

CRTO

Council Meeting Materials

May 27, 2022

Zoom Video Conference

<https://us02web.zoom.us/j/84322728227>

Meeting ID: 843 2272 8227

Passcode: 449854

Find your local number: <https://us02web.zoom.us/j/knYTg7qAk>



College of Respiratory
Therapists of Ontario

Ordre des thérapeutes
respiratoires de l'Ontario

Council Motion

AGENDA ITEM # 3.0

| | |
|-------------------------|---|
| Motion Title: | <i>Approval of Draft Council Agenda for May 27, 2022.</i> |
| Date of Meeting: | <i>May 27, 2022</i> |

It is moved by _____ and seconded by _____ that:

The Council approve the *Agenda for May 27, 2022*.

CRTO Council Meeting Agenda

May 27, 2022

AGENDA ITEM # 3.0

9 am to 1 pm

Zoom Video Conference

<https://us02web.zoom.us/j/84322728227>

Meeting ID: 843 2272 8227

Passcode: 449854

| Time | Item | Agenda | Page No. | Speaker / Presenter | Action | Strategic Focus |
|------|------|--|----------|---------------------|-------------|-----------------------------|
| 0900 | 1.0 | Introduction & Land Acknowledgement | | Lindsay Martinek | | |
| | 2.0 | Conflict of Interest Declarations | | Carole Hamp | | |
| | 3.0 | Approval of Council Agenda | 2 | Lindsay Martinek | Decision | Governance & Accountability |
| | 4.0 | Strategic Issues | | | | |
| 0915 | 4.1 | Financial Audit 2021-2022 (LanJun Wang from Hilborn to join the meeting) | 6 | Lindsay Martinek | Decision | Governance & Accountability |
| | 4.2 | Appointment of Auditor for 2022-2023 | 42 | Lindsay Martinek | Decision | Governance & Accountability |
| | 4.3 | Annual Report 2021-2022 | 49 | Janice Carson | Decision | Governance & Accountability |
| | 4.4 | College Performance Measurement Framework – Report Summary | 78 | Carole Hamp | Discussion | Governance & Accountability |
| | 4.5 | 2021 – 2025 Strategic Direction Update Report | 83 | Carole Hamp | Decision | Governance & Accountability |
| | 4.6 | Council Effectiveness – BoardSource Survey Results | 98 | Carole Hamp | Discussion | Governance & Accountability |
| | 5.0 | Operational & Administrative Issues | | | | |
| | 5.1 | Registrar's Report | 105 | Carole Hamp | Information | Core Business Practices |
| | 5.2 | Financial Statements | 108 | Carole Hamp | Information | Core Business Practices |
| | 5.3 | Investment Portfolio | 116 | Carole Hamp | Information | Core Business Practices |
| | 5.4 | Membership Statistics | 121 | Ania Walsh | Information | Core Business Practices |
| | 5.5 | Administering and Dispensing Med Draft PPG | 122 | Kelly Arndt | Decision | Enhancing Professionalism |

CRTO Council Meeting Agenda

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| 6.0 | Consent Agenda Items | <i>Consent Agenda: One Decision for Entire Consent Package</i> | | |
|-------|--|--|------------------|-----------------------------|
| 6.1 | Minutes from March 4, 2022, & April 8, 2022 | 162 | Lindsay Martinek | Governance & Accountability |
| 6.2 | Executive Committee Report | 192 | Lindsay Martinek | Governance & Accountability |
| 6.3 | Registration Committee Report | 193 | Christa Krause | Governance & Accountability |
| 6.4 | Quality Assurance Committee Report | 195 | Andriy Kolos | Governance & Accountability |
| 6.5 | Patient Relations Committee Report | 197 | Kim Morris | Governance & Accountability |
| 6.6 | Inquiries, Complaints and Reports Committee Report | 198 | Kim Morris | Governance & Accountability |
| 6.7 | Discipline Committee Report | 201 | Lindsay Martinek | Governance & Accountability |
| 6.8 | Fitness to Practise Committee Report | 202 | Lindsay Martinek | Governance & Accountability |
| 6.9 | Finance & Audit Committee | 203 | Jeff Dionne | Governance & Accountability |
| 7.0 | Committee Items Arising | | | |
| 7.1 | Executive Committee Items: | | | |
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| 7.2 | Registration Committee Items: | | | |
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| 7.3 | Quality Assurance Committee Items: | | | |
| 7.3.1 | QAC Terms of Reference and Action Plan | 205 | Andriy Kolos | |
| 7.4 | Patient Relations Committee Items: | | | |
| | | | | |
| 7.5 | Inquiries, Complaints & Reports Committee Items: | | | |
| 7.5.1 | ICRC Terms of Reference and Action Plan | 211 | Kim Morris | |
| 7.6 | Discipline & Fitness to Practise Committees Items: | | | |
| | | | | |
| 7.7 | Finance & Audit Committee | | | |

CRTO Council Meeting Agenda

May 27, 2022

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|------|---|-----|----------------|----------|-------------------------|
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| 8.0 | Legislative and General Policy Issues | | | | |
| 8.1 | CD-180 Code of Conduct for Public Observers Policy | 208 | Kim Morris | Decision | Core Business Practices |
| 8.2 | CD-430 Unauthorized Use of Title and Holding Out Prior to Registration Policy | 228 | Kim Morris | Decision | Core Business Practices |
| 8.3 | RG-403 Graduate Certificate of Registration Policy | 239 | Christa Krause | Decision | Core Business Practices |
| 8.4 | RG-408 Approval of Canadian Education Programs Policy | 246 | Christa Krause | Decision | Core Business Practices |
| 8.5 | RG-420 Application for Registration Document Requirements Policy | 257 | Christa Krause | Decision | Core Business Practices |
| 8.6 | RG-426 File Closure Policy | 266 | Christa Krause | Decision | Core Business Practices |
| 8.7 | QA-104 Deferral of Quality Assurance Requirements Policy | 272 | Andriy Kolos | Decision | Core Business Practices |
| 8.8 | RG-405 Supervision Professional Practice Policy | 279 | Kelly Arndt | Decision | Core Business Practices |
| 8.9 | Policies being Rescinded & Archived | 287 | Carole Hamp | Decision | Core Business Practices |
| 9.0 | Other Business | | | | |
| | | | | | |
| 10.0 | Next Meeting - Council: September 23, 2022 | | | | |
| 11.0 | Adjournment | | | | |

Open Forum

Council Briefing Note

AGENDA ITEM # 4.1

May 27, 2022

| | |
|-------------------------|---|
| From: | <i>Carole Hamp, RRT – Registrar & CEO</i> |
| Topic: | <i>2021 – 2022 Audit Findings</i> |
| Purpose: | <i>For Decision</i> |
| Strategic Focus: | <i>Core Business Practice</i> |
| Attachment(s): | <i>Appendix A – Audit Findings Appendix B – Financial Statement</i> |
| Motion: | It is moved by _____ and seconded by _____ that: The Council approves the 2021 – 2022 Financial Audit. |

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 2021 – 2022 financial audit.

BACKGROUND:

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

RECOMMENDATION:

The Council approves the 2021 – 2022 Financial Audit.

College of Respiratory Therapists of Ontario
Audit Findings Communication for the year ended February 28, 2022

A message from Lanjun Wang

I am pleased to provide you with the findings of our audit of the financial statements of the College of Respiratory Therapists of Ontario (the “College”) for the year ended February 28, 2022.

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.



Lanjun Wang, CA, CPA, MBA
Partner
Hilborn LLP
May 10, 2022

**“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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| Significant Qualitative Aspects of the College's Accounting Practices | 3 |
| Other Significant Matters | 4-5 |
| Appendix A – Draft auditor's reports | |
| Appendix B – Management Representation Letter | |

Your client service team

Lanjun Wang, Engagement Partner
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Joy Lee, Supervisor
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John Campbell, Partner and Tax
Group Leader
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“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, 2022, with the exception of the following procedures:

- Completion of 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 Appendix A.

A copy of the management representation letter is included in Appendix B. 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 March 16, 2022.

Final materiality is consistent with preliminary materiality set at \$50,000.

Independence

We last communicated our independence to you through our audit plan communication dated March 16, 2022. We have remained independent since that date and through the date of this communication.

The following table explains the threats to independence identified by us and the safeguards put in place to eliminate or reduce the threats to an acceptably low level.

| Identified threat | Safeguard | Why effective |
|-------------------------------------|---|---|
| Self-review | <ul style="list-style-type: none"> - Independent reviews of the financial statements by Hilborn LLP as well as by management and the Executive Committee. | Provides an objective evaluation of the significant judgments made and the conclusions reached by the engagement team. |
| Objectivity and familiarity threats | <ul style="list-style-type: none"> - Emphasis on exercising professional skepticism throughout the audit by the Engagement Partner and audit team. | Results in an audit carried out with a respectful, but questioning mindset to dispel any perceived familiarity threats. |
| Provision of non-assurance services | <ul style="list-style-type: none"> - We obtain pre-approval of all services from management and the Executive Committee. - For non-assurance work, if any, we obtain management's acknowledgement of its responsibility for the results of the work performed by us regarding non-assurance services. | We do not make any management decisions or assume any responsibility for such decisions. |

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. - Management assessed the impact of the COVID-19 pandemic on the College's financial performance and concluded the impact cannot be estimated due to high level of uncertainties. The financial statement disclosures related to COVID-19 are clear and transparent and meet the requirements of the financial reporting framework. |
| <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 in the financial statements. All the adjustments proposed by Hilborn LLP have been approved and made 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 | No fraud or non-compliance with laws and regulations came to our attending during the course of the audit. We would like to reconfirm with the Executive Committee that you are not aware of any fraud or non-compliance with laws and regulations not previously discussed with us. |
| 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. |

| Significant Matter | Discussion |
|----------------------------|--|
| Related party transactions | We did not identify any related parties. |
| Subsequent events | No subsequent events, which would impact the financial statements, have come to our attention. |

APPENDIX A

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, 2022, 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, 2022.

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 TBD.

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
To be determined

Chartered Professional Accountants
Licensed Public Accountants

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, 2022, 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, 2022, 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
To be determined

Chartered Professional Accountants
Licensed Public Accountants

APPENDIX B

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, 2022, 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 May 27, 2022, 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 March 16, 2022.
2. The financial statements referred to above comprise the balance sheet as at February 28, 2022, 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, 2022, 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 May 27, 2022.
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 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.
26. All events occurring subsequent to February 28, 2022 that require disclosure have been disclosed in the notes to the financial statements in accordance with Canadian accounting standards for not-for-profit organizations.
27. The global pandemic of the virus known as COVID-19 led the Canadian Federal government, as well as provincial and local governments, to impose measures, such as restricting foreign travel, mandating self-isolations and physical distancing and closing non-essential businesses. During the year, the College waived the application fees and also offered the members to defer the payments of registration fees. Because of the high level of uncertainty related to the outcome of this pandemic, it is difficult to estimate the financial effect on the College.

Yours very truly,

College of Respiratory Therapists of Ontario

Ms. Carole Hamp, Registrar & CEO



LISTENERS. THINKERS. DOERS.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

FINANCIAL STATEMENTS

FEBRUARY 28, 2022

HILBORN LLP

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, 2022, 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, 2022, 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

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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

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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
To be determined

Chartered Professional Accountants
Licensed Public Accountants

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Balance Sheet

February 28

| | 2022 \$ | 2021 \$ |
|---|------------------|------------|
| ASSETS | | |
| Current assets | | |
| Cash | 1,987,584 | 1,861,867 |
| Investments held for operating (note 3) | 243,493 | 237,614 |
| Prepaid expenses | 70,966 | 95,988 |
| | 2,302,043 | 2,195,469 |
| Non-current assets | | |
| Investments held for reserves (note 3) | 1,280,000 | 1,030,000 |
| Capital assets (note 4) | 99,491 | 148,443 |
| | 1,379,491 | 1,178,443 |
| | 3,681,534 | 3,373,912 |
| LIABILITIES | | |
| Current liabilities | | |
| Accounts payable and accrued liabilities | 88,797 | 143,339 |
| Deferred revenue - registration fees (note 1) | 2,127,500 | 1,820,400 |
| Obligation under a capital lease - current portion (note 7) | 7,959 | 7,636 |
| | 2,224,256 | 1,971,375 |
| Non-current liability | | |
| Obligation under a capital lease - non-current portion (note 7) | 28,900 | 39,870 |
| | 2,253,156 | 2,011,245 |
| 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 | 208,334 |
| Fees stabilization reserve | 250,000 | - |
| Unrestricted | | |
| Operating fund | 148,378 | 424,333 |
| | 1,428,378 | 1,362,667 |
| | 3,681,534 | 3,373,912 |

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 | 2022 \$ | 2021 \$ |
|--|------------------|------------------|
| Revenues | | |
| Registration and renewal fees | 2,383,657 | 2,341,030 |
| Application fees (note 9) | 6,750 | - |
| Investment income (note 6) | 12,548 | 23,172 |
| | 2,402,955 | 2,364,202 |
| Expenses | | |
| Salaries and benefits | 1,286,064 | 1,190,961 |
| Office operations | | |
| Rent | 209,565 | 210,253 |
| All other - operations | 145,055 | 198,569 |
| Quality assurance portfolio and standards assessment | 63,168 | 43,795 |
| Depreciation (note 4) | 57,135 | 49,610 |
| Professional fees | 276,319 | 132,525 |
| Bank, credit card charges and interest (note 7) | 80,237 | 76,935 |
| Staff travel | 2,090 | 3,207 |
| Stationery and office supplies | 14,262 | 12,761 |
| Equipment maintenance and rental | 1,753 | 1,985 |
| Telephone | 13,133 | 13,638 |
| Postage and delivery | 5,826 | 8,616 |
| Minor equipment and software purchases | 18,139 | 25,442 |
| Printing | 2,984 | 9,239 |
| Insurance | 5,787 | 5,556 |
| | 895,453 | 792,131 |
| Council and committee | | |
| Travel, accomodation and meals | 1,247 | 3,437 |
| Per diem | 47,872 | 28,348 |
| Other meeting expenses | 4,113 | 290 |
| Education and training | 17,881 | 100 |
| | 71,113 | 32,175 |
| Special Projects | | |
| Scope of practice | 84,614 | 91,666 |
| Total operating expenses | 2,337,244 | 2,106,933 |
| Excess of revenues over expenses for the year | 65,711 | 257,269 |

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 Investigation s 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 |

| | Abuse Therapy Fund | General Contingency Reserve Fund | General Investigation s and Hearings Fund | Special Projects Reserve | Fees Stabilization Reserve | Operating Fund | 2021 Total |
|---|--------------------------|---|---|--------------------------------|----------------------------------|-------------------|---------------|
| Balance - at beginning of year | \$ 80,000 | \$ 500,000 | \$ 150,000 | \$ 300,000 | \$ - | \$ 75,398 | \$ 1,105,398 |
| Excess of revenues over expenses for the year | - | - | - | - | - | 257,269 | 257,269 |
| | 80,000 | 500,000 | 150,000 | 300,000 | - | 332,667 | 1,362,667 |
| Inter-fund transfers representing Special projects expenses during the year | - | - | - | (91,666) | - | 91,666 | - |
| Balance - at end of year | \$ 80,000 | \$ 500,000 | \$ 150,000 | \$ 208,334 | \$ - | \$ 424,333 | \$ 1,362,667 |

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 | 2022 \$ | 2021 \$ |
|--|------------------|-------------|
| Cash flows from operating activities | | |
| Cash received from registration and application fees | 2,697,507 | 2,205,164 |
| Interest received | 15,522 | 28,911 |
| Cash paid to employees and suppliers | (2,308,234) | (2,032,799) |
| Interest paid on capital lease obligation | (1,396) | (1,710) |
| | 403,399 | 199,566 |
| Cash flows from financing activities | | |
| Repayment of capital lease obligation | (10,647) | (13,345) |
| | (10,647) | (13,345) |
| Cash flows from investing activities | | |
| Redemption/disposal of investments | 645,613 | 1,094,054 |
| Purchase of investments | (904,466) | (1,122,272) |
| Purchase of furniture and equipment | (8,182) | (7,382) |
| | (267,035) | (35,600) |
| Change in cash during the year | 125,717 | 150,621 |
| Cash - at beginning of year | 1,861,867 | 1,711,246 |
| Cash - at end of year | 1,987,584 | 1,861,867 |

The accompanying notes are an integral part of these financial statements

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Notes to Financial Statements

February 28, 2022

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, 2022

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, 2022

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 2022 or 2021.

(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, 2022

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, 2022

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, 2022

3. Investments

Details of investments are as follows:

| | 2022 \$ | 2021 \$ |
|--|------------|------------|
| <i>Guaranteed Investment Certificates</i> | | |
| Equitable Bank - Guaranteed Investment Certificate at 1.25%, due December 11, 2023 | 100,508 | 100,276 |
| Canadian Western Bank - Guaranteed Investment Certificate at 1.25%, due December 9, 2023 | 100,509 | 100,276 |
| Haventree Bank - Guaranteed Investment Certificate at 0.97%, due October 31, 2022 | 47,619 | 47,467 |
| Home Trust - Guaranteed Investment Certificate at 0.90%, due October 31, 2022 | 36,819 | 36,710 |
| Industrial and Commercial Bank of China - Guaranteed Investment Certificate at 0.85%, due October 31, 2022 | 46,241 | 46,111 |
| Home Trust - Guaranteed Investment Certificate at 1.18%, due June 30, 2022 | 63,649 | 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 | |
| Haventree Bank - Guaranteed Investment Certificate at 2.34%, due June 7, 2021 | | 53,087 |
| HSBC - Guaranteed Investment Certificate at 1.75%, due April 30, 2021 | | 101,458 |
| Canadian Imperial Bank of Commerce - Guaranteed Investment Certificate at 0.45%, due April 26, 2022 (0.75%, due April 26, 2021 - 2021) | 500,236 | 497,747 |
| | 1,047,537 | 1,046,781 |
| <i>Mutual funds</i> | | |
| Renaissance High Interest Savings Account | 373,360 | 118,495 |
| CIBC High Interest Savings Account | 102,596 | 102,338 |
| | 475,956 | 220,833 |
| | 1,523,493 | 1,267,614 |

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Notes to Financial Statements (continued)

February 28, 2022

3. Investments (continued)

| | 2022 \$ | 2021 \$ |
|--------------------------------|------------------|------------------|
| Investments held for operating | 243,493 | 237,614 |
| Investments held for reserves | 1,280,000 | 1,030,000 |
| | <u>1,523,493</u> | <u>1,267,614</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:

| | 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> |
| | 2021 | | |
| | Cost \$ | Accumulated Amortization \$ | Net Book Value \$ |
| Office furniture and equipment | 70,808 | 68,095 | 2,713 |
| Office equipment under capital lease | 60,850 | 6,085 | 54,765 |
| Computer equipment and software | 36,425 | 31,814 | 4,611 |
| Database | 459,128 | 372,774 | 86,354 |
| Software - mobile app | 84,433 | 84,433 | - |
| Leasehold improvements | 153,876 | 153,876 | - |
| | <u>865,520</u> | <u>717,077</u> | <u>148,443</u> |

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Notes to Financial Statements (continued)

February 28, 2022

4. Capital assets (continued)

Total depreciation of \$57,134 (\$49,610 - 2021) was included in the Statement of Operations. Depreciation of the office equipment under capital lease was \$12,170 (\$6,085 - 2021).

In the prior year, the College wrote off a scrapped upgrade of the software - mobile app with an original cost of \$7,797 and recognized a loss of \$7,797. There were no capital assets disposed in the current year.

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:

| | 2022 \$ | 2021 \$ |
|---------------------------------|------------|------------|
| Interest income | 11,593 | 22,181 |
| Distributions from mutual funds | 955 | 991 |
| | 12,548 | 23,172 |

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:

| | 2022 \$ | 2021 \$ |
|--|------------|------------|
| Opening balance | 51,185 | 66,239 |
| Less: payments made during the year | (12,043) | (15,054) |
| | 39,142 | 51,185 |
| Less: amount representing future interest rate at 3% | (2,283) | (3,679) |
| Balance of obligation | 36,859 | 47,506 |
| Current portion | 7,959 | 7,636 |
| Long term portion | 28,900 | 39,870 |

During the year, interest paid on the capital lease obligation was \$1,396 (\$1,710 - 2021).

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Notes to Financial Statements (continued)

February 28, 2022

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:

| | \$ |
|------|----------------|
| 2023 | 113,463 |
| 2024 | 114,664 |
| 2025 | 100,556 |
| | <u>328,683</u> |

In addition, the College is responsible for its share of annual operating costs and realty taxes on the premises, which in 2022 amounted to approximately \$85,000 (\$86,000 - 2021).

9. Impact of the global pandemic

The global pandemic of the virus known as COVID-19 led the Canadian Federal government, as well as provincial and local governments, to impose measures, such as restricting foreign travel, mandating self-isolations and physical distancing and closing non-essential businesses. During the year, the College waived the application fees and also offered the members to defer the payments of registration fees. Because of the high level of uncertainty related to the outcome of this pandemic, it is difficult to estimate the financial effect on the College.



Council Briefing Note

AGENDA ITEM # 4.2

May 27, 2022

| | |
|-------------------------|---|
| From: | <i>Carole Hamp, RRT – Registrar & CEO</i> |
| Topic: | <i>Appointment of Auditor for 2022 - 2023</i> |
| Purpose: | <i>For Decision</i> |
| Strategic Focus: | <i>Governance and Accountability</i> |
| Attachment(s): | <i>Appendix A – Auditor Assessment Tool</i> |
| Motion: | It is moved by _____ and seconded by _____ that: The Council approve the appointment of Hilborn LLB as the CRTO's independent auditor for the 2022 – 2023 fiscal year. |

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 conducts an annual evaluation of the external auditor using an objective tool that considers the essential assessment elements. This year the new Finance & Audit Committee reviewed the tool used for the assessment of the auditor.

