fulfill the definition of patient/client but who brings forward allegations of sexual misconduct against a Respiratory Therapist. For example, a Non-Patient/Client may be a Student Respiratory Therapist, family member of a patient/client, or other health care providers.

Patient/Client

For the purposes of sexual abuse allegations against a Respiratory Therapist in a complaint or report, an individual is considered a patient/client of the Member in any of the following circumstances:

- a) A Member contributed to the individual's health record;
- b) A Member charged or received payment for health services provided to the individual;
- c) The individual consented to health services recommended by a Member; or
- d) A Member prescribed a drug for the individual.

An individual may be, or may continue to be, considered a patient/client of the Member for at least one (1) year after any of the above contacts.



Unless prescribed in regulation, when a registered Member of the profession treats their spouse, they contravene the sexual abuse provision in the RHPA, and can potentially face mandatory revocation of their certificate of registration.


For more information, please see the CRTO's [Conflict of Interest PPG](#) under "Treatment of a Spouse" (page 8).

Sexual Abuse

As defined in the *Health Professions Procedural Code* sexual abuse means:

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

“Sexual nature does not include touching, behaviour or remarks of a clinical nature that are appropriate for the professional service being provided”².



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

Sexual Assault


Certain situations can magnify the gravity of a sexual assault, such as when the assailant is in a position of trust or authority over the individual. Sexual assault is defined in the *Criminal Code of Canada* (CCC) as any form of sexual contact without both parties’ voluntary consent³. According to the CCC, there is no consent if:

*The accused counsels or incites the complainant to engage in the activity by abusing a position of trust, power or authority*⁴.

Sexual Harassment

Common types of sexual harassment include:

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



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

Sexual Misconduct

Where allegations of sexual abuse, assault or harassment are brought forward against a Respiratory Therapist the behaviour would be categorized as Professional Misconduct in accordance with Ontario Regulation 753/93⁵.

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

² Ministry of Health and Long Term Care. (1991). *Regulated Health Professions Act, Health Professions Procedural Code, s.1(4)*. Retrieved from www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_91r18_e.htm

³ Government of Canada. (1991). *Criminal Code of Canada, s. 153(2) (3)*. Retrieved from <http://laws-lois.justice.gc.ca/eng/acts/C-46/>

⁴ *Ibid.*

⁵ Ministry of Health and Long Term Care. (1993). *Respiratory Therapy Act (1991), Ontario Regulation 753/93*. Retrieved from <https://www.ontario.ca/laws/regulation/930753?search=753%2F93.htm>

Abuse Awareness

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

Prevalence & Implications of Abuse

Accurate statistics on the prevalence of abuse, particularly sexual abuse, are difficult to obtain as only “about one in ten sexual assaults are reported to police”⁶. However, it is likely that health care practitioners will encounter survivors of sexual abuse/assault and other forms of abuse in their practice⁷. Research indicates (as of February, 2014) that:

- Approximately 33% of women and 14% of men are survivors of childhood sexual abuse⁸; and
- Indigenous women were almost three times more likely than non-Indigenous women to report having been a victim of a violent crime, such as sexual assault⁹.

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

- greater use of medical services;
- substance abuse, self-mutilation, suicide; and
- ischemic heart disease, cancer, chronic lung disease¹⁰.

⁶ Statistics Canada. (2008). *Sexual assault in Canada 2004 and 2007. (Canadian Centre for Justice Statistics Profile Series)*. Retrieved from www.statcan.gc.ca/pub/85f0033m/85f0033m2008019-eng.pdf

⁷ Public Health Agency of Canada. (2009). *Handbook on Sensitive Practice for Health Care Practitioners: Lessons from Adult Survivors of Childhood Sexual Abuse*. Ottawa, ON: Public Health Agency of Canada.