BACKGROUND:

Our current external auditor, Hilborn LLP, has been retained by the CRTO's auditor 2017. Prior to that, it was Clark Henning, LLP for 10 years. There are no strict criteria for how often an organization should change auditors, but approximately every 5 years is a common practice.

ANALYSIS:

The Registrar and the Executive Committee have evaluated 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

RECOMMENDATION:

The financial oversight role of the Executive Committee will be transferred to the Finance & Audit Committee by the end of 2022. Therefore, to minimize disruption during this transitionary year, the Executive recommends that Council approve the appointment of Hilborn for at least one more year.

NEXT STEPS:

The CRTO will retain Hilborn LLP to be the CRTO's independent auditor for the 2022 – 2023 fiscal year.

Annual Assessment of the External Auditor for the CRTC

Introduction

The Executive Committee of the College of Respiratory Therapists of Ontario (CRTC) 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 Coordinator, 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. | Agree | |
| 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. | 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

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. | 100% | |

Comments

During this year of transition that will see the Executive Committee disbanded and the Finance & Audit Committee gradually taking on oversight of the CRTO financial management, it was felt by the Executive that it would be best to retain Hilborn as its external auditor for one more year. Therefore, the recommendation from the Executive to Council is to postpone going to tender for a new external auditor until the completion of the 2022-2023 audit.

Recommendation

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

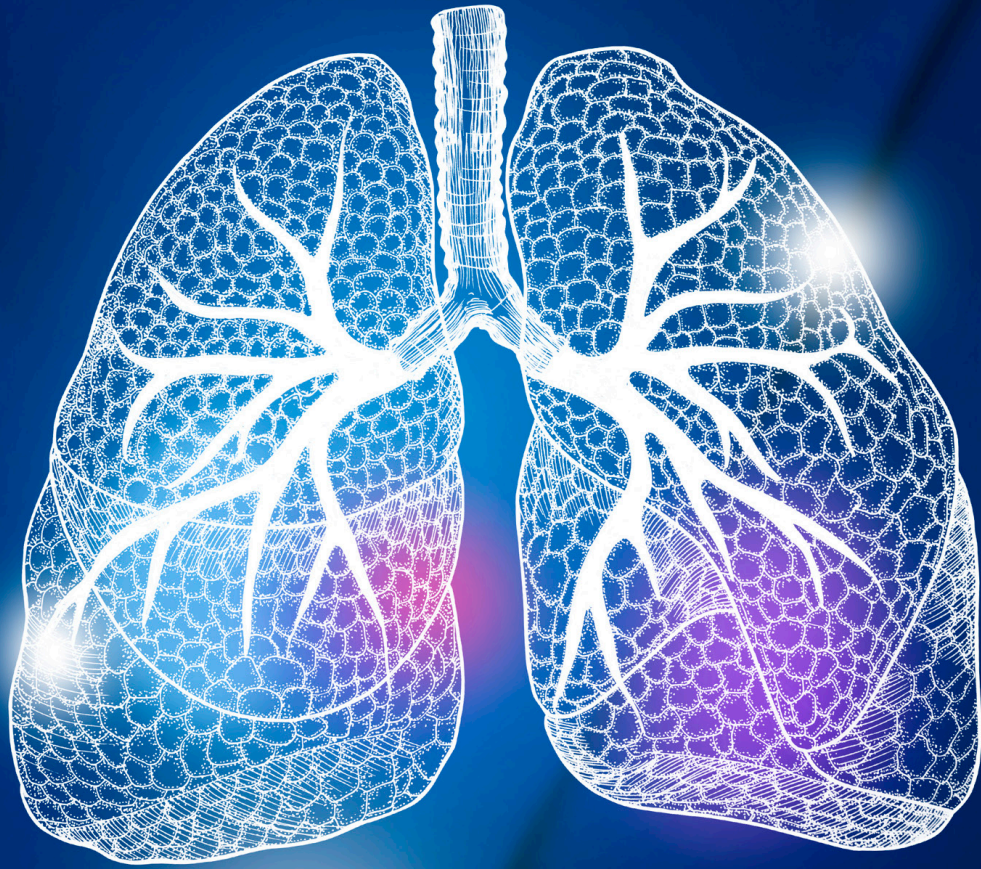
Council Motion

AGENDA ITEM # 4.3

| | |
|-------------------------|----------------------|
| Motion Title: | <i>Annual Report</i> |
| Date of Meeting: | <i>May 27, 2022</i> |

It is moved by _____ and seconded by _____ that:

The Council approve the CRTO 2021-2022 *Annual Report*. (A copy is attached to the materials of this meeting).



2021 - 2022 ANNUAL REPORT

THE

COLLEGE OF RESPIRATORY
THERAPISTS OF ONTARIO,
THROUGH ITS ADMINISTRATION OF
THE ***REGULATED HEALTH PROFESSIONS
ACT*** AND THE ***RESPIRATORY THERAPY
ACT***, IS DEDICATED TO ENSURING
THAT RESPIRATORY THERAPY
SERVICES PROVIDED TO THE PUBLIC,
BY ITS MEMBERS, ARE DELIVERED IN A

SAFE AND ETHICAL MANNER.

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MESSAGE FROM THE —————

PRESIDENT & REGISTRAR

WELCOME

TO OUR 2021 - 2022 ANNUAL REPORT



Allison Chadwick, RRT
President & Board Chair



Lindsay Martinek, RRT
President & Board Chair



Kevin Taylor, RRT
Registrar & CEO



Carole Hamp, RRT
Registrar & CEO

On behalf of our Council, Committees and staff, we are pleased to present our 2021-2022 Annual Report for the College of Respiratory Therapists of Ontario (Cрто).

The Cрто is one of 26 health regulatory bodies established by the *Regulated Health Professions Act, 1991*. With a duty to serve and protect the public interest, the Cрто:

- Develops, establishes and maintains (i) the entry-to-practice requirements for becoming a Respiratory Therapist, (ii) the practice standards required of all RTs when providing care, and (iii) the professional ethics standards for our Members;
- Receives and investigates complaints about our Members to ensure that those practice standards are maintained and that patients receive the quality of care that they expect and deserve;
- Facilitates continuing education and professional development in our Members to ensure ongoing quality of practice as they respond to evolving patient and system needs, changes in the practice environment, and advances in technology;
- Provides information about our Members to the public, allowing them to make informed choices about who provides their health care; and
- Operates in an open and transparent fashion, allowing members of the public to see how decisions are made and to better understand the impact on their care.

MESSAGE FROM THE PRESIDENT & REGISTRAR

This past year has been a challenging one for the CRTO. On top of the ongoing global pandemic, we suffered a very personal loss. Kevin Taylor, who was the CRTO Registrar for nine years, became ill in mid-April and passed away in early August 2021. In addition to his role as CRTO Registrar, Kevin served as the President of the Health Profession Regulators of Ontario (HPRO), Chair of the Canadian Network of Agencies for Regulation (CNAR), and Vice-President of the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB). The loss of Kevin's leadership and friendship is keenly felt by all who had the pleasure to know him. As noted in one of the many tributes to Kevin:

All of those who had the great fortune of sharing time with Kevin will do our best to ensure that his kindness, passion and dedication continue to resonate within our daily activities, interactions and goals for the future.

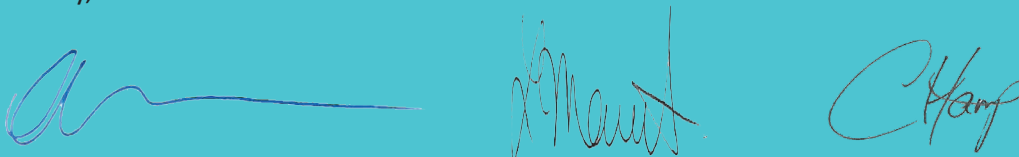
During the remainder of 2021 and into 2022, our Council and Committee members and staff have endeavoured to honour Kevin's vision for the CRTO and the RT profession through the continuation of a number of key initiatives, such as the:

- Development of the 2021-2025 Strategic Direction & Key Priorities
- Creation and implementation of the CRTO Policy Framework
- Election of a new CRTO President and Vice-President, as well as several new Council and Committee members
- Submission to the Ontario Ministry of Health (MOH) regarding their Governance Reform & Regulatory Modernization and College Performance Measurement Framework (CPMF)
- Formation of a Finance & Audit Committee to help guide the management of the CRTO's resources
- Initiation of a third-party review of the Complaints process & IT infrastructure

As the pandemic continued to significantly impact our healthcare system, the CRTO worked closely with the MOH, as well as our other system partners, to ensure there were a sufficient number of Respiratory Therapists (RTs) to meet the workforce demands.

We are immensely proud of how our members have persevered in very trying circumstances and are proud of all the CRTO has done to ensure RTs continue to provide safe, competent and ethical care to the public of Ontario.

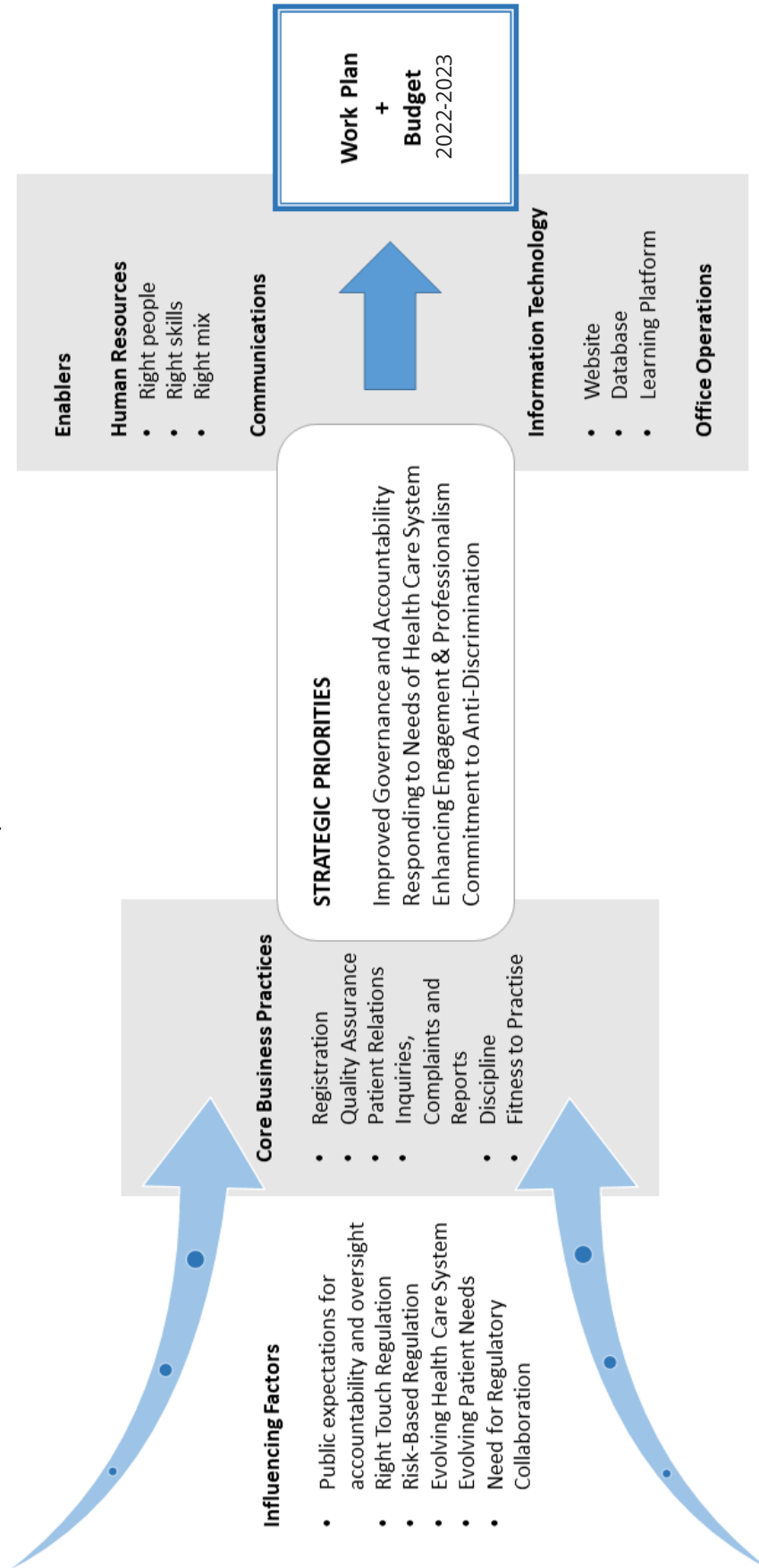
Sincerely,





CRTO STRATEGIC PRIORITIES 2021-2022

Regulating the profession of Respiratory Therapy in
the public interest



COUNCIL MEMBERS, PROFESSIONAL COMMITTEE APPOINTEES AND STAFF MEMBERS

as of February 28, 2022

15 COUNCIL

Lindsay Martinek, RRT (President)
Kim Morris (Vice-President)
Derek Clark
Jeffrey Dionne, RRT
Shawn Jacobson, RRT
Andriy Kolos
Christa Krause, RRT
Katherine Lalonde, RRT
Angela Miller, RRT
Kelly Munoz, RRT
Allison Peddle
Jody Saarvala, RRT
Jeffrey Schiller
Jillian Wilson, RRT
Yvette Wong

12 PROFESSIONAL COMMITTEE APPOINTEES

Tracy Bradley, RRT
Laura Dahmann, RRT
Aaron Giba, RRT
Ginette Greffe-Laliberté, RRT
Antonio Guglietti, RRT
Patricia Harris, RRT
Sheena Lykke, RRT
Ginny Martins, RRT
Travis Murphy, RRT
Pamela Robertson, RRT
Ronald Southwell, RRT
Laura Van Bommel, RRT

10 STAFF

Carole Hamp RRT, Registrar & CEO
Kelly Arndt RRT, Quality Practice Coordinator
Janice Carson, Communications Manager
Stephanie Tjandra, Finance & Office Coordinator
Lisa Ng, Registration Manager
Shaf Rahman, Professional Conduct Manager
Sophia Rose, Professional Conduct Coordinator
Abeeha Syed, Professional Conduct Associate
Denise Steele, Coordinator Professional Programs
Temeka Tadesse, IT & Database Specialist

COMMITTEE MEMBERS as of February 28, 2022

EXECUTIVE COMMITTEE

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

DISCIPLINE COMMITTEE

| | |
|-------------------------------|-----------------------|
| Lindsay Martinek, RRT Chair | Travis Murphy, RRT |
| Tracy Bradley, RRT Vice-Chair | Allison Peddle |
| Aaron Giba, RRT | Jody Saarvala, RRT |
| Shawn Jacobson, RRT | Ronald Southwell, RRT |
| Andriy Kolos | Jillian Wilson, RRT |
| Ginny Martins, RRT | Yvette Wong |

FITNESS TO PRACTISE COMMITTEE

| | |
|-------------------------------|-----------------------|
| Lindsay Martinek, RRT Chair | Travis Murphy, RRT |
| Tracy Bradley, RRT Vice-Chair | Allison Peddle |
| Aaron Giba, RRT | Jody Saarvala, RRT |
| Shawn Jacobson, RRT | Ronald Southwell, RRT |
| Andriy Kolos | Jillian Wilson, RRT |
| Ginny Martins, RRT | Yvette Wong |

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE (ICRC)

| | |
|-------------------------------|-----------------------|
| Kim Morris Chair | Ginny Martins, RRT |
| Kelly Munoz, RRT Vice-Chair | Angela Miller, RRT |
| Derek Clark | Travis Murphy, RRT |
| Laura Dahmann, RRT | Pamela Robertson, RRT |
| Ginette Greffe-Laliberté, RRT | Jeffrey Schiller |
| Antonio Gugliette, RRT | Ronald Southwell, RRT |
| Christa Krause, RRT | Laura Van Bommel, RRT |
| Katherine Lalonde, RRT | Jillian Wilson, RRT |
| Sheena Lykke, RRT | Yvette Wong |
| Lindsay Martinek, RRT | |

COMMITTEE MEMBERS as of February 28, 2022

PATIENT RELATIONS COMMITTEE

| | |
|-----------------------------------|-----------------------|
| Kim Morris Chair | Patricia Harris, RRT |
| Katherine Lalonde, RRT Vice-Chair | Shawn Jacobson, RRT |
| Tracy Bradley, RRT | Angela Miller, RRT |
| Derek Clark | Allison Peddle |
| Jeff Dionne, RRT | Laura Van Bommel, RRT |

QUALITY ASSURANCE COMMITTEE

| | |
|-------------------------------------|-----------------------|
| Ginette Greffe-Laliberté, RRT Chair | Pamela Robertson, RRT |
| Laura Dahmann, RRT Vice-Chair | Jeffrey Schiller |
| Patricia Harris, RRT | Ronald Southwell, RRT |
| Andriy Kolos | Jillian Wilson, RRT |
| Sheena Lykke, RRT | Yvette Wong |

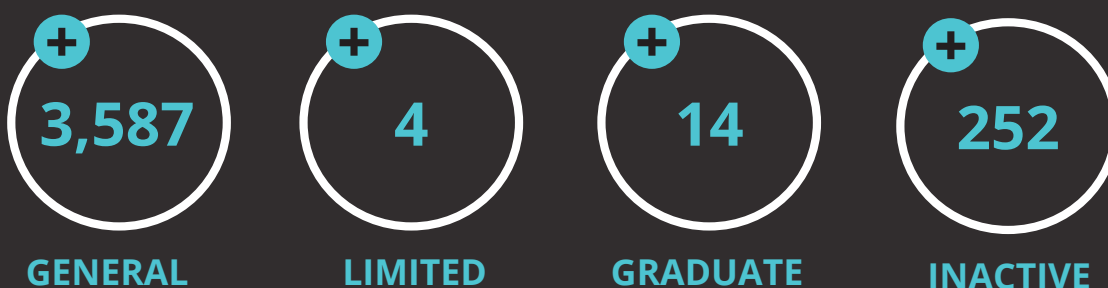
REGISTRATION COMMITTEE

| | |
|---------------------------|------------------------|
| Christa Krause, RRT Chair | Antonio Guglietti, RRT |
| Kim Morris Vice-Chair | Kelly Munoz, RRT |
| Tracy Bradley, RRT | Travis Murphy, RRT |
| Derek Clark | Allison Peddle |
| Jeffrey Dionne, RRT | Jody Saarvala, RRT |
| Aaron Giba, RRT | Jeffrey Schiller |

STATISTICS & DEMOGRAPHICS

AS OF FEBRUARY 28, 2022

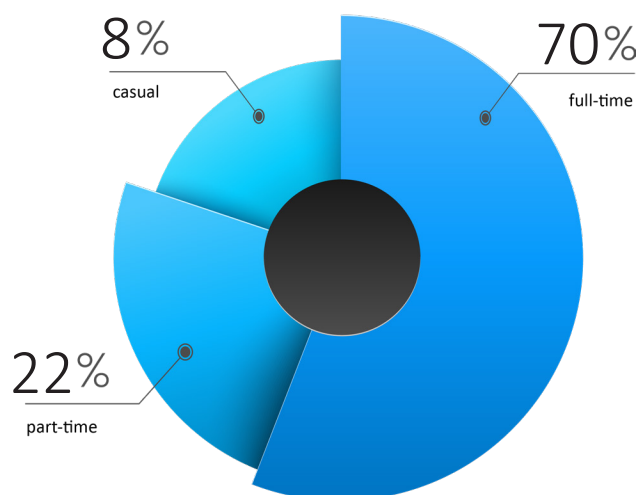
NUMBER OF RTs 3,857



For more information on classes of registration please visit:
www.crto.on.ca/members/about-your-certificate-of-registration/classes-registration/

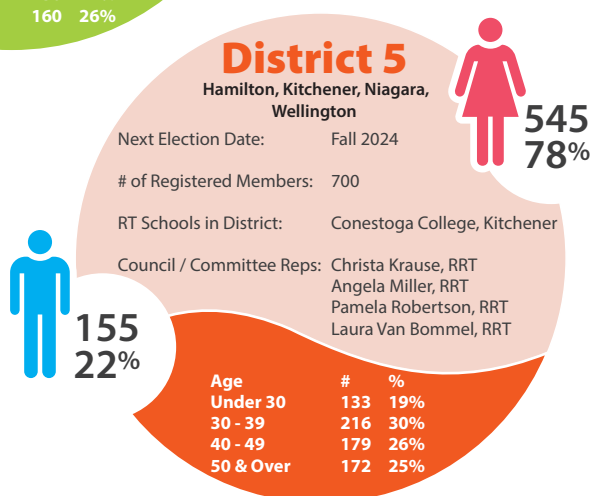
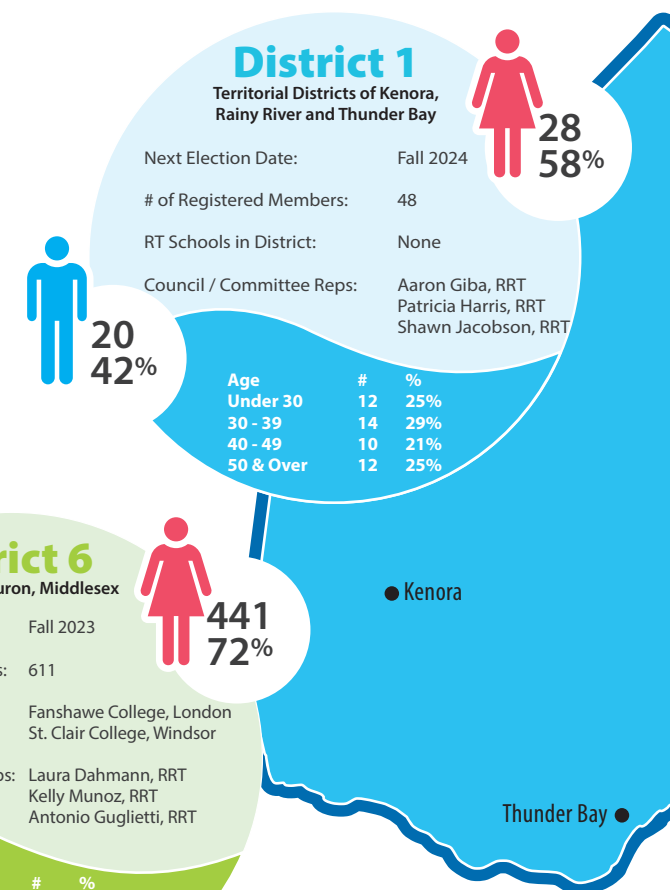
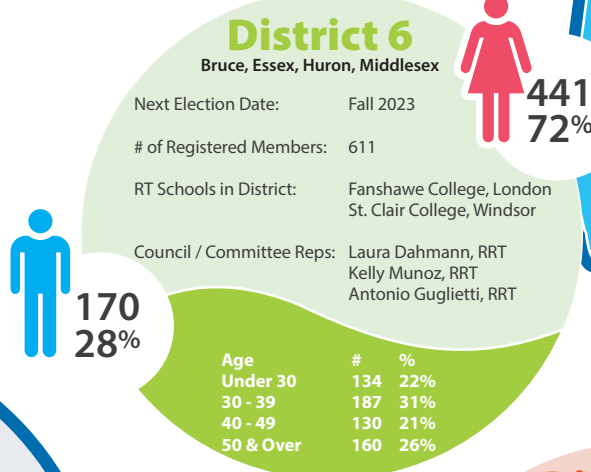
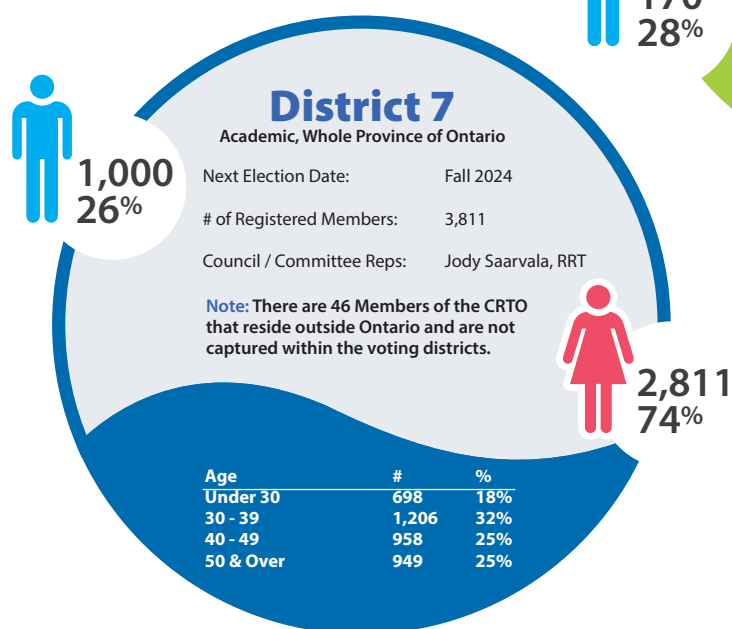
EMPLOYMENT STATUS

(Based on primary employer)

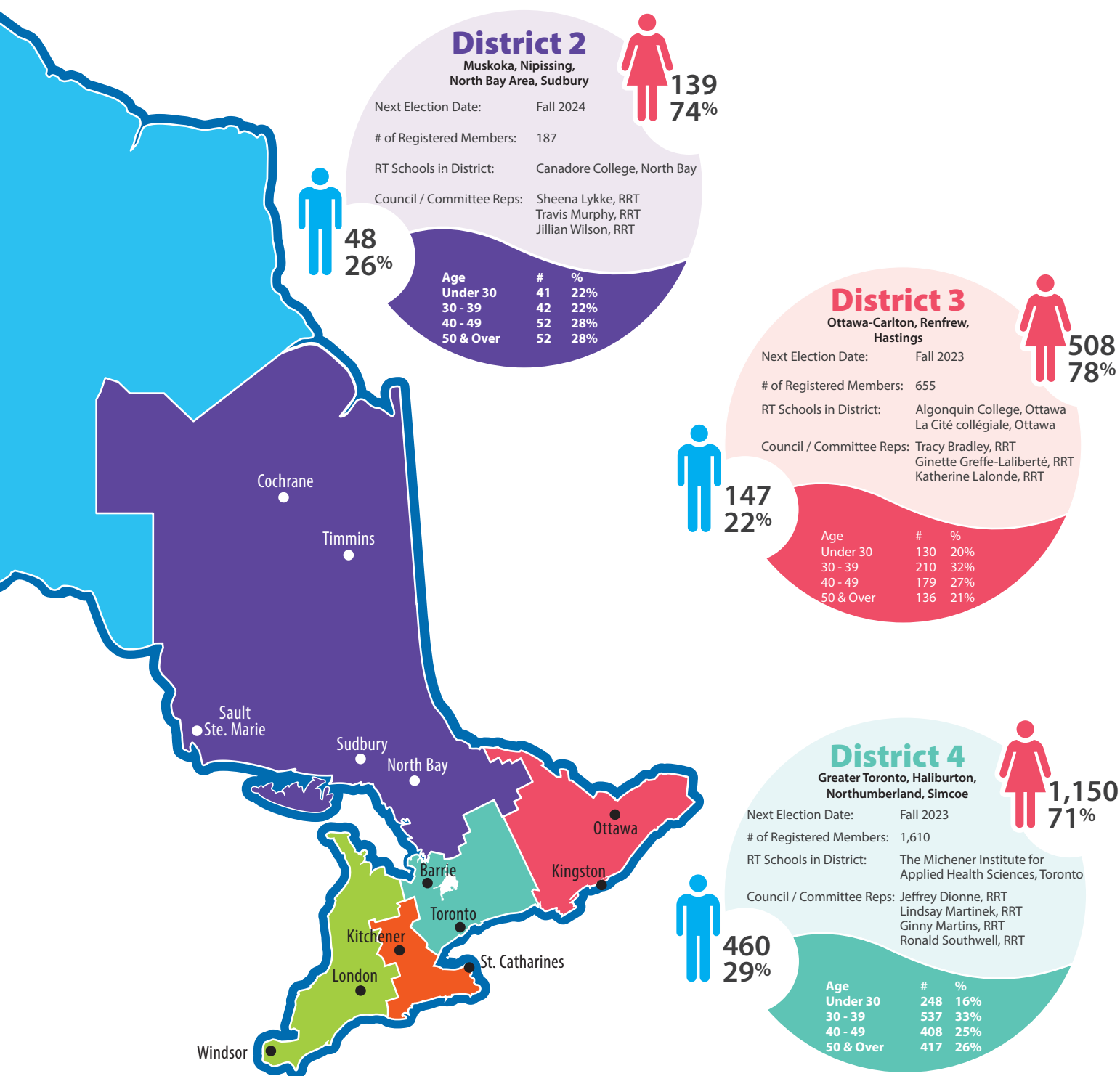


CRTO Electoral Districts

- 1 - Territorial Districts of Kenora, Rainy River and Thunder Bay
- 2 - Muskoka, Nipissing, North Bay Area, Sudbury
- 3 - Ottawa-Carlton, Renfrew, Hastings
- 4 - Greater Toronto, Haliburton, Northumberland, Simcoe
- 5 - Hamilton, Kitchener, Niagara, Wellington
- 6 - Bruce, Essex, Huron, Middlesex
- 7 - Academic, Whole Province of Ontario



2021/2022



EXECUTIVE

COMMITTEE REPORT

Lindsay Martinek, RRT
Executive Committee Chair

Reporting to Council, the Executive Committee consults with the Registrar & CEO to oversee the administration of the CRTO. The Executive Committee can exercise all the powers of Council on matters that require immediate attention except making, amending or revoking regulations or By-Laws. The President and Vice-President, elected by the Council, are automatically Executive Members.

Key Initiatives:

- Revision of the CRTO Supervision Policy to allow “personally present” to be interpreted as including video conferencing (within the context of an emergency).
- Review of the draft revised Investments & Management of Net Assets Policy & Procedure
- Selection of a new CRTO Registrar & CEO
- Review of the CRTO’s response to the MOHLTC Governance Reform Proposal
- Revision of the Executive Goals & Terms of Reference
- Recommend Council approve the:
 - 2021-2022 financial audit and the continued use of the auditing services of Hilborn LLP
 - 2021 – 2025 Strategic Direction & Key Priorities
 - Revised CRTO By-Laws
 - Draft CRTO 2022-2023 Budget

PATIENT RELATIONS

COMMITTEE REPORT

Kim Morris

Patient Relations Committee Chair

The Patient Relations Committee is responsible for developing, establishing and maintaining a Patient Relations Program, including measures for preventing and/or dealing with sexual abuse of patients by Members of the CRTC and administering funding for therapy/counseling for patients who have been sexually abused by our Members.

Key Initiatives:

During the 2021-2022 fiscal year there were no applications for funding for therapy submitted to the Patient Relations Committee (PRC).

This year the Committee:

- Revised the PRC Terms of Reference and Action Plan to better align with the committee's statutory and council mandated role.
- Reviewed and discussed ways in which the Committee can adopt the lens of the public interest for CRTC's Council.
- Reviewed and discussed how the Committee can be broadened to include other diversity issues beyond sexual abuse.
- Reviewed the Abuse Prevention & Awareness Professional Practice Guideline (PPG).
- Reviewed the Funding for Supportive Measures policies for both patient/client and non-patient/client.
- Training was provided to the Committee on Understanding and Managing Our Own Values, Beliefs, Feelings, and Response to Sexual Abuse.
- Reviewed the CRTC's Abuse Funding Reserves and determined they were adequate.
- Created a Diversity, Equity, and Inclusion Strategic Plan.

REGISTRATION

COMMITTEE REPORT

Christa Krause, RRT

Registration Committee Chair

The Registration Committee directs the Registrar on issuing certificates of registration to applicants and may impose terms, conditions and limitations on these certificates. The Registration Committee also reviews and develops policies related to registration such as approved RT educational programs, clinical skills assessments, and registration criteria.

Key Initiatives:

- Considered registration issues and made decisions regarding applicants in accordance with the *Regulated Health Professions Act 1991*, the *Respiratory Therapy Act 1991*, the *Registration Regulation*, by-laws and policies of the CRTO
- Monitored the Respiratory Therapy programs' accreditation status
- Reviewed and approved certification programs submitted by hospitals and facilities
- Reviewed and revised existing registration-related policies in accordance with the CRTO's Policy Framework
 - Per the CRTO's Policy Framework, the following policies have been reviewed, and amended:
 - Emergency Registration Policy
 - Entry-to-Practice Exam Policy
 - The Supervision policy was reviewed and amended. The policy was moved to a new Professional Practice Policy as a result of the Policy Framework
 - The following policies have been reviewed and rescinded as a result of the Policy Framework:
 - Assessing Suitability to Practice Policy
 - Former Member's Information on the Public Register Policy
 - Member's Duty to Self-Report Policy

- Reinstatement of Former Members Found Guilty of Sexual Abuse Policy (also known as Applicants' Suitability to Practice Policy)
- Removal of Information from the Register Policy
- Access to Records – Application File Closure Policy
- Terms, Conditions and Limitations Policy
- Inactive Certificate of Registration Policy
- Members' Duty to Self-Report Policy

25 TOTAL REFERRALS

10 CURRENCY REFERRALS

From applicants who have not been engaged in the practice of Respiratory Therapy within the two years preceding their application to the CROTO

2 ENTRY-TO-PRACTICE

From applicants who have not been engaged in the practice of Respiratory Therapy within the two years preceding their application to the CROTO

9 CHANGES TO TERMS, CONDITIONS AND LIMITATIONS (TCLs)

Applications for change to terms, conditions and limitations imposed on a Members' Certificates of Registration

1 RATIFY THE REGISTRAR'S OFFER

Reviewed the Registrar's offer to issue a certificate of registration

1 GRADUATE EXTENSION REQUEST

Reviewed request to extend a graduate certificate of registration

2 REVIEW APPLICANT'S CONDUCT

1 HEALTH PROFESSIONS APPEAL BOARD AND REVIEW (HPARB)

The Health Professions Appeal and Review Board received a request for a hearing to review a Registration Committee's decision to refuse to register an applicant. This appeal is still ongoing.

View the CROTO's 2020 Fair Registration Practices Report to the Office of the Fairness Commissioner (OFC) at:

www.cрто.on.ca/pdf/Reports/2020.OFC.Report.pdf

QUALITY ASSURANCE

COMMITTEE REPORT

Ginette Greffe-Laliberté, RRT
Quality Assurance Committee Chair

The Quality Assurance Committee develops, implements and maintains the CRTO's QA program, encouraging continued professional improvement of RT Members. This Committee conducts a review of the Quality Assurance Program's effectiveness every five years. The QA Committee also monitors compliance with the QA program and makes decisions about Members who have been identified with unsatisfactory knowledge, skills, or judgement through this framework.

Key Initiatives:

- Introduction of the PORTfolio on our professional development platform, PDKeepr. RelevantT and Launch Jurisprudence modules remain in PDKeepr.
- Reviewed and revised existing QA policies in accordance with the [CRTO's Policy Framework](#)
 - Per the CRTO's Policy Framework, the following policies have been reviewed, and amended:
 - PDP Policy
 - PDP Deferral Policy
 - The following policies have been reviewed and rescinded as a result of the Policy Framework and moved to a fact sheet:
 - Peer Assessor and Working Group policy and changed to a Fact Sheet

QA Requirements:

- **Launch RT Jurisprudence Assessment** is completed by new or recently reinstated Members
- **RelevantT eLearning Module** is completed annually by all Members
- **Portfolio Online for Respiratory Therapists (PORTfolio^{OM})** must be maintained by all Members on an ongoing basis, with submission for peer review up to once every five years
- **Specified Continuing Education or Remediation Program (SCERP) / Practice Assessment** in specific instances

For more details visit www.crto.on.ca/pdf/Policies/QA_Program_Policy_101.pdf

By the Numbers



LAUNCH RT JURISPRUDENCE ASSESSMENT*

- 391** Members have completed Launch RT during this time period (*Average score 84%*)
- 0** Received a score below 70% and were required to repeat Launch RT.
- 0** Number of SCERPs (fell below benchmark twice)
- 1** Member referred to ICRC by QAC for failure to complete Launch

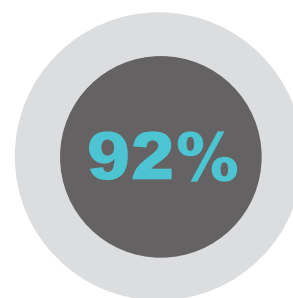
Professional Development Program (PDP)

- 622** Members selected to submit their PORTfolio
- 23** Number of peer coaching sessions required

NOTE: Automatic PORTfolio submission deferral was offered to Members due to the pandemic (deferral to June 2022)

Relevant eLearning Module

- 3,772** Members completed the module on the PDKeepr platform
- 322** Members did not complete the module on the PDKeepr platform by the deadline



Compliance
of RelevantT

Survey Results from 67% of the Members who completed the RelevantT eLearning Module

- 96%** of survey respondents found the module easy to access and complete
- 96%** of survey respondents found the module enhanced their knowledge of recent changes in practice standards
- 5%** offered suggestions for future topics including home care, delegation, Anaesthesia Assistant, Active vs. Inactive Certificate of Registration, and Advanced Certification Packages

INQUIRIES, COMPLAINTS & REPORTS

COMMITTEE REPORT

Kim Morris

Inquiries, Complaints & Reports Committee Chair

The Inquiries, Complaints and Reports Committee (ICRC) is responsible for investigating concerns brought to the CRTC's attention through complaints or reports, such as termination reports from employers. The Committee considers concerns related to a Member's conduct, capacity and competence to determine if a referral to the Discipline or Fitness to Practise Committee is warranted, or if another method of addressing the issue would be suitable.

Key Initiatives:

- After an extensive review and revisions of ICRC policies and procedures by the CRTC, revised policies and recommendations for rescinding old ICRC policies were forwarded to the ICRC for consideration and approval. The following lists itemize the policies that were approved/rescinded by the ICRC and forwarded to the CRTC's Council for final approval.
- Reviewed and revised existing registration-related policies in accordance with the [CRTC's Policy Framework](#)
 - Per the CRTC's Policy Framework, the following policies have been reviewed, and amended:
 - Registrar's Reasonable and Probable Grounds Policy
 - Reporting to Police Policy
 - The following policies have been reviewed and rescinded as a result of the Policy Framework:
 - Public Register Notice regarding Discipline Referral Policy
 - Public Reprimands by Discipline Panels Policy
 - Obtaining Court Transcripts Policy
 - Proceedings Outside CRTC Policy
 - Public Register Notice re Discipline Referral Policy
 - Public Reprimands by Discipline Panels Policy
 - Removal of Information from the Register Policy
- The CRTC is currently engaged in review of professional conduct processes. Once completed, recommendations from the review will be forwarded to the ICRC for consideration and approval.

- 23 meetings were conducted in total. Of the 23 meetings, 3 related to the consideration of interim action against the Member due to competency concerns, 1 was to consider the submission by a party that the concerns brought to the attention of the ICRC was frivolous and vexatious, 4 meetings related to ICRC ongoing orientation and training, and the remaining 15 meetings were to discuss investigations and render a decision. The outcomes of these decisions are detailed below.

Summary of New Matters:

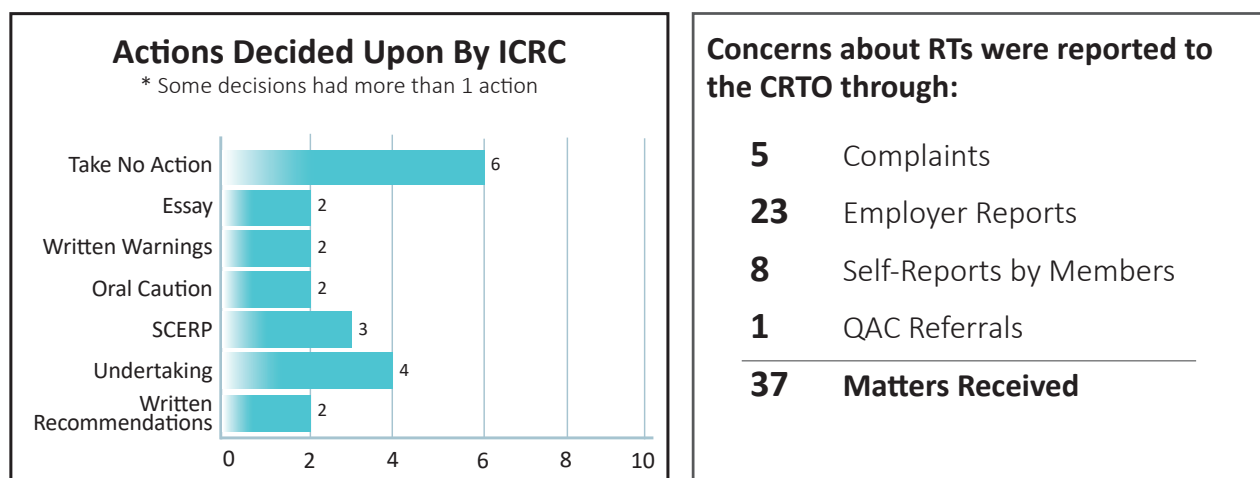
In 2020-2021, the CRTO received 37 new matters. Of those, 18 were addressed at the inquiry level via Registrar action, while 14 were referred to the ICRC. Currently the CRTO has 5 open inquiries, and 38 ongoing investigations, including 1 health inquiry.

Overview of New Matters Received:

Of the 37 new matters, 2 matters strictly related to the competency of the Member, 30 related strictly to the conduct of the Member, while 4 related to both competency and conduct, and 1 matter related to the Member's health.

In regards to the conduct matters, the areas of concern included documentation concerns, communication concerns, unprofessional social media activity, concerns regarding lack of usage of personal protective equipment, practicing advanced prescribed procedures without appropriate certification in place, and failure to abide by facility COVID 19 policies.

Of the 6 matters relating to competency, 2 involved the same member lacking core competencies of the profession, and the remaining 4 matters related to lack of appropriate documentation and assessment.



FITNESS TO PRACTISE

COMMITTEE REPORT

Lindsay Martinek, RRT

Fitness to Practise Committee Chair

On referral from a Panel of the Inquiries, Complaints and Reports Committee, the Fitness to Practise Committee conducts hearings to determine whether a Member is incapacitated. In the interest of the public, sometimes a Member suffering from a physical or mental condition/disorder can no longer practise safely or must practise with restrictions. A Fitness to Practise hearing is generally closed to the public unless the Member requests otherwise.

In 2021 - 2022 year there were no referrals to the Fitness to Practise Committee.

DISCIPLINE

COMMITTEE REPORT

Lindsay Martinek, RRT

Discipline Committee Chair

Panels of this Committee are responsible for hearing and determining allegations of professional misconduct or incompetence referred by the Inquiries, Complaints and Reports Committee. Discipline hearings are open to the public and proceedings against a Member before the Discipline Committee panel are civil in nature. Based on submitted evidence, the panel must arrive at a decision and determine a penalty if there's a finding of guilt. For more information what a Discipline Committee may do, see: www.cрто.on.ca/public/concerns-about-a-respiratory-therapist/hearings/about-discipline/

In 2021-2022, there were no referrals to the Discipline Committee.