⁸ *Ibid.*

⁹ Statistics Canada. (2011). *Violent victimization of Aboriginal women in the Canadian provinces, 2009*. Retrieved from www.statcan.gc.ca/pub/85-002-x/2011001/article/11439-eng.htm

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

Principles of Sensitive Professional Practice

The prevalence of abuse/assault is such that the principles of sensitive practice should become foundations that RTs apply in all health care encounters¹¹. Procedures that may appear routine may be very traumatizing for abuse survivors, as it can cause them to feel exposed, vulnerable and powerless. ***The Handbook on Sensitive Practice for Health Care Practitioners: Lessons from Adult Survivors of Childhood Sexual Abuse*** outlines nine principles of sensitive practice that include respect, taking time, sharing information and respecting boundaries¹². The primary goal of sensitive practice is to facilitate feelings of safety and control. The following should be taken into consideration during every patient/client interaction:

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

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

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

Communication Principles

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

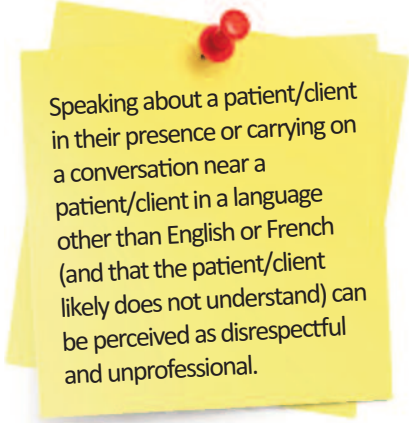
- Being aware of the communication needs and styles of others;
- Introducing themselves using their name and professional title (this also includes introducing any students or other staff members who may be present);
- Explaining the procedures carefully, choosing words that ensure the patients/clients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

What a health care professional might view as "terms of endearment" such as "honey", "sweetie", "dear" can be interpreted by others as "terms of diminishment" (Ontario Human Rights Commission, 2013)

¹¹ Public Health Agency of Canada. (2009). *Handbook on Sensitive Practice for Health Care Practitioners: Lessons from Adult Survivors of Childhood Sexual Abuse*. Ottawa, ON: Public Health Agency of Canada.

¹² *Ibid.*

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



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

Scenario

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

What do you do?

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



Touching Principles

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

- Obtaining consent, whenever possible, prior to touching the patient/client;
- Allowing the patient/client to disrobe themselves and only touch body areas needed to facilitate removal of clothing when providing assistance to disrobe;
- Respecting the client and their personal space;
- Providing the patient/client with an opportunity to have another person present during the interaction;
- Respect cultural diversity;
- Avoid placing instruments or other materials on a patient/client; and
- Help maintain the patient's/client's dignity wherever possible (e.g., use appropriate draping to provide privacy).



Scenario

A male RT is required to set and perform a Cardiac Stress Test (CST) on a female patient/client.

What do you do?

In this situation, if at all possible it is advisable to give the patient/client the choice of having another person in the room during the preparation phase. Many organizations also have a policy that deals with this type of patient/client interaction.

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

Abuse Prevention

Preventing abuse is everyone's responsibility. If you are the subject of, or witness to, abuse you have a professional and ethical duty to report the behaviour. In addition you may wish to consider the following recommendations:

- FIRMLY tell the person that their behaviour is not acceptable and ask them to stop. You can ask a supervisor or union member to be with you when you approach the person.
- KEEP a factual journal or diary of daily events. Record:
 - o The date, time and what happened in as much detail as possible.
 - o The names of witnesses.
 - o The outcome of the event.
- KEEP copies of any letters, memos, emails, faxes, etc., received from the person.

Remember, it is not just the character of the incidents, but the number, frequency, and especially the pattern that can reveal the abuse or harassment.

REPORT the abuse to the person identified in your workplace policy, your supervisor, or a delegated manager. If your concerns are minimized, proceed to the next level of management. Consider reporting the individual to his/her regulatory College.

CRTO Zero Tolerance Position Statement

The CRTO's Zero Tolerance position statement, regarding abuse, states:

The College of Respiratory Therapists of Ontario (CRTO) recognizes the seriousness and extent of harm that sexual abuse and other forms of abuse can cause to individuals, their family members, and members of the healthcare team. Therefore, the CRTO has a position of zero tolerance for any form of abuse (sexual, physical, verbal, emotional, financial, or cyber) by its Members.

Through its standards of practice, policies and guidelines, the CRTO strives to educate its Members on the effects and/or impacts of **abuse**. The CRTO expects the principles of **sensitive practice** to be an important part of the care our Members provide. It is important for the profession to be aware of the imbalance of power that exists in various relationships.