FINANCE & AUDIT

COMMITTEE REPORT

Michelle Causton
Finance & Audit Committee Chair

Reporting to Council, the Finance & Audit Committee (FAC) is a new, non-statutory CRTO committee. It is responsible for assisting the College of Respiratory Therapists of Ontario (CRTO) in fulfilling its obligations and oversight responsibilities relating to financial planning and reporting, external audit, internal control systems, investments, and relevant policies.

Key Initiatives:

- The FAC committee participated in an orientation
- Established the FAC Terms of Reference & Action Plan
- Reviewed draft revisions of the CRTO Investments & Management of Net Assets Policy & Procedure
- Reviewed the CRTO's 2022–2023 budget



FINANCIAL SUMMARY 2021-2022



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, 2022, 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, 2022.

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 TBD.


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
To be determined


Chartered Professional Accountants
Licensed Public Accountants

Summary Balance Sheet

FEBRUARY 28

| | 2022 \$ | 2021 \$ |
|---|---------------------|---------------------|
| ASSETS | | |
| Current assets | | |
| Cash | 1,987,584 | 1,861,867 |
| Investments held for operating | 243,493 | 237,614 |
| Prepaid expenses | 70,966 | 95,988 |
| | 2,302,043 | 2,195,469 |
| Non-current assets | | |
| Investments held for reserves | 1,280,000 | 1,030,000 |
| Capital assets | 99,491 | 148,443 |
| | 1,379,491 | 1,178,443 |
| | 3,681,534 | 3,373,912 |
| LIABILITIES | | |
| Current liabilities | | |
| Accounts payable and accrued liabilities | 88,797 | 143,339 |
| Deferred revenue - registration fees | 2,127,500 | 1,820,400 |
| Obligation under a capital lease - current portion | 7,959 | 7,636 |
| | 2,224,256 | 1,971,375 |
| Non-current liability | | |
| Obligations under capital lease - non-current portion | 28,900 | 39,870 |
| | 2,253,156 | 2,011,245 |
| 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 | 208,334 |
| Fee stabilization reserve | 250,000 | - |
| Unrestricted | | |
| Operating fund | 148,378 | 424,333 |
| | 1,428,378 | 1,362,667 |
| | \$ 3,681,534 | \$ 3,373,912 |

Copies of the 2021/2022 complete audited financial statements are available on our website at www.crto.on.ca or on request from the Registrar at 416-591-7800.

Summary Statement of Operations

YEAR ENDED FEBRUARY 28

| | 2022 \$ | 2021 \$ |
|---|------------------|------------------|
| REVENUES | | |
| Registration, renewal and application fees | 2,390,407 | 2,341,030 |
| Investment income | 12,548 | 23,172 |
| | 2,402,955 | 2,364,202 |
| EXPENSES | | |
| Salaries and benefits | 1,286,064 | 1,190,961 |
| Occupancy costs | 209,565 | 210,253 |
| Quality assurance | 75,622 | 84,984 |
| Professional fees | 276,319 | 132,525 |
| Printing, postage, stationary and delivery | 23,072 | 30,616 |
| Council and committee | 71,113 | 32,175 |
| Special projects | 84,614 | 91,666 |
| All other operating expenses | 310,875 | 333,753 |
| | 2,337,244 | 2,106,933 |
| Excess of revenues over expenses for the year | 65,711 | 257,269 |

Copies of the 2021/2022 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**

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

180 Dundas Street West, Suite 2103
Toronto, Ontario M5G 1Z8
Tel: 416-591-7800 / 1-800-261-0528
Fax: 416-591-7890

www.crto.on.ca

College Performance Measurement Framework – Report Summary

AGENDA ITEM #4.4

| | |
|-----------------|---|
| From: | <i>Carole Hamp RRT – Registrar & CEO</i> |
| Topic: | <i>College Performance Measurement Framework – Report Summary</i> |
| Purpose: | <i>For Discussion</i> |

This is a overview of the 2021 College Performance Measurement Framework (CPMF) report that the CRTO submitted this past March.

College Performance Measurement Framework (CPMF): CRTO 2021 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.

Each year, beginning in 2020, health regulatory Colleges began reporting 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

CRTO's Overall Score

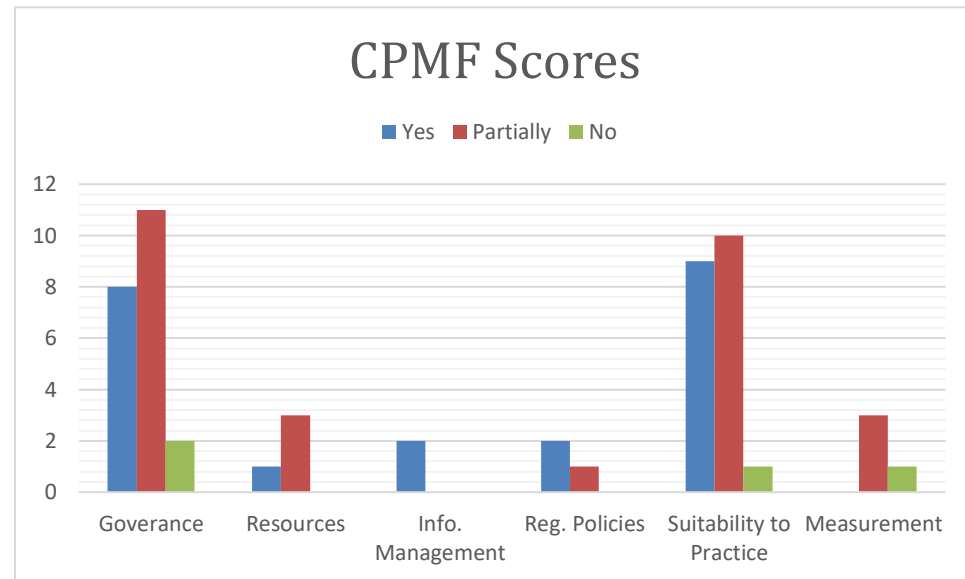
There were 50 measures, and for each, we were required to self-declare whether we met the criteria – “yes”, “partially” or “no”.

- Our overall score was as follows:
 - Yes - 22
 - Partially – 25
 - No – 3
- When the response was “partially” or “no”, we provided a brief outline of our objectives for meeting the criteria in 2022.

CRTO's Objectives for 2022

Domain 1: Governance

- Augment our competency and suitability criteria for professional members seeking nomination to Council or Committees and require them to participate in orientation training pertaining to the CRTO's mandate and the essential elements of good governance.
- Develop a framework to regularly evaluate the effectiveness of Council meetings and Council, including a third-party assessment to be conducted every three years
- Provide ongoing training for Council and Committee members [(e.g., Diversity, Equity and Inclusion (DEI))] based on a continuous educational needs assessment.
- Enhance our processes for conflict-of-interest declarations to ensure they are completed annually and prior to every Council and Committee meeting. A summary of the declarations will be appended to each meeting package.
- Develop an all-encompassing organizational Risk Management Plan.
- Provide regular status updates on the implementation of Council decisions and make them accessible on the CRTO website.





Domain 2: Resources

- Transition succession plan into the CRTO Employee Handbook.
- Update our cyber security technology, as informed by IT infrastructure review.

Domain 3: System Partners

- Continue collaboration with a broad range of system partners and seek our new engagement opportunities that will enhance the CRTO's fulfillment of its mandate.

Domain 4: Information Management

- Implement the IT architecture assessment recommendations.

Domain 5: Regulatory Policies

- Apply an Equity Impact Assessment to all CRTO policies, standards of practice, guidelines, and practices

Domain 6: Suitability to Practice

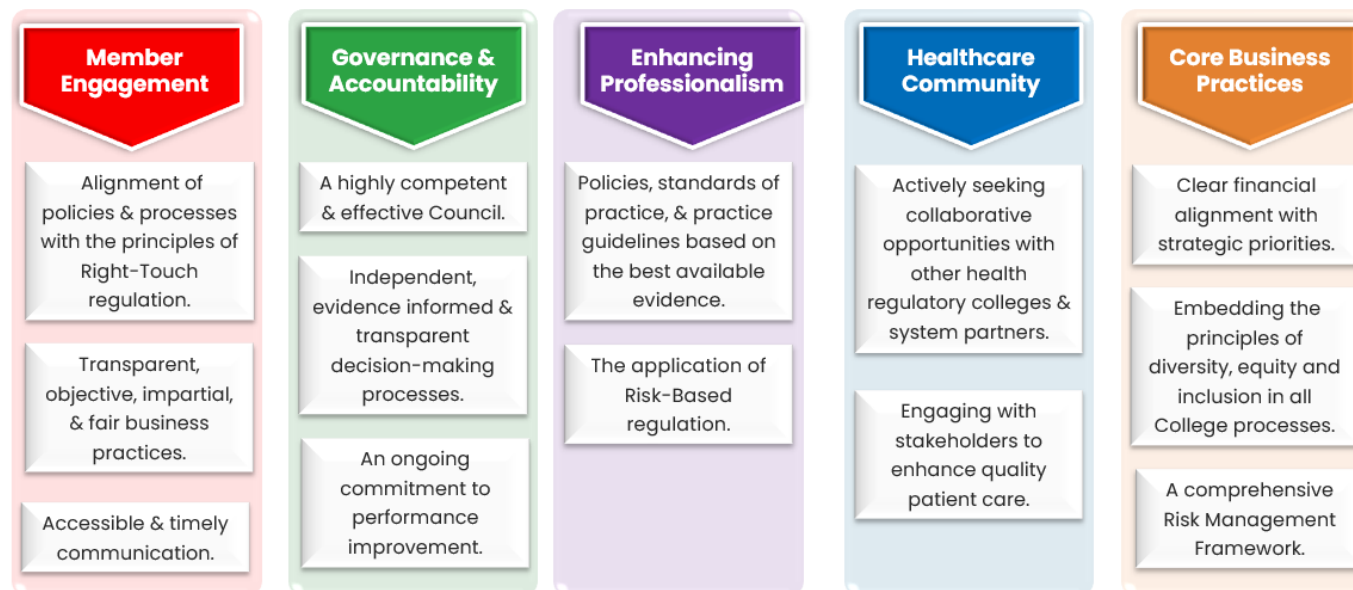
- Review and revise the CRTO *Registration Regulation*
- Begin plans for a complete Professional Development Program (PDP) Evaluation
- Implement the Professional Conduct review recommendations

Domain 7: Measurement, Reporting, and Improvement

- Develop Key Performance Indicator (KPI) dashboards to track our performance in the following three key areas:
 1. Strategic priorities
 2. Regulatory functions
 3. Operational practices
- Provide Strategic Direction Status Report at every Council meeting

CRTO 2021 – 2025 Strategic Direction

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



Council Briefing Note

AGENDA ITEM # 4.5

May 27, 2022

| | |
|-------------------------|--|
| From: | <i>Carole Hamp, RRT – Registrar & CEO</i> |
| Topic: | <i>2021 – 2025 Strategic Direction Update Report</i> |
| Purpose: | <i>For Decision</i> |
| Strategic Focus: | <i>Governance and Accountability</i> |
| Attachment(s): | <i>Appendix A - 2021 – 2025 Strategic Direction Update Report</i> |
| Motion: | It is moved by _____ and seconded by _____ that: The Council approve the <i>2021 – 2025 Strategic Direction Update Report</i> . |

PUBLIC INTEREST RATIONALE:

The CRTO must regularly evaluate its Strategic Direction and resultant Key Priorities to ensure it continues to strive for the highest possible standard of professional self-regulation.

ISSUE:

The CRTO’s Council is committed to reviewing its Strategic Direction and Key Priorities at each meeting to ensure we achieve ongoing alignment with not only our regulatory mandate but also current governance reform initiatives and sustainable organizational growth.

BACKGROUND:

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

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

ANALYSIS:

Building on the most recent 2016 – 2020 CRTO Strategic Direction & Key Priorities document, Council approved the current 2021 – 2025 Strategic Direction plan in December 2021. This updated version is heavily influenced by the reporting requirements set out in the Ministry of Health's (MOH) 2021 College Performance Measurement Framework (CPMF). Within that framework are a number of overriding expectations, which include:

- Competency-based criteria for Council & Committee members
- Council decision-making free of any actual, potential or perceived conflict of interest
- Clear code of conduct for Council & Committee members
- Adherence to the principles of diversity, equity and inclusion in all College processes
- Transparent and easily accessible information available regarding all College processes for both Members & the public
- Ongoing tracking & review of Key Performance Indicators (KPI)
- Careful management of internal & external organizational risks

RECOMMENDATION:

That Council approve the 2021 – 2025 Strategic Direction Update Report

NEXT STEPS:

Once approved by Council, these updates will become publicly available on the CRTO website



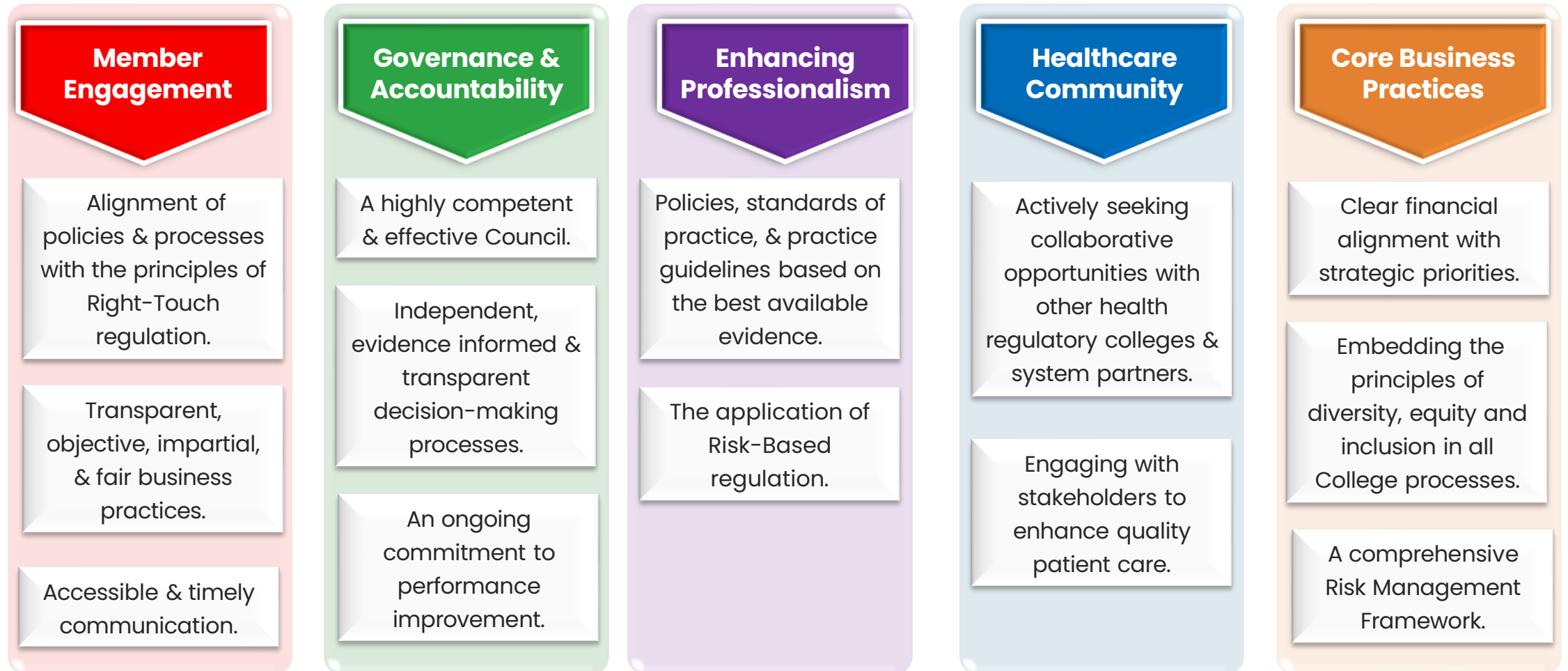
College of Respiratory Therapists of Ontario

2021 – 2025 Strategic Direction & Key Priorities

UPDATE – May 2022

CRTO 2021 – 2025 Strategic Direction

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



Member Engagement

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

- Evidence-informed approach to QA selection, assessments & remediation.
- Framework for the prioritization of investigations, complaints, & reports.

Transparent, objective, impartial, & fair practices.

- Clear direction regarding the registration requirements for all applicants.
- A complaints process supported by publicly accessible policies & procedures.

Accessible & timely communication.

- Increase the amount of information available on our website in written and online module format.
- Optimize use of various communication platforms.

Member Engagement

Framework for the prioritization of investigations, complaints, & reports

- PC review

Clear direction regarding the registration requirements for all applicants

- Policy framework

A complaints process supported by publicly accessible policies & procedures

- PC review

Increase the amount of information available on our website in written and online module format

- Policy framework

Governance & Accountability

A highly competent & effective Council.

- Publicly accessible Council & Committee competency self-evaluation and an online pre-application learning module.
- Framework to regularly evaluate the effectiveness of Council meetings & Council with a third-party assessment of Council effectiveness at a minimum every three years.
- Ongoing training provided to Council & Committee members informed by the outcome of relevant evaluation(s) and the needs identified by Council and Committee members.

Independent, evidence informed & transparent decision-making processes.

- Publicly accessible Code of Conduct & Conflict of Interest policy for Council & Committee members.

An ongoing commitment to performance improvement.

- Tracking & review of Key Performance Indicators (KPIs) that are linked to the CRTO strategic priorities.
- Ongoing monitoring on KPI dashboard.

Governance & Accountability

Ongoing training provided to Council & Committee members informed by the outcome of relevant evaluation(s) and the needs identified by Council and Committee members

- Indigenous awareness & Anti-bias training
- Planned education day – “risk management” theme

Publicly accessible Code of Conduct & Conflict of Interest policy for Council & Committee members

- Outlined in revised by-laws
- Online Conflict of Interests declaration form created for for Council & Committee members

Enhancing Professionalism

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

- Policy framework & review/revision of all policies and practice guidelines.
- Ensure that the Standards of Practice & A Commitment to Ethical Practice document promote Diversity, Equity and Inclusion (DEI).
- Supporting the application of new or amended practice standards.
 - Creation of online modules to support difficult-to-understand and novel practice standards.

The application of Risk-Based regulation.

- Formal risk-assessments in all RC, QAC & ICRC decisions.

Enhancing Professionalism

Policy framework & review/revision of all policies and practice guidelines

- Policy framework

Ensure that the Standards of Practice & A Commitment to Ethical Practice document promote Diversity, Equity and Inclusion (DEI).

- Policy framework

Healthcare Community

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

- Creation of common standards (where possible) both provincially and nationally.

Engaging with stakeholders to enhance quality patient care.

- Demonstrate how stakeholder feedback is incorporated into the development/revision of policies, standards and practice guidelines.

Healthcare Community

Creation of common standards (where possible) both provincially and nationally

- HPRO Information Sharing Policy
- NARTRB National Practice Standards



Core Business Practices

Clear financial alignment with strategic priorities.

- Revised financial statement & investment portfolio presentation.
- A policy that clearly outlines the management of financial reserves.
- Finance & Audit Committee

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

- DEI training for Council, Committee & staff members
- Equity Impact Assessment

A comprehensive Risk Management Framework

- Formal process to identify & monitor internal & external organizational risk (e.g., financial & human resources, cyber security etc.)
- Succession plan for senior leadership.

Core Business Practices

Revised financial statement & investment portfolio presentation

- Revised balance sheet & income statement completed
- Revised investment portfolio distribution report in development

A policy that clearly outlines the management of financial reserves

- Investment & Management of Net Assets Policy & Procedure currently undergoing revisions

Finance & Audit Committee

- Committee created

CRTO Key Priorities

2021 – 2025

Council Effectiveness – BoardSource Survey Results

AGENDA ITEM #4.6

| | |
|-----------------|---|
| From: | <i>Carole Hamp, RRT – Registrar & CEO</i> |
| Topic: | <i>Council Effectiveness – BoardSource Survey Results</i> |
| Purpose: | <i>For Discussion</i> |

The CRTO Council engaged in a survey conducted by BoardSource, a U.S.-based organization that provides support and resources for non-profit boards in the areas such as governance and leadership.

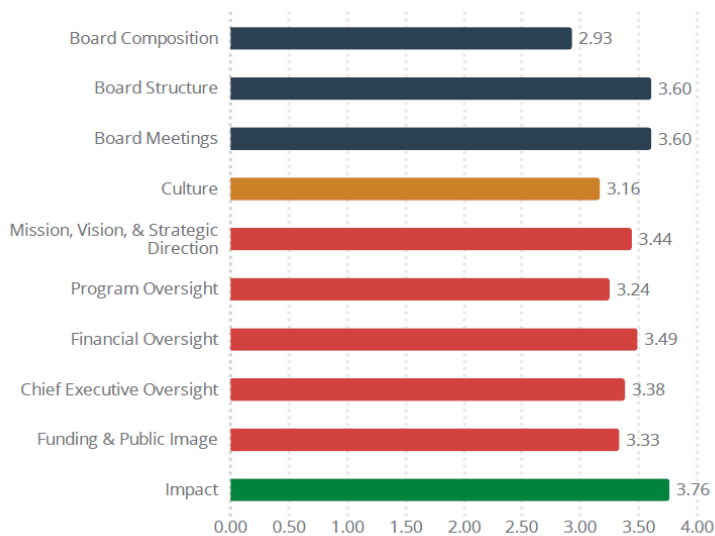
BoardSource – CRTO Council Self-Assessment Results Spring 2022

The scores below are based on this answer scale: 0 = Poor; 1 = Fair; 2 = OK; 3 = Good; 4 = Excellent.