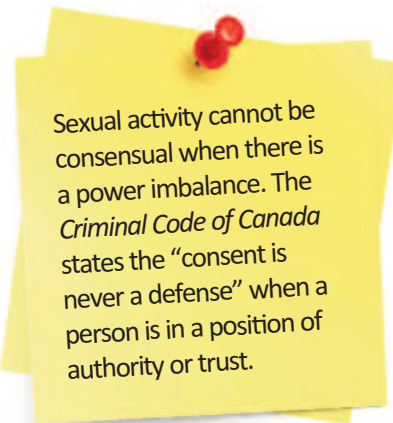
The CRTO will ensure all Respiratory Therapists are aware that abuse in any form is unacceptable and will not be tolerated.

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

Therapeutic & Professional Relationships

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

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



Sexual activity cannot be consensual when there is a power imbalance. The *Criminal Code of Canada* states the “consent is never a defense” when a person is in a position of authority or trust.

Both types of relationships are built on trust, respect, compassion and honesty. RTs must always conduct themselves within these relationships in a manner that is free of all forms of abuse, including sexual context or connotation. The responsibility falls on the RT to know what meets the legal obligations and professional standards of acceptable conduct. Ignorance of these obligations or standards is not an acceptable defense. Professional standards regarding Professional Boundaries / Therapeutic & Professional Relationships are outlined in the [CRTO Standards of Practice - Standard 12](#). RTs are also expected to adhere to their organizational policies regarding conduct.

Managing Power Imbalances

In both therapeutic and professional relationships, an inherent power imbalance exists that favours the RT (e.g., between RT and patient/client, between staff RT and student, etc.). This power imbalance occurs because the RT has authority, knowledge, access to information and influence. This inequity can increase the potential for abuse and cannot be managed by obtaining consent.¹³

Therapeutic Relationships

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

It is the expectation that RTs:

- recognize that an individual remains a patient/client for at least one year following their last financial, therapeutic or professional interaction and that RTs;
- act with attitudes and behaviours that are appropriate to the services or care provided;
- not engage in behaviour, conversations, or make comments that cause inappropriate discomfort in the presence of patients/clients;

¹³ McPhedran, M., & Sutton, W. (2004). *Preventing Sexual Abuse of Patients: A Legal Guide for Health Care Professionals*. Toronto, ON, Canada: LexisNexis Butterworths.

- not engage in any sexual activity with a patient/client;
- not condone abusive behaviour of others by any means including words, actions, body language or silence;
- understand that patients are frequently in a vulnerable state and may not be able to advocate for themselves; and
- learn about attitudes and behaviours (e.g., cultural, religious, societal) that are appropriate to the patient/client services you provide.

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

Scenario

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

What do you do?

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



Professional Relationships

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

Scenario

An RT thinks that another health care professional that she works with is lazy and argumentative, and doesn't hesitate to tell this to her peers in the lunchroom.

What do you do?

The CRTO Standards of Practice requires that RTs "refrain from maligning the reputation of any colleague." (CRTO Standards of Practice - Standard 12)



Professional Boundaries

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

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



Scenario

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

What do you do?

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


PLEASE NOTE:

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

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

Students

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



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

Scenario

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



What do you do?

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

Dating

Dating and other forms of affectionate behaviour between an RT and their patient/client may constitute sexual abuse as defined by the RHPA. As discussed earlier in this document, the relationship between an RT and their patient/client has an inherent power imbalance.

An RT may not date a former patient/client for at least one year after there is no longer any influence over the patient's/client's care or the provision of services to them. Once a patient/client is discharged from the hospital or **permanently** transferred to another RT, the waiting period is a minimum of one year.

In addition to a power imbalance existing between an RRT and a patient/client, a similar inequity exists between an RRT and a Student Respiratory Therapist (SRT) where the RRT is directly or indirectly supervising the Student. As a result of the RRT's status and influence over the SRT (being educated by the CRTO Member), an RRT may not have a personal relationship with the SRT. Such a personal relationship is unprofessional conduct and may be considered sexual misconduct resulting in the revocation of an RRT's certificate of registration.

In general, RRTs are advised to avoid personal relationships with anyone with whom they may be perceived to hold professional influence (e.g., family members of patients/clients) for a minimum of one year following the end of professional practice interactions.



Scenario

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

What do you do?

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

Members' Responsibilities Regarding Abuse Prevention

Penalties for Abusing a Patient/Client

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

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

1. Direct the Registrar to revoke the member's certificate of registration.
2. Direct the Registrar to suspend the member's certificate of registration for a specified period of time.
3. Direct the Registrar to impose specified terms, conditions and limitations on the member's certificate of registration for a specified or indefinite period of time.
4. Require the member to appear before the panel to be reprimanded.
5. Require the member to pay a fine of not more than \$35,000 to the Minister of Finance.
 - 5.1 If the act of professional misconduct was the sexual abuse of a patient, require the member to reimburse the College for funding provided for that patient under the program as required under section 85.7.
 - 5.2 If the panel makes an order under paragraph 5.1, require the member to post security acceptable to the College to guarantee the payment of any amounts the member may be required to reimburse under the order, under paragraph 5.1. When the misconduct is sexual abuse, the Member will also be subject to the following [*HPPC* section 51(5)]:
 1. a reprimand; and
 2. a suspension of the Member's certificate of registration if the sexual abuse does not consist of or include conduct listed in paragraph 3 and the panel has not otherwise made an order revoking the Member's certificate of registration; and
 3. a revocation of the Member's certificate of registration if the sexual abuse consisted of:
 - i. sexual intercourse;
 - ii. genital to genital, genital to anal, oral to genital or oral to anal contact;
 - iii. masturbation of the Member by, or in the presence of, the patient/client;
 - iv. masturbation of the patient/client by the Member;
 - v. encouragement of the patient/client by the Member to masturbate in the presence of the Member;
 - vi. touching of the patient/client's genitals, anus, breasts or buttocks; and/or
 - vii. other conduct prescribed in regulation.

Reporting Suspected Abuse

Suspected abuse by a health professional is difficult to deal with in any situation. It is an RT's ethical, professional, and sometimes legal responsibility to report any incidents of unsafe professional practice or professional misconduct (physical, verbal, emotional and/or financial abuse involving a regulated or non-regulated health care provider) to the appropriate authority.

The CRTO ***Standards of Practice*** states that an RT is accountable for the following:

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

Standard 13 – Professional Responsibilities

- Whomever function as employers, must report to the CRTO, in accordance with regulatory requirements, the following:
 1. whenever, for whatever reason of professional misconduct, incompetence or incapacity, they terminate, suspend or impose restrictions on the employment of a Member; and
 2. where they have reason to suspect a Member is incompetent, incapacitated, has sexually abused a patient/client or committed an act of professional misconduct.
- Report to relevant authorities of any unsafe practice, unprofessional conduct, or incapacity by other healthcare team members.
- Report to the appropriate authority the following:
 1. sexual abuse of a patient/client, student, other healthcare team member and/or
 2. verbal, emotional, psychological or physical abuse of a patient/client, student, other member of the healthcare team, or
 3. taking advantage of a patient/client or student as a result of the Member's position in the relationship.

In addition, the *RHPA* requires RTs to submit a report when they have reasonable grounds, obtained during the course of practising their profession, to believe that a member of the CRTO or a different College has sexually abused a patient/client.

Under the RHPA, Members must report sexual abuse, if any of the following apply:

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

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

Although there is no obligation under the RHPA to report sexual abuse of non-patients, (e.g. co-workers or students) there is a **professional obligation** to report another member of the CRTO where there is reason to suspect professional misconduct. ([CRTO Standards of Practice - Standard 13](#))

A report must be filed with the Registrar of the appropriate College within 30 days of the incident being brought to the RT's attention, unless the RT reasonably believes the abuser will continue to abuse, in which case they must file the report immediately. The report must be in writing and include:

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

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

DO:	DON'T
<ul style="list-style-type: none">• Listen calmly and with an open mind.• Take the information seriously.• Reassure the person that they are not to blame, and that they are not alone.• Be supportive.• Involve the appropriate corporation or institution staff, while respecting the person's privacy.• Report the incident to the Registrar of the appropriate College.• Ask the person for their written permission to include their name in the report.	<ul style="list-style-type: none">• Make light of the situation.• Assume that the crisis has passed.• Try to explain the behaviour as having been misinterpreted.• Guarantee quick fixes or other promises that cannot be kept.• Display a strong emotional reaction of shock, disgust, or embarrassment.