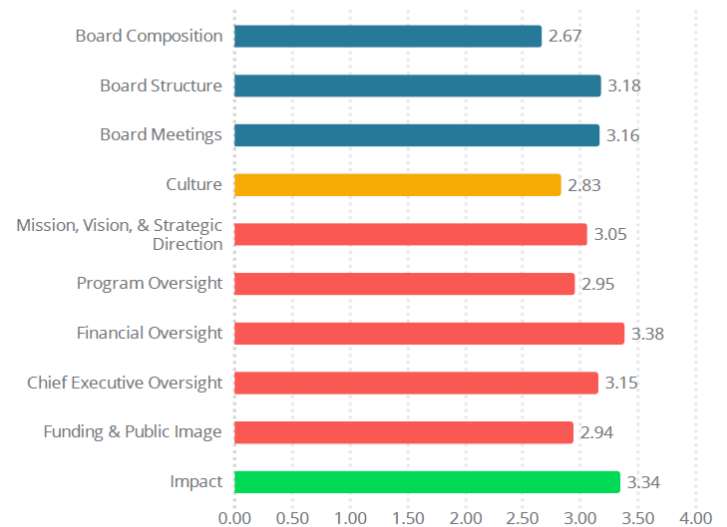
Results Overview

The graphs below show how your board has assessed its performance in the four categories (left) and ten responsibilities (right) of non-profit boards.

Your Board's Scores



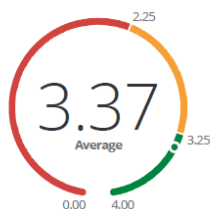
All Boards Average Scores



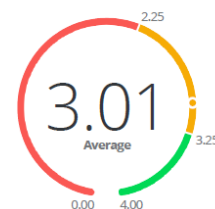
The People

This section assesses the overall balance of who serves on the board (board composition), how people are organized (board structure), and how they deliberate together (board meetings).

People Score - Your Board



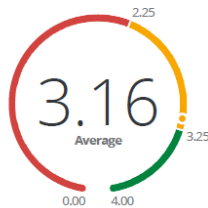
People Score - All Boards



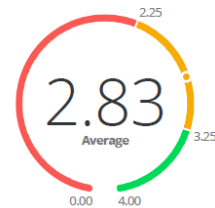
The Culture

This section explores the board's performance in creating conditions for the healthy functioning of the board as a collective leadership body.

The Culture Score - Your Board



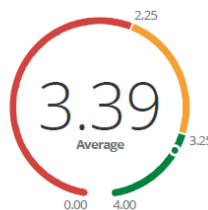
The Culture Score - All Boards ▾



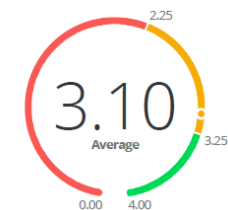
The Work

This section explores board performance in five areas of responsibilities that are categorized as board work: mission, vision, and strategic direction; program oversight; financial oversight; oversight of the chief executive; and funding and public image.

The Work Score - Your Board



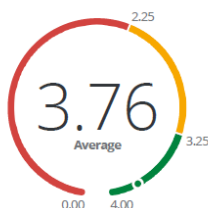
The Work Score - All Boards ▾



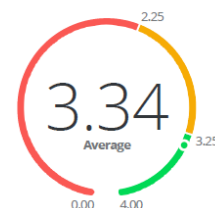
The Impact

This section explores the board's perception of its impact on organizational performance, and assess the board's connection to the organization's strategy, reputation, and overall effectiveness.

The Impact Score - Your Board

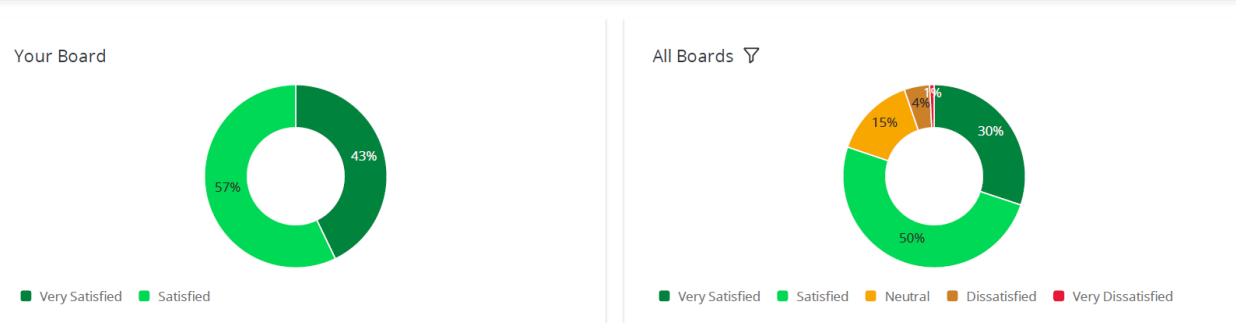


The Impact Score - All Boards ▾



Overall Effectiveness as a Leadership Body

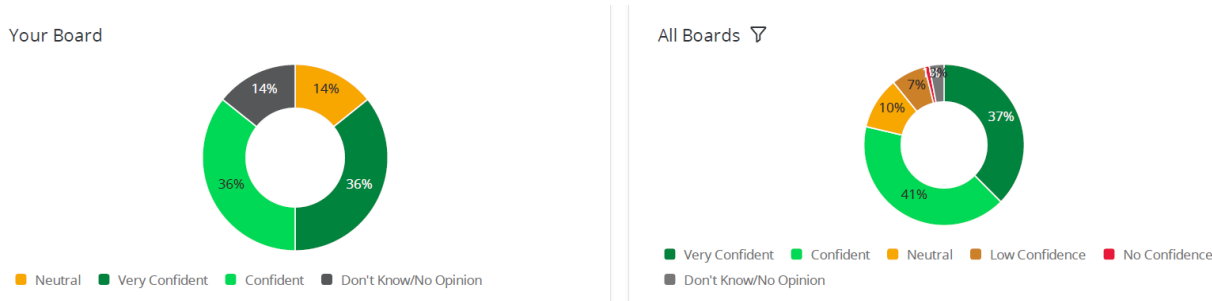
The following graphs reflect the board's thinking about its overall effectiveness. Because the percentages are based on the perceptions of your individual board members, this information can be used to spark a full board discussion on whether the members feel they are collectively meeting their responsibilities.



Leadership Resilience

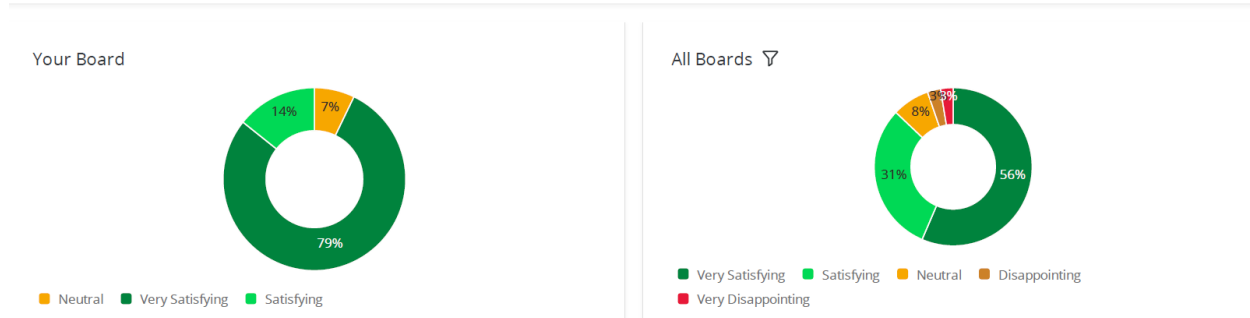
Hypothetically, if your chief executive were to suddenly leave his or her post, how confident are you that your board understands the organization well enough to make informed decisions about how the organization should be led (not just in terms of who the leader should be, but what the new leader will confront)?

This is a hypothetical question that seeks to understand leadership resilience; it is not intended to serve any other purpose. As such, the scores from this question are not factored into your board's overall IMPACT score.



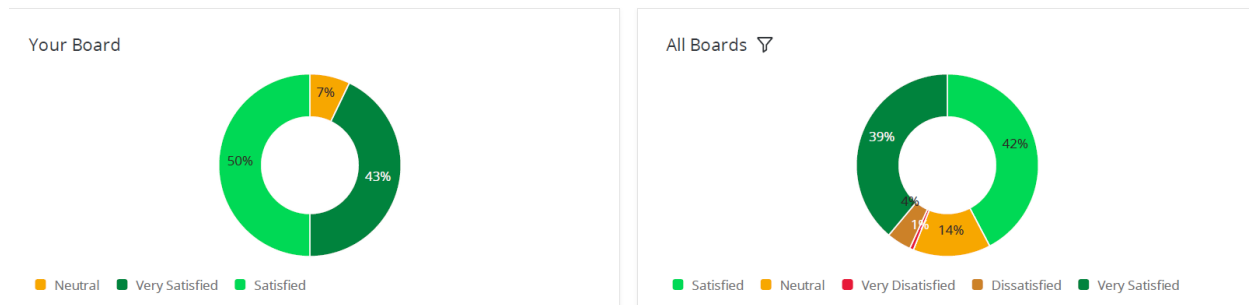
Individual Board Member Experience

Individuals serve on nonprofit boards for a variety of reasons. The percentages in this graph provide an overall sense of whether your individual board members feel that they have adequate opportunities to use their time, talent, and expertise to advance the mission of your organization.



Level of Commitment and Involvement

The board self-assessment survey asks board members to identify their fellow board members' level of commitment and involvement, typically described as board engagement. Engaged board members make it a priority to attend and participate in all board meetings, take initiative, and jump into action when the chief executive needs expert guidance or opinion. Furthermore, engaged board members use their personal connections and affiliations to support the organization, volunteer for leadership positions on the board, and, by example, encourage others to do the same. The graphs below show the board's level of satisfaction with



General Open-Ended Responses

What are the two or three most important areas the board should address to improve its performance in the next year or two?

- Communicating with the general public
- Ensure that we have a full complement of staff in order not to burn out our existing people
- Review Board's skills, geography, and experience matrix against challenges it is facing today / expect to face tomorrow.
- Restructure investment portfolio to cover the high cost of inflation and for wealth preservation
- Member engagement Succession planning and mentorship
- Risk management
- Governance training of council members 2. Improve orientation of new members - e.g. consider a mentor program for new members

Recommendations

Strengthen Performance through Action – Board Composition

- Approach recruitment and board building as an ongoing and strategic cycle.
- If necessary, enhance the profile of your organization to make it attractive to strong board candidates.
- Create a solid orientation program for new members no matter the extent of their previous board experience.
- If you have one, ensure your governance committee is fully engaged and involves every board member in the board-building process by recommending or cultivating potential new board members.

Strengthen Performance through Action – Board Composition, Duties & Expectations

- Periodically assess your board's workload, committee structure, lifecycle requirements, need for diversity, and legal mandates to ensure that your board is managed well.
 - Note: Average number of members on our standing committees, whereas the average # on most boards is 5
- View your bylaws and policies as evolving documents needing regular review; ensure timely amendments when necessary.
- Consider using time-limited task forces in lieu of standing committees for those activities that are not ongoing.

Strengthen Performance through Action – Board Meetings

- Shape your board meetings in such a way that they invite board engagement.
- Approach meetings as a vital resource in service to the organization's sustainability and plan accordingly.
- Make sure the agenda ties in with the strategic plan. Focus on your big issues.
- Board members: Read the materials sent to you in advance of the meeting. Come to the meeting prepared. Be ready to participate.

Strengthen Performance through Action - Mission, Vision, and Strategic Direction

- Occasionally revisit the organization's mission and vision statements to ensure that the organization remains relevant.
- Work together with the chief executive to provide guidance and input in developing the strategic planning process.
- Elevate strategic thinking by incorporating it into every board meeting rather than relegating it to annual retreats or strategic planning processes.

Strengthen Performance through Action – Program Oversight

- Embrace board education around programs and services as an ongoing activity.
- Devote time to discussions of what kinds of program data are board — rather than management—related.
- Determine how to provide the board with the information it needs to make data-driven and informed decisions while avoiding report overload at board meetings.

Strengthen Performance through Action – Financial Oversight

- Assist all board members in understanding non-profit financial statements through onboarding activities and ongoing education.
- Cultivate a climate of partnership, transparency, and rigorous ethics among board finance committee members and finance staff.
- Encourage a culture of inquiry on the full board, recognizing that finance committee recommendations are simply that and liability for decisions rests with the full board.

Strengthen Performance through Action – Chief Executive Partnership and Oversight

- Provide the chief executive with a clear job description and mutually agreed-upon annual expectations.
- Recognize that effective board-chief executive partnerships, like all relationships, should be flexible in nature. Practices, communication, and assumption may occasionally need to be recalibrated.
- Ensure full board participation in the chief executive evaluation (feedback, final approval) even if a committee leads the process.

Strengthen Performance through Action – Funding and Public Image

- Consider the partnership climate between the board, executive, and staff as it relates to fundraising, specifically shared understanding of resource development strategies and fund development plans.
- Embrace opportunities for board members to participate in fundraising activities that are customized/individualized, aligned with organizational strategy, and clearly communicated.
- Evaluate the policy environment within which your organization operates.

Registrar's Report – Council Meeting

May 27, 2022

AGENDA ITEM #5.1

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

INTERNAL

CURRENT INITIATIVES

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

CRTO staff are continuing to review and revise all our policies and procedures. At the April 8th Council meeting, eight (8) revised policies were approved and an additional eight (8) policies were rescinded and archived. We now have eight (8) revised policies presented for approval at the May 27th Council meeting.

Professional Conduct & IT Infrastructure Reviews

The CRTO has embarked on a review of its professional conduct and IT management processes to ensure we implement our mandate as effectively and efficiently as possible (e.g., timely responses to complaints and optimal cybersecurity). The reports from both reviews have been completed and staff in both departments are currently working on their implementation plans.

Database Management

Ninety-four banker boxes full of paper Member records have been scanned into electronic files.

ADMINISTRATION

INTERNAL

Staffing Changes

We are delighted to announce the following promotions within the CRTO staff:

- Shaf Rahman – Deputy Registrar
- Sophia Rose – Manager, Professional Conduct
- Kelly Arndt – Manager, Quality Practice

Registrar's Report

- Denise Steele – Coordinator, Professional Programs (Registration)

We are also very pleased to welcome back Ania Walsh to Manager, Regulatory Affairs. In addition, we are in the process of recruiting a new Coordinator of Professional Conduct.

2021-22 Financial Audit

The audit for our past fiscal year has been completed, and the results will be presented to the Executive Committee and Council in May. Representatives from the Finance & Audit Committee will be present at the Executive Committee meeting to assist in the review of the audit findings and the appointment of the Auditor for 2022-23.

EXTERNAL

College Performance Management Framework (CPMF)

The CRTO submitted its 2021 CPMF report at the end of March. A summary has been created to guide the implementation of the opportunities for improvement identified in the framework. This CPMF report summary will be presented to Council at the May 27th meeting.

Strategic Direction Update Report

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

BoardSource Survey Results

Nearly all Council members completed the survey provided by the BoardSource, and a summary has been prepared for the May Council meeting. Information from this survey will assist in developing a framework to regularly evaluate the effectiveness of Council meetings and Council.

Bill 106 - Pandemic and Emergency Preparedness Act, 2022

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

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

- establish time limits in which Colleges must make certain decisions related to registration.”

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

Council Briefing Note

AGENDA ITEM # 5.2

May 27, 2022

| | |
|-------------------------|--|
| From: | <i>Carole Hamp, RRT – Registrar & CEO</i> |
| Topic: | <i>Financial Statements – March 1, 2022 – April 30, 2022</i> |
| Purpose: | <i>For Decision</i> |
| Strategic Focus: | <i>Core Business Practice</i> |
| Attachment(s): | <i>Appendix A: Highlights of the Financial Statements Appendix B: Balance Sheet Summary Report Appendix C: Income Statement Summary Report Appendix D: Income Statement Reporting Codes Appendix E: Financial Report Summary</i> |
| Motion: | It is moved by _____ and seconded by _____ that: The Council approve the Financial Statements for March 1, 2022 – April 30, 2022. |

PUBLIC INTEREST RATIONALE:

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

ISSUE:

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

BACKGROUND:

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

ANALYSIS:

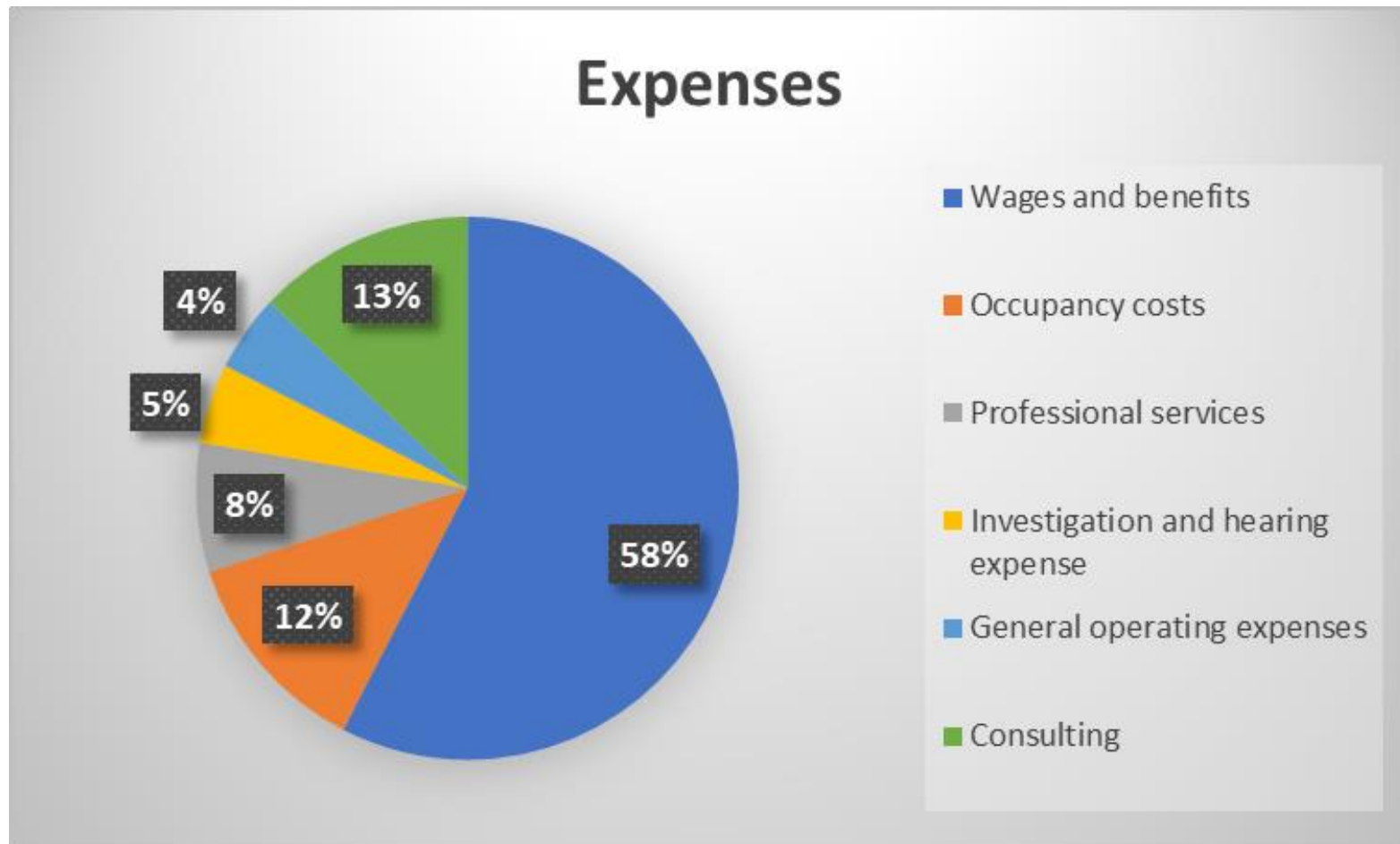
The “Highlights of the Financial Statements” (Appendix A) document is provided to emphasize any significant fluctuations in either our revenue or expenses. A summary of both the Balance Sheet (Appendix B) and the Income Statement (Appendix C) have been created to make it easier to compare revenue and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

RECOMMENDATION:

It is recommended that Council approves the CRTO interim Financial Statements for March 1, 2022, to April 30, 2022.

CRTC Highlights of the Financial Statements

| | |
|-----------------------------------|----------------------|
| Wages and benefits | \$ 173,879.24 |
| Occupancy costs | \$ 37,592.40 |
| Professional services | \$ 23,174.07 |
| Investigation and hearing expense | \$ 14,352.46 |
| General operating expenses | \$ 13,794.43 |
| Consulting | \$ 39,210.15 |
| Total Major Expenses | \$ 302,002.75 |



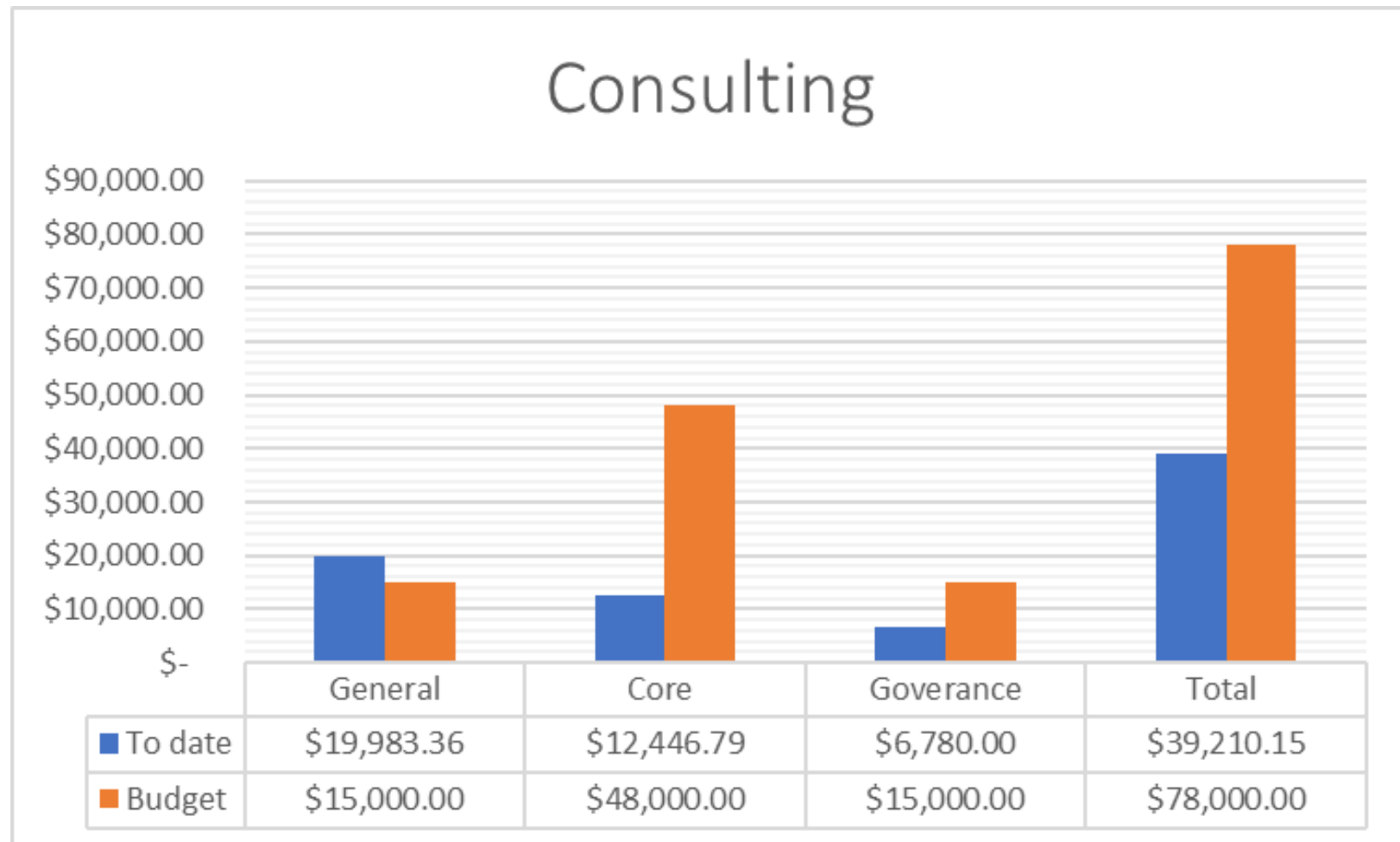
| | | |
|---|-----------------------------|-----------------------------|
| Total Equity | \$ 3,486,019.38 | \$ 3,362,100.77 |
| CRTO | | |
| Balance Sheet Summary | | |
| | As of April 30, 2022 | As of April 30. 2021 |
| Assets | | |
| <i>Current Assets</i> | | |
| Cash and Cash Equivalent | \$ 1,905,186.37 | \$ 1,992,427.98 |
| Accounts Receivable | \$ 22,230.02 | \$ 1,830.02 |
| Investments | \$ 1,527,102.73 | \$ 1,272,163.49 |
| Prepays | \$ 53,733.62 | \$ 95,988.23 |
| Total current assets | \$ 3,508,252.74 | \$ 3,362,409.72 |
| Property, plant and equipment | \$ 62,630.77 | \$ 100,937.03 |
| Total assets | \$ 3,570,883.51 | \$ 3,463,346.75 |
| Liabilities | | |
| Accrued liability | \$ 84,864.13 | \$ 101,245.98 |
| Net Assets | | |
| General contingency reserve fund | \$ 500,000.00 | \$ 500,000.00 |
| Reserve for funding of therapy | \$ 80,000.00 | \$ 80,000.00 |
| Reserve for COVID-19 | \$ 250,000.00 | \$ - |
| 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 | \$ 1,030,000.00 |
| Unrestricted Reserves | \$ 2,206,019.38 | \$ 2,332,100.77 |
| Total Liabilities and net assets | \$ 3,570,883.51 | \$ 3,463,346.75 |

| Code | CRTO Income Statement Summary | Mar 1-April 30, 2022 | Budget for year | Over (Under) Budget | % (Under) Over Budget | Mar 1 - April 30, 2021 |
|------|-----------------------------------|-------------------------|------------------------|---------------------------|--------------------------|---------------------------|
| 0 | Revenue | \$ 2,389,645.08 | \$ 2,527,507.54 | -\$ 137,862.46 | -5.5% | \$ 2,315,278.14 |
| 0.5 | Competency Assessment Income | \$ 500.00 | \$ 12,500.00 | -\$ 12,000.00 | -96.0% | \$ 4,250.00 |
| | Total Income | \$ 2,390,145.08 | \$ 2,540,007.54 | -\$ 149,862.46 | -5.9% | \$ 2,319,528.14 |
| 0.6 | Competency Assessment Expense | \$ - | \$ 24,000.00 | -\$ 24,000.00 | -100.0% | \$ 16,015.30 |
| 1 | Wages and benefits | \$ 173,879.24 | \$ 1,315,680.75 | -\$ 1,141,801.51 | -86.8% | \$ 215,912.49 |
| 2 | Occupancy costs | \$ 37,592.40 | \$ 250,154.33 | -\$ 212,561.93 | -85.0% | \$ 36,078.75 |
| 3 | Professional services | \$ 23,174.07 | \$ 155,467.82 | -\$ 132,293.75 | -85.1% | \$ 2,145.33 |
| 4 | Investigation and hearing expense | \$ 14,352.46 | \$ 165,000.00 | -\$ 150,647.54 | -91.3% | \$ 6,411.13 |
| 5 | Technology / Website | \$ 2,278.93 | \$ 121,904.00 | -\$ 119,625.07 | -98.1% | \$ 15,992.66 |
| 6 | General operating expenses | \$ 13,794.43 | \$ 146,614.07 | -\$ 132,819.64 | -90.6% | \$ 5,097.57 |
| 7 | Credit card and Paypal fees | \$ 7,819.94 | \$ 63,716.93 | -\$ 55,896.99 | -87.7% | \$ 7,212.81 |
| 8 | Memerbership and dues | \$ 9,409.55 | \$ 35,766.67 | -\$ 26,357.12 | -100.0% | \$ 200.00 |
| 9 | Quality assurance expenses | \$ - | \$ 59,550.00 | -\$ 59,550.00 | -100.0% | \$ - |
| 11 | Unrealized (gains) losses | -\$ 619.00 | \$ - | -\$ 619.00 | | -\$ 820.00 |
| 12 | Council and committee | \$ 9,325.00 | \$ 117,650.00 | -\$ 108,325.00 | -92.1% | \$ 12,121.39 |
| 14 | Consulting | \$ 39,210.15 | \$ 78,000.00 | -\$ 38,789.85 | -49.7% | \$ 3,729.00 |
| 99 | Equipment purchased | \$ 2,287.35 | \$ 6,500.00 | -\$ 4,212.65 | -64.8% | \$ - |
| | Total Expenses | \$ 332,504.52 | \$ 2,540,004.57 | -\$ 2,207,500.05 | -86.9% | \$ 320,096.43 |
| | Net Income | \$ 2,057,640.56 | | | | \$ 1,999,431.71 |

| 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 | RST |
| | | 5035 | EHT |
| | | 5040 | Training and Dev |
| | | 5041 | Personal education |
| 2 | Occupancy costs | 5045 | Staff Travel & Exp |
| | | 5060 | Rent |
| | | 5070 | Equ lease and Mtce |
| | | 5090 | Insurance |
| 3 | Professional services | 5320 | Office mtce / upkeep |
| | | 5110 | Audit |
| | | 5120 | Legal - general |
| | | 5210 | Telephone, etc |
| 4 | Investigation and hearing expense | 5555 | Government Relations |
| | | 5121 | Legal - investigations |
| | | 5130 | Expenses - Investigation |
| | | 5131 | Investigation services |
| 5 | Technology / Website | 5223 | Website hosting |
| | | 5224 | Website development |
| | | 5620 | Data base development |
| | | 5623 | Data base Annual software fee |
| | | 5624 | Data base hosting |
| | | 5622 | Cybersecurity |
| 6 | General operating expenses | 5220 | Computer software |
| | | 5230 | Postage, etc |
| | | 5240 | Printing - general |
| | | 5250 | Translation - general |
| | | 5310 | Office supplies |
| | | 5321 | Office meeting exp |
| | | 5330 | Bank account charges |
| | | 5350 | Conf reg fees |

| | | | |
|----|-----------------------------|------|-------------------------------|
| | | 5545 | Outreach / Travel |
| | | 5546 | Communications - general |
| | | 5547 | Communications - Social Media |
| | | 5610 | Education day expenses |
| | | 5624 | Data Management |
| 7 | Credit card and Paypal fees | 5331 | Paypal charges |
| | | 5340 | Credit card merch fees |
| 8 | Membership and dues | 5380 | Membership / subs |
| | | 5385 | Accreditaion 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 |

CRTC Financial Reporting Summary



Council Briefing Note

AGENDA ITEM # 5.3

May 27, 2022

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

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 tool

BACKGROUND:

The Finance and Audit Committee (FAC) is currently revising the CRTO's Investment and Management of Net Assets Policy and Procedure.

RECOMMENDATION:

That Council approves the Investment Portfolio

NEXT STEPS:

Once the edits to the CRYPTO's Investment and Management of Net Assets Policy and Procedure have been approved by Council, the FAC will begin a complete overview of the CRYPTOs investment strategy and reporting processes.

Appendix A

CRTO Investment Portfolio - Distribution April 30, 2022

| Investment Category | Term Limitation | Fund Limitation | Minimum Rating | Additional Fund Limitations | Current Investments | Book Value (\$) | Portfolio % |
|-------------------------------|---------------------|-----------------|----------------|---|---|--------------------|-------------|
| Cash | | Unlimited | | | | \$2,386,918 | 70% |
| | | | | | Regular Chequing Account | \$1,911,363 | 56% |
| | | | | | REN HIGH INT SAVINGS (incl. \$250,000 COVID surplus) | \$373,046 | 11% |
| | | | | | CIBC HIGH INT SAVINGS | \$102,509 | 3% |
| | | | | | | | |
| Federal Government: | | | | | | \$0 | 0% |
| Bonds | 365 days to 3 years | 0.5 | | | | \$0 | 0% |
| Bonds | 3 to 5 years | 0.2 | | Total investments 3 to 5 years not to exceed 20% of Fund | | \$0 | 0% |
| | | | | | | | |
| Provincial Government: | | | | a. Total provincials not to exceed 50% of Fund b. Investment in any one province not to exceed 25% | | \$0 | 0% |
| Securities/Notes | 365 days | 0.4 | AA | | | \$0 | 0% |
| Bonds | 365 days to 3 years | 0.4 | AA | | | \$0 | 0% |
| Bonds | 3 to 5 years | 0.2 | AA | Total investments 3 to 5 years not to exceed 20% of Fund | | \$0 | 0% |
| | | | | | | | |
| Schedule "A" Banks: | | | | | | \$1,044,881 | 30% |
| GICs | 365 days to 3 years | 0.75 | | Total investments in any one bank not to exceed 35% of total portfolio | GIC Holdings | | |
| | | | | | EFFORT TRUST .8% 3May22 (1 Yr) | \$100,000 | 3% |
| | | | | | HOME TRUST COMPANY 1.18% 28Jn22 (2 Yr) | \$63,400 | 2% |
| | | | | | VANCITY CREDIT UNION .80% 6Jn22 (1 Yr) | \$51,000 | 1% |
| | | | | | CIBC LOCK-IN GIC @3% 26Ap23 (1 Yr) | \$250,586 | 7% |
| | | | | | CIBC FLEXIBLE GIC @1.65% 26Ap23 (1 Yr) | \$250,000 | 7% |
| | | | | | HAVENTREE BANK GIC .97% 27Oct22 (2 Yr) | \$47,314 | 1% |
| | | | | | HOME TRUST COMPANY .9% 27Oct22 (2 Yr) | \$36,600 | 1% |
| | | | | | INDUSTRIAL & COMMERCIAL BANK OF CHINA .85% 27Oct22 (2 Yr) | \$45,981 | 1% |
| | | | | | CDN WESTERN BANK 1.25% 9Dec23 (3 Yr) | \$100,000 | 3% |
| | | | | | EQUITABLE BANK 1.25% 9Dec.23 (3 Yr) | \$100,000 | 3% |
| Banker's Acceptance | 365 days to 3 years | 0.5 | | | | \$0 | 0% |
| | | | | | | | |
| Canadian Corporations: | | | | | | \$0 | 0% |
| Commercial Paper | 365 days | 0.1 | R-I Mid | Limit any single holding to 10% of Fund | | \$0 | 0 |
| Total | | | | | | \$3,431,798 | 100% |

New investment

matured in 2022 - May (1 GIC), June (2 GICs), October (3 GICs)



SECURITY INCOME ANALYSIS (CAD)

As of April 29, 2022

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO (420075002C)

Margin

Your Investment Advisor: Moore Miller Investment Group

| Quantity | Description | Opening Date | Book Value | Market Value | Unrealized G/L ** | Interest Portion | Accum. Int./Div. | Accrued Int./Div. | Weighted Exch. Rate |
|--|---|--------------|------------------------|------------------------|--------------------|------------------|---------------------|--------------------|---------------------|
| CASH & CASH EQUIVALENTS | | | | | | | | | |
| Cash | | | | | | | | | |
| | 748 ACCOUNT BALANCE CAD | | 748.12 | 748.12 | | | 172.57 | | 1.00 |
| High Interest Savings Account | | | | | | | | | |
| 102,656.850 | CIBC HIGH INT SAVINGS ACC (CTC) CL A (5002) | 04/19/2016 | 102,656.85 | 102,656.85 | 0.00 | | 6,657.40 | | 1.00 |
| 373,582.740 | RENAISSANCE HIGH INT SAVINGS ACCOUNT (5000) | 11/24/2009 | 373,582.74 | 373,582.74 | 0.00 | | 6,043.06 | | 1.00 |
| Total High Interest Savings Account | | | \$ 476,239.59 | \$ 476,239.59 | \$ 0.00 | | \$ 12,700.46 | | |
| Others | | | | | | | | | |
| 100,000 | EFFORT TRST CO A 0.8% 3MY22 | 04/30/2021 | 100,000.00 | 100,000.00 | 0.00 | | | 791.23 | 1.00 |
| 51,000 | VANCITY SAVINGS CREDIT UNION A 0.8% 8JN22 | 06/07/2021 | 51,000.00 | 51,000.00 | 0.00 | | | 363.29 | 1.00 |
| 63,400 | HOME TRST CO A 1.18% 30JN22 | 06/29/2020 | 63,400.00 | 63,400.00 | 0.00 | | 748.12 | 621.04 | 1.00 |
| 47,314 | HAVENTREE BNK CA 31OC22 | 10/28/2020 | 47,314.00 | 48,004.74 | 690.74 | | | | 1.00 |
| 36,600 | HOME TRST CO CA 31OC22 | 10/28/2020 | 36,600.00 | 37,095.67 | 495.67 | | | | 1.00 |
| 45,981 | IND & COMM BK CHINA (CDA) CA 31OC22 | 10/28/2020 | 45,981.00 | 46,569.05 | 588.05 | | | | 1.00 |
| Total Others | | | \$ 344,295.00 | \$ 346,069.46 | \$ 1,774.46 | | \$ 748.12 | \$ 1,775.56 | |
| Total Cash & Cash Equivalents | | | \$ 821,282.71 | \$ 823,057.17 | \$ 1,774.46 | | \$ 13,621.15 | \$ 1,775.56 | |
| SHORT-TERM FIXED INCOME | | | | | | | | | |
| Guaranteed Investment Certificate | | | | | | | | | |
| 100,000 | CDN WESTERN BNK CA 9DC23 | 12/08/2020 | 100,000.00 | 101,740.50 | 1,740.50 | | | | 1.00 |
| 100,000 | EQTBL BNK CA 11DC23 | 12/08/2020 | 100,000.00 | 101,740.50 | 1,740.50 | | | | 1.00 |
| Total Short-Term Fixed Income | | | \$ 200,000.00 | \$ 203,481.00 | \$ 3,481.00 | | | | |
| Total | | | \$ 1,021,282.71 | \$ 1,026,538.17 | \$ 5,255.46 | | \$ 13,621.15 | \$ 1,775.56 | |
| Accrued Interest: | | | \$ 1,776 | | | | | | |
| Declared and Unpaid Dividends: | | | | | | | | | |
| Total Portfolio Value: | | | \$ 1,028,314 | | | | | | |

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

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

| | | | |
|------------------------------|------------------------|--|--|
| Cash - CRTO | | | |
| Chequing Account | \$ 1,911,363.00 | | |
| Renaissance High Interest Sa | \$ 373,046.00 | | |
| CIBC High Interest Savings | \$ 102,509.00 | | |
| Total | \$ 2,386,918.00 | | |
| CIBC Wood Gundy GICs | | Interest Rates | Comments |
| Effort Trust | \$ 100,000.00 | Renewed on May 3. 2022 for 1 year - Community Trust GIC at 2.95% | \$1,525 in interest reinvested the Renaissance Savings Account |
| Home Trust | \$ 63,400.00 | 1.08% | due June 28, 2022 |
| Vancity | \$ 51,000.00 | 0.80% | due June 6, 2022 |
| CIBC Lock-In | \$ 250,000.00 | 3.00% | Matured GIC of \$498,342.99 + \$2,242.54 interest* |
| CIBC Flexible | \$ 250,000.00 | 1.65% | *due April 25,2023 |
| Haventree | \$ 47,314.00 | 0.975 | due Oct. 27, 2022 |
| Home Trust | \$ 36,600.00 | 0.90% | due Oct. 27, 2022 |
| Industrial & Commercial | \$ 45,981.00 | 0.85% | due Oct. 27, 2022 |
| CDN Western Bank | \$ 100,000.00 | 1.25% | due Dec. 9, 2023 |
| Equitable Bank | \$ 100,000.00 | 1.25% | due Dec. 9, 2023 |
| Total | \$ 944,295.00 | | |

CRTO MEMBERSHIP STATISTICS

for Council May 27, 2022

Report generated May 4, 2022

| | At last Council | 1 year ago | 5 years ago | |
|---------------------------------|---------------------|---------------------|---------------------|---------------------|
| Membership | May 2022 | Feb 2022 | May 2021 | May 2017 |
| Total members | 3887 | 3889 | 3815 | 3471 |
| General Class | 3487 | 3578 | 3419 | 3131 |
| Graduate Class | 86 | 52 | 104 | 69 |
| Limited Class | 4 | 4 | 5 | 6 |
| Inactive Class | 310 | 255 | 287 | 265 |
| Status Changes | Mar 2022 - May 2022 | Mar 2021 - Feb 2022 | Mar 2020 - May 2021 | Mar 2017 - May 2017 |
| Resigned | 37 | 74 | 154 | 26 |
| Retired | 16 | 45 | 71 | 9 |
| Moved out of Ontario | 8 | 17 | 35 | 5 |
| Working in other profession | 6 | 9 | 24 | 8 |
| Personal/Other Reasons | 7 | 3 | 24 | 4 |
| Undertaking | 0 | 0 | 0 | 0 |
| Suspended | 11 | 3 | 20 | 30 |
| due to non-payment of fees | 11 | 3 | 19 | 29 |
| due to disciplinary decisions | 0 | 0 | 1 | 0 |
| other reasons | 0 | 0 | 0 | 1 |
| Revoked | 5 | 0 | 16 | 12 |
| due to non-payment of fees | 4 | 0 | 13 | 12 |
| due to disciplinary decisions | 0 | 0 | 0 | 0 |
| due to expiration of Grad Certs | 1 | 0 | 3 | 0 |
| Reinstated | 4 | 18 | 33 | 6 |
| from resigned | 2 | 9 | 19 | 2 |
| from suspended | 0 | 0 | 2 | 4 |
| from revoked | 2 | 9 | 12 | 0 |
| New Applications | Mar 2022 - May 2022 | Mar 2021 - Feb 2022 | Mar 2020 - May 2021 | Mar 2017 - May 2017 |
| Applications Received | 106 | 239 | 362 | 114 |
| Ontario Graduates | 100 | 204 | 313 | 112 |
| Other Canadian Grads | 3 | 23 | 30 | 2 |
| USA Graduates | 1 | 3 | 5 | 0 |
| International Graduates | 2 | 9 | 14 | 0 |

Council Briefing Note

AGENDA ITEM # 5.5

May 27, 2022

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

PUBLIC INTEREST RATIONALE

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

ISSUE:

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

BACKGROUND:

This PPG has been condensed, with updated and simplified content to facilitate understanding and clear direction with respect to delegation of dispensing. It is extremely important that the expectations and guidelines for Members surrounding this topic are clear, current, and concise.