Consequences for Failing to Report

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

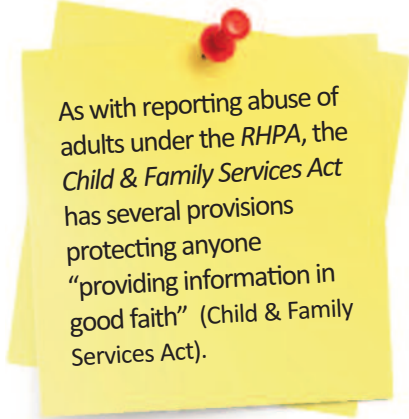
The *RHPA* expressly states that anyone making a report in good faith and on the belief that there are reasonable grounds is protected from retaliation (*HPPC*, Ss.92.1).

Responsibilities Related to the *Child and Family Services Act*

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

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

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



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

Scenario

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

What do you do?

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



RTs Experiencing Abuse


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

Additional Resources

1. [CRO A Commitment to Ethical Practice](#)
2. [CRO Funding for Supportive Measures \(Non-Patient/Client\) Policy](#)
3. [CRO Funding for Supportive Measures \(Patient/Client\) Policy](#)
4. [CRO Mandatory Reporting by Member Fact Sheet](#)
5. [Pause Before You Post: Social Media Awareness for Regulated Healthcare Professionals](#)
eLearning module
6. [CRO Standards of Practice](#)
7. [Zero Tolerance of Sexual Abuse and Other Forms of Abuse Position Statement](#)

References

1. [Child and Family Services Act](#)
2. [Criminal Code of Canada](#)
3. [Handbook on Sensitive Practice for Health Care Practitioners: Lessons from Adult Survivors of Childhood Sexual Abuse](#). In Public Health Agency of Canada (Eds.),. Ottawa: Public Health Agency of Canada
4. McPhedran, M., & Sutton, W. (2004). *Preventing Sexual Abuse of Patients: A Legal Guide for Health Care Professionals*. Toronto, ON, Canada: LexisNexis Butterworths.
5. Ontario Human Rights Commission (2013). [Policy on Preventing Sexual and Gender-Based Harassment](#).
6. [Regulated Health Professions Act](#)
7. Statistics Canada. (2011). [Violent victimization of Aboriginal women in the Canadian provinces, 2009](#).
8. Statistics Canada. (2012). [Family violence in Canada: A statistical profile, 2010](#)
9. Statistics Canada. (2013). [Measuring violence against women: Statistical trends](#)



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

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

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

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

Council Briefing Note

AGENDA ITEM # 8.3.1

May 26, 2023

From:	Carole Hamp, RRT – Registrar & CEO
Topic:	Membership Fee Assessment Tool
Purpose:	For Discussion
Strategic Focus:	Core Business Practices

PUBLIC INTEREST RATIONALE:

It is essential that the Finance & Audit Committee (FAC), Executive and Council annually consider if the current membership fees are sufficient to sustain the mandate of the CRTO, which is to regulate the profession of Respiratory Therapy in the public interest.

ISSUE:

Membership fees are the CRTO’s near sole source of revenue. As inflation continues to push the costs of doing business higher each year, the CRTO must look carefully at the College’s past financial performance, projected revenue over expenses and possible mitigation strategies to avoid or forestall a fee increase.

BACKGROUND:

Since its inception in 1994, the CRTO has increased its annual fees three times. The initial fee in 1994 for a CRTO Member was \$500. In 2018, the first increase occurred in the amount of \$60 for a total fee of \$560. In 2019, the second fee increase occurred in the amount of \$60 for a total of \$620.

At the December 6, 2019, Council meeting, Council voted to amend the CRTO By-laws to remove the Membership fee structure from the By-Laws themselves and instead create a Schedule of Fees that will be available on the CRTO website (By-Law 3: Membership 4. Fees).

Additionally, Council voted to include a new By-law stating:

Each fiscal year, each fee set out in the Schedule of Fees shall be increased by an amount to offset increases in the Cost of Overhead and Operations (COO). That amount shall meet or exceed the percentage increase, if any, in the Consumer Price Index for goods and services in Ontario as published by Statistics Canada or any successor organization, unless Council decides to waive a fee increase for that year.” (CRTO By-Law 3 – 4.19)

NEXT STEPS:

The FAC will be reviewing all relevant data over the upcoming months. Once a decision has been reached, the matter will be presented to the Executive Committee for their recommendation and to Council for final approval at its September meeting.