ANALYSIS:

Summary of Changes

The format of this document is unchanged. A jurisdictional and regulatory scan was conducted to confirm the content of the document is current and aligned with all relevant legislation and regulations. The content has been revised to include legislative requirements, gender neutral pronouns and updated links and references. Additions made to the medication error section, the stages of medication administration, and the rights of a patient to refuse medication.

RECOMMENDATION:

It is recommended that the CRTO Council review and approve the revised Administering and Dispensing Medication PPG for circulation for feedback from members and stakeholders/rights and title holders, as per the attached motion.

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 2022.

Appendix A: Administering and Dispensing Medication PPG

Current Administering and Dispensing Medication PPG

College of Respiratory Therapists of Ontario

Professional Practice Guideline

Administering & Dispensing Medications

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

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

TABLE OF CONTENTS

INTRODUCTION

ADMINISTRATION

- The 9 “Rights” of Competent Medication Administration
- Medication Management Systems
- Oral and Topical Medication
- Over the Counter (OTC) Medication

DISPENSING

- When it’s Appropriate for an RT to Dispense
- Accepting Delegation to Dispense
- Who an RT Can Accept Delegation From
 - TABLE 1: Who can order medication and who can order dispensing medication.
- Orders for Dispensing
- Factors to Consider when Accepting Delegation to Dispense
- Labeling dispensed medication
- Safe storage and handling

DOCUMENTATION

DISPENSING PROCESS MAP

SPECIAL CONSIDERATIONS

- Substitution Policies
- Repackaging
- Narcotics and other Controlled Substances
- Dispensing Samples
- Medication Errors

GLOSSARY

REFERENCES

INTRODUCTION

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

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

Since the *Respiratory Therapy Act* (RTA) does not authorize **Respiratory Therapists** (RTs) to perform this controlled act, the **authority** to dispense medications must be delegated to an RT from another **regulated health care professional** that is authorized to dispense and to delegate dispensing (i.e., physicians). Therefore, RT’s can only receive **delegation** for the dispensing portion of this controlled act. Respiratory Therapists must not prescribe, sell or compound a drug, or supervise the part of a pharmacy where such drugs are kept.

Please note...

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

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

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

Provincial Legislation:

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

Federal Legislation:

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

ADMINISTRATION

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

Examples of administering medication:

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

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

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

(a) a member of the College of Physicians and Surgeons of Ontario, the College of Midwives of Ontario or the Royal College of Dental Surgeons of Ontario;

(b) a member of the College of Nurses of Ontario who holds an extended certificate of registration under the Nursing Act, 1991; or

(c) a member of a health profession that is prescribed by regulation.

The 9 “Rights” of Competent Medication Administration

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

Medication Management Systems

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

Please note...

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

Oral and Topical Medication

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

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

Over the Counter (OTC) Medication

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

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

Q&A

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

A: OTC medication does not require an order from a physician in the community and is not “dispensed”. Therefore, RTs do not need delegation in order to provide OTC NRT to a patient/client to take home.

DISPENSING

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

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

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

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

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

When it's Appropriate for an RT to Dispense

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

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

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

Please note...

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

Example:

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

Accepting Delegation to Dispense

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

Who an RT accept can delegation to dispense from

The following are health care professions authorized to dispense medication and who RTs can accept orders to dispense from:

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

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

Please note...

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

Please note...

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

TABLE 1: Who can order medication and who can order dispensing medication.

| Healthcare Professional | Ability to Order Medication | Ability to Order the Dispensing of Medication |
|---------------------------------|-----------------------------|---|
| Physician | ✓ | ✓ |
| Nurse Practitioner | ✓ | ✓ |
| Midwife | ✓ | ✓ |
| Dentist | ✓ | ✓ |
| Pharmacist | x | ✓ |
| Reg. Nurse/Reg. Practical Nurse | x | x |

Orders for Dispensing

An order to dispense must include the following:

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

Factors to Consider when Accepting Delegation to Dispense

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

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

Labelling Dispensed Medication

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

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

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

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

Safe Storage and Handling

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

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

DOCUMENTATION

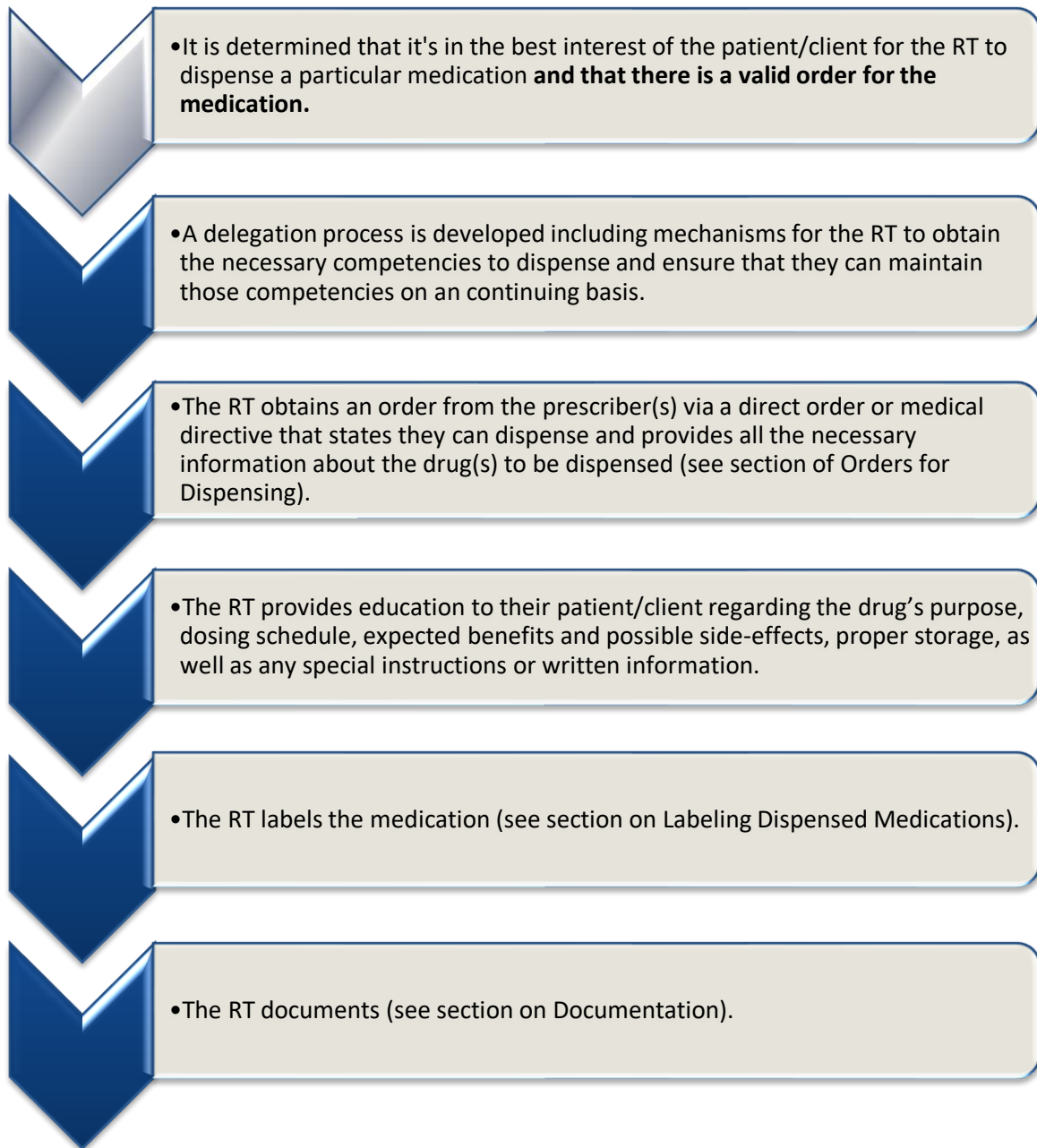
When administering medication, documentation is essential to communicate outcomes and prevent errors - such as accidentally missed doses or double dosing. When preparing and administering medications, a copy of the order (care plan) should be used as a reference to check the correct dosage three times,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

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

When dispensing medication, the following documentation is required:

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

DISPENSING PROCESS MAP



SPECIAL CONSIDERATIONS

Substitution Policies

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

Please Note:

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

Repackaging

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

Narcotics and other Controlled Substances

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

Dispensing Samples

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

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

Please note...

[Schedule II](#) narcotic substances may not be provided as drug samples.

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

³ College of Physicians and Surgeons of Ontario. (2012). Prescribing drugs. *CPSO Policies*. Retrieved from <http://www.cpso.on.ca/policies-publications/policy/prescribing-drugs#DRUGsamples>

Medication Errors

Medication errors and preventable adverse drug events present a serious threat to patient/client safety. They can result in serious adverse drug events (ADEs) due to the wrong medication being administered to the wrong patient/client at the incorrect dose, time, reason, and/or route. ADEs can also occur as a result of missing, incorrect or incomplete documentation. RTs play an important role in reducing the incidence of medication errors by carefully following the eight principles outlined previously, (please see section on **Administration**) and by ensuring their organization applies processes aimed at reducing the possibility of medication errors.⁴

Please note...

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

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

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

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

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

⁴ Etchells, E., J., Etchells, E., Juurlink, D., & Levinson, W. Medication errors: The human factor. *Canadian Medical Association Journal*, 178(1), 63-64, doi: 10.1503/cmaj.071658

GLOSSARY

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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Appendix B: Administering and Dispensing Medication PPG

Draft revised Administering and Dispensing Medication PPG

College of Respiratory Therapists of Ontario

Professional Practice Guideline

Administering & Dispensing Medications

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

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

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

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- Oral and Topical Medication
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- Accepting Delegation to Dispense
- Who an RT Can Accept Delegation From
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- Factors to Consider when Accepting Delegation to Dispense
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- Repackaging
- Narcotics and other Controlled Substances
- Dispensing Samples
- Medication Errors

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INTRODUCTION

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

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

Since the ~~*Respiratory Therapy Act*~~ *Respiratory Therapy Act* (RTA) does not authorize **Respiratory Therapists** (RTs) to perform this controlled act, the **authority** to dispense medications must be delegated to an RT from another **regulated health care professional** that is authorized to dispense and to delegate dispensing (i.e., physicians). Therefore, RT’s can only receive **delegation** for the dispensing portion of this controlled act. Respiratory Therapists must not prescribe, sell, or compound a drug, or supervise the part of a pharmacy where such drugs are kept.

Please note...

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

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

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

Provincial Legislation:

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

Federal Legislation:

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

There are five stages of the medication process:

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

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

ADMINISTRATION

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

Examples of administering medication:

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

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

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

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

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

The 9 10 Rights of Competent Medication Administration

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

Medication Management Systems

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

Please note...

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

Oral and Topical Medication

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

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Over the Counter (OTC) Medication

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

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

Q&A

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

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

DISPENSING

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

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

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

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

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

When it's Appropriate for an RT to Dispense

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

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

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

Please note...

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

Example:

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

Accepting Delegation to Dispense

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

Who an RT can accept delegation to dispense from

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

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

***Pharmacists can dispense, and can therefore delegate dispensing, however RT's are not permitted to accept an order from Members of the Ontario College of Pharmacists.**

Please note...

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

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

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

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

Please note...

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

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

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

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

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

Orders for Dispensing

An order to dispense must include the following:

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

Factors to Consider when Accepting Delegation to Dispense

1. Is your certificate clear of any terms, conditions or limitations that prevent you from dispensing or accepting delegation to dispense?
2. Do you reasonably believe that the person who delegated dispensing to you has the authority and the **competence** to do so?
3. Do you have the competence to dispense medication?

4. Is it appropriate and in the best interest of the patient/client that you accept delegation to dispense medication, given the known risks and benefits?
5. Are there other controlled acts involved and are you authorized to perform them?

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

Labelling Dispensed Medication

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

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

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

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

Safe Storage and Handling

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

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

DOCUMENTATION

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

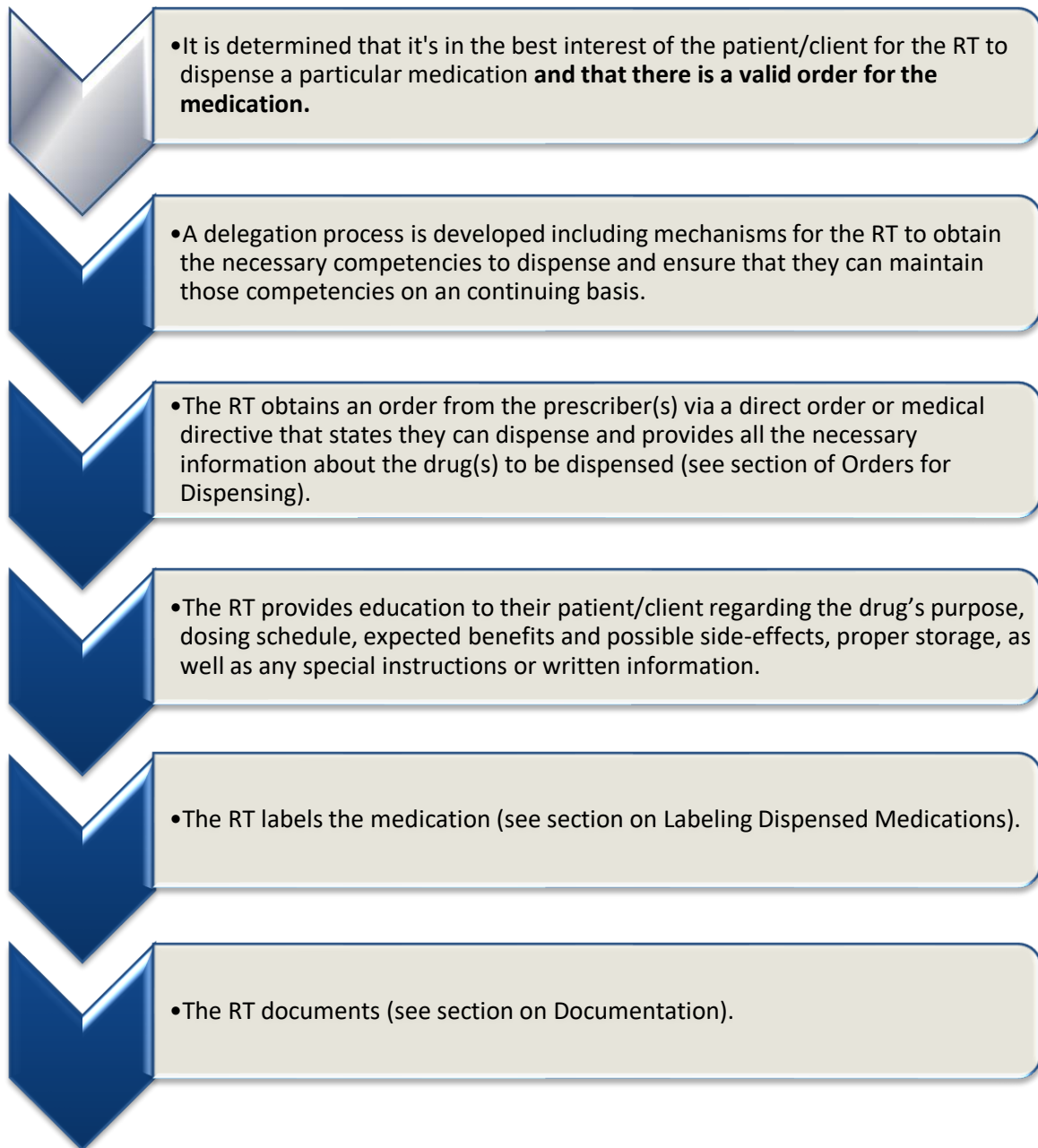
- First when one identifies the vial/syringe/bottle/bag/powder/capsule/tablet the medication is packaged in;
- Secondly when one is preparing the medication; and
- Thirdly after one has completed the preparation process

When dispensing medication, the following documentation is required:

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

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

DISPENSING PROCESS MAP



SPECIAL CONSIDERATIONS

Substitution Policies

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

Please Note:

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

Repackaging

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

Narcotics and other Controlled Substances

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

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

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

Dispensing Samples

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

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

Please note...

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

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

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

Medication Errors

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

Please note...

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

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

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

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

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

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

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

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

GLOSSARY

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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Consent Agenda Items

| | |
|----------------|---|
| Agenda Item #: | 6.1 |
| Item: | <i>Draft Minutes from March 4, 2022</i> |

Meeting Minutes March 4, 2022

CRTO Council Meeting Minutes

Scheduled on March 4, 2022, from 9:00 am to 1:00 pm

Location: Virtual meeting via Zoom Videoconference

PRESENT: Lindsay Martinek, RRT, President, Chair
Kim Morris, Vice-President
Derek Clark, Public Member
Jody Saarvala, RRT
Angela Miller, RRT
Katherine Lalonde, RRT
Christa Krause, RRT
Jillian Wilson, RRT

Shawn Jacobson, RRT
Andriy Kolos, Public Member
Jeffrey Schiller, Public Member
Allison Peddle, Public Member
Kelly Munoz, RRT
Yvette Wong, Public Member
Tracy Bradley, RRT
Allison Peddle, Public Member

STAFF: Carole Hamp RRT, Registrar & CEO
Janice Carson, Manager of Communications
Kelly Arndt RRT, Coordinator of Quality Practice
Shaf Rahman, Manager of Professional Conduct
Sophia Rose, Coordinator of Professional Conduct

Lisa Ng, Manager of Registration
Denise Steele, Coordinator of Professional Programs
Temeka Tadesse, IT & Database Specialist
Stephanie Tjandra, Office Coordinator
Abeeha Syed, Associate of Professional Conduct

GUESTS: Lucksini Raveendran, Ministry of Health

REGRETS: Jeff Dionne, RRT

1.0: INTRODUCTIONS & LAND ACKNOWLEDGEMENT

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

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2.0: CONFLICT OF INTEREST DECLARATION

Jody Saarvala declared a conflict for agenda item 7.2.2 Approval of Canadian RT Programs. No further conflicts were declared.

3.0: APPROVAL OF COUNCIL AGENDA

Council reviewed the agenda for March 2, 2022.

MOTION # 1 MOVED BY Jeffrey Schiller, and SECONDED BY, Christa Krause, RRT, to recommend that Council approve the Meeting Agenda for March 4, 2022.

MOTION 1# CARRIED.

4.0: STRATEGIC ISSUES

4.1 COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK

Carole Hamp, Registrar & CEO presented to Council an update of the College Performance Measurement Framework (CPMF). The CPMF was developed by the Ministry of Health and Long-Term Care (MOHLTC) to ensure that Colleges are executing their mandates by providing publicly reported information that is transparent, consistent, and aligned. The CRTO draft CPMF submission for the year 2021 identified areas for improvement in 2022. The areas identified for improvement for 2022 were:

- Pre-screening competency and suitability criteria.
- Online Council/Committee general orientation module to be completed as part of the nomination process.
- Framework to regularly evaluate the effectiveness of Council meetings (with a plan to have that framework assessed by an external party every three (3) years).
- Educational needs assessments.
- Annual & meeting-specific conflict of interest declarations.
- “Financial reserve policy” and financial reporting format that demonstrates alignment with strategic direction.
- Risk management plan (which includes succession plan for senior leadership).

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- IT infrastructure assessment & cyber security risk management plan.
- Diversity, Equity & Inclusion (DEI) Plan and Equity Impact Assessment.
- A process to identify when standards of practice, professional practice/clinical best practice guidelines are updated or when new guidelines are required.

4.2 DRAFT BUDGET 2022/2023

Carole Hamp, Registrar & CEO presented to Council the Draft Budget for 2022 – 2023. In early 2022, the CRYPTO launched its new Finance and Audit Committee (FAC). This Committee reviewed and approved the draft 2022-2023 budget at its February meeting. The draft budget was also reviewed and approved by the Executive Committee.

The following budget lines have been added/revised:

Consulting – Core Functions
Consulting – Governance
Government Relations
Chair's Event
Cybersecurity
Data Management
Finance & Audit Committee

The following budget lines have been removed:

Alliance Expense
QA PORTfolio Development
QA PORTfolio App. Subscription Fee
Student Council Rep

MOTION # 2

MOVED BY Derek Clark, and SECONDED BY, Katherine Lalonde, RRT, to recommend that Council approves the CRYPTO's draft 2022 – 2023 budget.

MOTION 2# CARRIED.

4.3 DRAFT SUCCESSION PLAN FOR SENIOR LEADERSHIP

Carole Hamp, Registrar & CEO presented to Council the draft Succession Plan for Senior Leadership. Retaining leadership capacity within an organization is both a strategic and economic necessity. When a key position is suddenly left unfilled for any length of time, important decisions cannot be reached, and critical activities can be delayed. Succession planning focuses on building the potential of current employees to assume essential leadership roles seamlessly. Research has shown that

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promoting internally can reduce time spent recruiting, onboarding, and training and offers recognition to high performers and gives employees a clear goal to work towards.

MOTION # 3

MOVED BY Christa Krause, RRT, and SECONDED BY, Jody Saarvala, RRT, to recommend that Council approves the Succession Plan for Senior Leadership.

MOTION 3# CARRIED.

5.0: OPERATIONAL & ADMINISTRATIVE ISSUES

5.1 REGISTRAR'S REPORT

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

Key Initiatives:

- CROTO staff are continuing to review and revise all our policies and procedures. Our recently revised CROTO By-Laws are coming back to our upcoming Council meeting for final approval.
- The CROTO has embarked on a review of its professional conduct and IT management processes to ensure we implement our mandate as effectively and efficiently as possible (e.g., timely responses to complaints, optimal cybersecurity)
- The CROTO moved to electronic storage of Member records, we still have a significant number of paper documents. It has been our desire for some time to convert these to an electronic format, and arrangements have been made to begin this project in spring 2022.
- We have a newly formed non-statutory committee that was created to provide additional oversight relating to the CROTO's financial planning and reporting, external audit, internal control systems, investments, and relevant policies.
- CROTO staff continues to work alongside system partners regarding the College Performance Management Framework (CPMF) administered by the Ministry and their request to provide feedback on the draft reporting template. The "soft launch" of the 2021 reporting template took place in October. The final version of the 2021 reporting template was released in November and the deadline for submission is March 31, 2022.
- The CROTO is participating in the Health Profession Regulators of Ontario (HPRO) working group where they consider the development of common documents, tools, and processes.

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5.2 FINANCIAL STATEMENTS

Council reviewed the financial statements as of January 31, 2022.

MOTION # 4 MOVED BY Kim Morris, and SECONDED BY, Yvette Wong, to recommend that Council approves the CRTO's interim Financial Statements for the period ending January 31, 2022.

MOTION 4# CARRIED.

5.3 INVESTMENT PORTFOLIO

Council reviewed the Investment Portfolio as of January 31, 2022.

MOTION # 5 MOVED BY Yvette Wong, and SECONDED BY, Kelly Munoz, RRT, to recommend that Council approves the Investment Portfolio.

MOTION 5# CARRIED.

5.4 MEMBERSHIP STATISTICS

Lisa Ng, Manager of Registration presented to Council the membership statistics. The total membership reported was **3,889**. The CRTO received **239** applications for registration from March 2021 to February 2022. Out of the total number of applications received, **204** are graduates of an Ontario RT program, **23** are graduates from other provinces, and **12** are graduates from outside of Canada.

6.0: CONSENT AGENDA ITEMS

6.1 MINUTES FROM DECEMBER 3, 2021

Council reviewed the Minutes from December 3, 2021. No changes were made to the minutes.

6.2 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, 2021, Council meeting. On February 11, 2022, the Executive Committee reviewed the following items:

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

6.3 REGISTRATION COMMITTEE REPORT

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

(Submitted by Christa Krause, RRT, Chair)

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

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

Referral Summary

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

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Registration Orientation:

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

February 25, 2022, Meeting Report:

- **Terms of Reference and Action Plan 2022:** The terms of reference and action plan were revised to the new template to reflect the updated revision and approval of various Registration Committee (RC) Policies. It was circulated and approved by the RC on its February 25, 2022, meeting.
- **Registrar's Report:** Carole Hamp, Registrar & CEO, provided RC with an update on the initiatives undergoing by CRTO staff. Initiatives include:
 - Policy Framework, Revised By-Law & Professional Practice Guidelines.
 - Professional Conduct & IT Infrastructure Reviews.
 - Database Management.
 - College Performance Management Framework (CPMF).
 - Governance Reform.
- **CPMF – Registration:** The CPMF was developed by the Ontario Ministry of Health in collaboration with Ontario's health regulatory colleges, subject matter experts and the public to answer the question: "how well are health colleges in executing their mandate, which is to act in the public interest?" The information collected is intended to strengthen accountability and oversight of Ontario's health regulatory colleges, and to help them to improve their performance. The deadline for our report is March 31, 2022. CRTO staff have been working on the CPMF report, and some of the items reported relate to the CRTO's existing registration practices.
- **Office of the Fairness Commissioner (OFC):** The RC received an update from staff on recent OFC initiatives, including:
 - On April 1, 2021, the OFC launched its new Risk-informed Compliance Framework (RICF) and based on their review, they have assigned the CRTO as "full compliance" to their requirements. This means that the CRTO has successfully implemented each of the compliance recommendations that the OFC has issued, additional recommendations were not identified, and other criteria have been met.
 - The OFC has a new Legislated Obligations and Fair Registration Best Practices Guide for Regulated Professions and Compulsory Trades. This guide has come into effect on March 1, 2022, and it applies to non-health professions and Skilled Trades

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Ontario. The OFC is currently working with the Ontario Ministry of Health to develop a companion document for health colleges.

- On December 2, 2021, the Working for Workers Act received Royal Assent. This legislation contained several provisions designed to modernize the *Fair Access to Regulated Professions and Compulsory Trades Act* (FARPACTA) and to reduce barriers encountered by internationally trained applicants (e.g., Canadian work experience), CRTC staff have reviewed the FARPACTA to ensure that our registration processes do not contravene the Act.
- The 2021 Fair Registration Practices report will be due in the Fall of 2022.
- **International Educated Health Professions:** The RC conducted a detailed step-by-step review of the assessment process. The RC continues to monitor the entry-to-practice assessment process.
- **Registration Renewal:** Staff provided an update on the 2022/2023 registration renewal. The annual period for Renewal of Registration with the CRTC is from January 2022 to the end of February 2022.
- **Health Professions Appeal and Review Board (HPARB):** On August 8, 2021, the CRTC received one application referred to the HPARB for review. The individual seeking the appeal is an internationally educated health professional. The applicant completed the CRTC's entry-to-practice assessment process and was refused registration by a panel of the RC on February 8, 2016. At that time, the panel recommended the applicant to complete a full-time approved Respiratory Therapy program. The applicant re-applied on April 12, 2021, and was refused registration by RC on June 24, 2021, as the applicant did not graduate from an approved Respiratory Therapy program. This appeal is still ongoing.
- **Approval of Canadian Respiratory Therapy Programs:** The RC reviewed the list of approved Respiratory Therapy programs and their accreditation status with Accreditation Canada. The RC recommends that Council approve the 2022 approved program list based on the program's accreditation status (see item 7.2.3).
- **Policy Framework:**
 - **Registration Policies Update:** As part of the CRTC's new Policy Framework, the following policies were circulated to the RC on February 25, 2022, for update:
 - **RG-412 Emergency Registration Policy:** This policy is intended to expedite the registration process by eliminating barriers to registration during emergencies or health crises. This policy was approved by Council on April 17, 2021. As part of the Framework, this policy has been updated to the

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new template, no other changes were made. This policy will not need to go to Council for approval until its next scheduled review cycle in five years or as needed.

- **RG-431 Change of Name Request Policy:** This policy is intended to guide members to change the name registered with the CRTC to ensure the name that a member uses in their practice is reflective of the name registered with the CRTC. This policy was last approved by Council on March 3, 2017. It is proposed that this policy be rescinded and archived at the April 2022 Council meeting, as the authority of this policy is stated in multiple places (in the *Regulated Health Professions Act, 1991* under sections 23(2)(1), and 20, and the CRTC's By-Law).
 - A new Fact Sheet has been created to provide clarity and outline how the CRTC fulfils its role of ensuring it keeps updated membership information on its public register.
- **RG-404 Professional Liability Insurance Policy:** This policy is intended to protect both registered respiratory therapists and the public they serve. Liability insurance enables a patient/client to have adequate financial compensation should harm occur because of an error, omission, or negligent act. Liability insurance protects the Respiratory Therapist by providing legal and financial support should a patient/client claim them. This policy was last approved by Council on May 25, 2012. With the planned revision to the CRTC's By-Laws, the content and authority of this policy have been moved to By-Law 3, section 8 (Professional Liability Insurance) and into the existing Professional Liability Insurance Fact Sheet. It is proposed that this policy be rescinded and archived at the April 2022 Council meeting.
- **RG-430 Unauthorized Use of Title and Holding Out Prior to Registration Policy:** This policy was last approved by Council on March 3, 2017. This policy has gone through a rigorous policy review process and was revised to include applicants for registration, inactive and suspended members who are using the title and/or holding out to practice before their registration. Given the need for the Inquiries, Complaints and Reports Committee's (ICRC) involvement in enforcing this policy, it has been recategorized as a Complaints and Discipline policy and transferred to the ICRC for final review before being presented to Council for approval. It is important to note that this policy will continue to be relied on and referenced by the RC.

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- **RG-405 Supervision Policy:** This policy has been reviewed as part of the Policy Framework and it was recommended that this policy be recategorized into a Practice Policy. This policy will be moved from the RC to CRTO staff, specifically the Quality Practice department, who will lead the review and revisions of this policy, and present to Council for approval. This policy can still be relied upon by the RC for feedback.
- **Policies for Public Consultation:** The following policies were circulated to the RC for review and to identify any red flags or concerns before posting for public consultation:
 - **RG-403 Graduate Certificate of Registration Policy:** This policy was last approved by Council on September 26, 2014. The revised policy (will be circulated to Council in April 2022) has been updated to reflect the CRTO's new policy template, but the content and intent of the original policy have not changed.
 - **RG-408 Approval of Canadian Educations Programs Policy:** This policy was last approved by Council on December 6, 2019. Although the revised policy and procedure has been updated to reflect the CRTO's new policy and procedure template, the intent of these documents has not changed.
 - **RG-420 Application for Registration Documents Requirements Policy:** This policy was last approved by Council on June 6, 2014. The revised policy has been updated to reflect the CRTO's new policy template. The only substantive change to this policy is section 4.0 (Documentation). CRTO staff have consulted other health regulatory bodies to see if they accept service providers other than World Education Services (WES). Most confirmed that they accept credential evaluations verified by a member of the Alliance of Credential Evaluation Services of Canada. As such, this policy has been amended to also include members of the Alliance of Credential Evaluation Services of Canada.
 - **RG-426 File Closure Policy:** This policy was last approved by Council on December 6, 2019. The proposed revised policy has been updated to reflect the CRTO's new policy template, but the content and intent of the original policy have not changed.

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

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

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- **RG-407 Language Proficiency Requirements Policy:** This policy was last approved by Council on May 25, 2012. This policy has been revised for its readability and to incorporate gender-neutral language. The format of the policy has been revised, however, the intent of the policy and the required English and French language proficiency test scores and providers have not changed.
- **RG-410 Registration Currency Policy:** This policy was last approved by Council on September 21, 2018. Due to the new Policy Framework, this document was updated to the new template. This document has gone through a rigorous policy review process to ensure that all legislative and regulatory requirements have been met. Although the policy has been revised, it is important to note that no changes were made to the intent or the direction of the original policy. The policy has been updated to ensure its relevance to existing registration practices, legislation, and readability, and to incorporate gender-neutral language.
 - Specific changes have been made to the descriptions of the terms, conditions, and limitations that can be imposed on a certificate of registration. The changes were made to provide clarity on the interpretation of the *Certification Programs for Advanced Prescribed Procedures Below the Dermis Professional Practice Guideline* and are noted in the policy.
- **RG-416 Labour Mobility: Applicants from Regulated Canadian Jurisdictions Policy:** This policy was last approved by Council on May 25, 2012. This policy has been updated with the new policy template. Although the format of the policy has been revised, its intent and direction have not changed.
- **RG-425 Entry-to-Practice Competency Assessment Policy:** This policy was last approved by Council on December 6, 2019. This policy has been updated with the new policy template. Although the format of the policy has been revised, its intent and direction have not changed. The policy has been revised to ensure its relevance to existing registration practices, legislation, and readability, and to incorporate gender-neutral language.
- **RG-429 Entry-to-Practice Competency Assessment Appeal Policy:** This policy was last approved by Council on June 3, 2016. This policy has been updated with the new policy template. Although the format of the policy has been revised, its intent and direction have not changed. The policy has

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been revised to ensure its relevance to existing registration practices, legislation, and readability, and to incorporate gender-neutral language.

6.4 QUALITY ASSURANCE COMMITTEE REPORT

Kelly Ardent, RRT, Coordinator of Quality Practice, presented on behalf of Ginette Greffe-Laliberte RRT, Quality Assurance Committee Chair the Committee Report to Council.

(Submitted by Ginette Greffe-Laliberte RRT, Chair)

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

QAC Panels

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

Terms of Reference and Action Plan 2022

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

PORTfolio 2022

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

Professional Development Policy and Procedure (PDP) Revision

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

Policy Framework:

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

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

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6.5 PATIENT RELATIONS COMMITTEE REPORT

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

(Submitted by Kim Morris, Chair)

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

Sexual Abuse Training

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

Abuse Therapy Funding

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

PRC Goals and Terms of Reference

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

Diversity, Equity, and Inclusion Training

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

Diversity, Equity, and Inclusion Audit

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

Diversity, Equity, and Inclusion (DEI) Strategic Plan

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

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Equity Impact Assessment

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

6.6 INQUIRES, COMPLAINTS AND REPORTS COMMITTEE (ICRC)

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

(Submitted by Kim Morris, Chair)

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

Orientation Meeting #1 & 2:

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

- a) Conflict declaration prior to being placed on a Panel of the ICRC.
- b) Reviewing and approving a request for an appointment of investigator.

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

Orientation Meeting # 3:

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

- a) An overview of the Professional Conduct Department of the CRTC, to explain how the CRTC addresses concerns regarding its members. The presentation consisted of a walkthrough of CRTC Professional Conduct Department from initial receipt of a complaint/report until the matter is ready for an ICRC Panel's review and deliberation.
- b) Overview of role and responsibilities of the ICRC and Administrative Law principals.

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

Orientation Meeting # 4:

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

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

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

New Matters

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

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

6.7 DISCIPLINE COMMITTEE

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

(Submitted by Lindsay Martinek, RRT, Chair)

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

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6.8 FITNESS TO PRACTICE COMMITTEE

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

(Submitted by Lindsay Martinek, RRT, Chair)

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

6.9 FINANCE & AUDIT COMMITTEE

Shaf Rahman, Manager of Professional Conduct, presented on behalf of Jeffrey Dionne RRT, Finance and Audit Committee Chair the Committee Report to Council.

(Submitted by Jeffrey Dionne, RRT)

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

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

Topics Reviewed During Meeting:

a.) FAC Orientation Videos:

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

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

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

b.) FAC Orientation - Policy Review

The FAC reviewed and discussed an article titled “Investment policies for Nonprofits” as an introduction to considerations that should be made by relating to investments for a non-

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profit organization such as the CRYPTO. This document was sourced externally and is not a CRYPTO policy document.

c.) FAC Terms of Reference and Action Plan Review

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

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

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

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

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

f.) Review of 2022-2023 CRYPTO Budget

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

Motion #6 MOVED BY, Jody Saarvala, RRT, and SECONDED BY, Christa Krause, RRT, that Council approve all consent agenda items.

MOTION #6 CARRIED.

7.0: COMMITTEE ITEMS ARISING

7.1 EXECUTIVE COMMITTEE ITEMS

7.1.1 TERMS OF REFERENCE & ACTION PLAN

Lindsay Martinek presented to Council the Goals & Terms of Reference from the Executive

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Committee. The Goals & Terms of Reference was revised last year from a “Goals & Terms of Reference” structure to a “Terms of Reference & Action Plan”. This will make it easier for the Committee to identify priority objectives and establish clear direction of what will need to be accomplished. If the motion is approved, it will be used as a guidance document for the Executive Committee.

Motion #7 MOVED BY, Kim Morris, and SECONDED BY, Jeffrey Schiller, to recommend that Council approve the revised Executive Committee Terms of Reference & Action Plan.

MOTION #7 CARRIED.

7.2 REGISTRATION COMMITTEE ITEMS

7.2.1 TERMS OF REFERENCE & ACTION PLAN

Christa Krause presented to Council the Terms of Reference & Action Plan. This document was revised from a “Goals & Terms of Reference” structure to a “Terms of Reference & Action Plan” format. The format change is to provide clearer responsibility and accountability for the Registration Committee, and to better identify priority objectives and establish clear direction as to how they will be accomplished. If approved by Council, the revised Terms of Reference & Action Plan will be used as a guidance document for the Registration Committee.

Motion #8 MOVED BY, Jody Saarvala, RRT, and SECONDED BY, Jeffrey Schiller, to recommend that Council approve the revised Registration Committee Terms of Reference & Action Plan.

MOTION #8 CARRIED.

7.2.2 APPROVAL OF CANADIAN RT PROGRAMS

Christa Krause presented to Council the Approval of Canadian Respiratory Therapy Programs. The Approval of Canadian Respiratory Therapy Programs Policy sets out the criteria used by the Registration Committee to recommend approval of Respiratory Therapy programs for the purpose of 55(2) of the *Respiratory Therapy Act* (ON. Regulation 596/94, Part VIII, “*Registration Regulation*”). The CROTO is responsible for setting entry to practice requirements in Ontario. The *Registration Regulation* sets out the requirements for registration with the CROTO, including requirements that an applicant must: 55(2) (a) have successfully completed a respiratory therapy program offered in Canada that, at the time of completion, was approved or accredited by the council or by a body approved by the Council. Programs’ accreditation status with Accreditation Canada is reviewed

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yearly by the Registration Committee and then approved by Council. The next scheduled review will be at the first council meeting of 2023.

Motion #9 MOVED BY, Katherine Lalonde, RRT, and SECONDED BY, Kim Morris, to recommend that Council approve the Respiratory Therapy Programs for 2022 based on the programs' accreditation status with Accreditation Canada.

Jody Saarvala, RRT abstained from the vote.

MOTION #9 CARRIED.

7.3 QUALITY ASSURANCE COMMITTEE ITEMS

- No items for this meeting.

7.4 PATIENT RELATIONS COMMITTEE ITEMS

7.4.1 TERMS OF REFERENCE & ACTION PLAN

Kim Morris presented to Council the Terms of Reference and Action Plan: Patient Relations Committee. Due to the new CPMF and CRTO policy framework updates and additions were required for the ongoing responsibilities of the Patient Relations Committee to better identify priority objectives and establish clear direction as to how they will be accomplished. If approved by Council, the Revised Terms of Reference and Action Plan will be used as a guidance document for the Patient Relations Committee.

Motion #10 MOVED BY Lindsay Martinek, RRT, and SECONDED BY, Christa Krause, RRT, to recommend that Council approve the revised Patient Relations Committee Terms of Reference & Action Plan.

MOTION #10 CARRIED.

7.4.2 DIVERSITY, EQUITY, AND INCLUSION (DEI) STRATEGIC PLAN

Kim Morris presented to Council the Diversity, Equity, and Inclusion (DEI) Strategic Plan. Based on the CPMF requirements, the CRTO is required to develop a diverse, equitable and inclusive organization. The PRC Committee developed a draft DEI strategic plan for Council to approve that will be posted to the CRTO website, and the Committee will begin working on the action items.

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Motion #11 MOVED BY, Jody Saarvala, RRT, and SECONDED BY, Lindsay Martinek, RRT, to recommend that Council approves the Diversity, Equity and Inclusion Strategic Plan as presented.

MOTION #11 CARRIED.

7.4.3 EQUITY IMPACT ASSESSMENT TOOL

Kim Morris presented to Council the Equity Impact Assessment Tool. The CPMF requires the CRTO to develop a Health Equity Impact Assessment Tool (HEIA) in the decision-making process to ensure we are diverse, equitable and inclusive as an organization. The Ministry of Health and Long-Term Care released a tool and workbook that can assist the organization and identify any areas that need improvement. If approved by Council the Patient Relations Committee will further review and update the workbook with relevant examples that will assist the CRTO in using the tool for Council and Committee work.

Motion #12 MOVED BY, Jeffrey Schiller, and SECONDED BY, Christa Krause, RRT, to recommend that Council approves the use of the Ministry of Health and Long-Term Care's Health Equity Impact Assessment tool and workbook.

MOTION #12 CARRIED.

7.5 INQUIRES COMPLAINTS AND REPORTS COMMITTEE ITEMS

- No items for this meeting.

7.6 DISCIPLINE & FITNESS TO PRACTISE COMMITTEES ITEMS

- No items for this meeting.

7.7 FINANCE & AUDIT COMMITTEE

7.7.1 GOALS & TERMS OF REFERENCE

Shaf Rahman presented to Council Terms of Reference and Action Plan: Finance & Audit Committee (FAC). The CPMF states that a college's strategic plan and budget allocation should align and support each other. The Terms of Reference and Action Plan of the FAC was established to

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provide guidance and to ensure that the budget allocation is aligned with the activities, projects, and programs the CRTO undertakes to attain its mandate.

Motion #13 MOVED BY, Kim Morris, and SECONDED BY, Angie, Miller, RRT, to recommend that Council approve the Finance & Audit Committee Terms of Reference & Action Plan.

MOTION #13 CARRIED.

8.0: LEGISLATIVE AND POLICY ISSUES:

8.1 REVISED BY-LAWS – FOR FINAL APPROVAL

Carole Hamp, Registrar & CEO presented to Council the revised CRTO By-laws for final approval. The CRTO By-law was last reviewed in December 2019. Since the CRTO has established a Policy Framework and the Ministry of Health has established a College Performance Measurement Framework (CPMF) several changes are required of the By-laws. If the motion is approved, it will be posted on the CRTO website and circulated to the members.

Motion #14 MOVED BY, Jody Saarvala, RRT, and SECONDED BY, Kelly Munoz, RRT, that Council approve the revised CRTO By-laws.

MOTION #14 CARRIED.

9.0: OTHER BUSINESS

9.1 EDUCATIONAL NEEDS ASSESSMENT RESULTS

Carole Hamp, Registrar & CEO briefed council on the Educational Needs Assessment Results that was completed by Council.

9.2 MEETING EFFECTIVENESS EVALUATION SURVEY

Carole Hamp, Registrar & CEO explained to Council the meeting effectiveness and evaluation survey. Council was given the opportunity to participate in evaluation.

10.0: NEXT MEETING

Next Council Meeting:

Friday, April 8, 2022, from 09:00 to 13:00 hrs.

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Location:

Virtual meeting held via ZOOM Videoconference.

10: ADJOURNMENT

Adjournment

MOTION #15 MOVED BY, Kelly Munoz, RRT, and SECONDED BY Jody Saarvala, RRT, to adjourn the Council Meeting.

MOTION #15 CARRIED.

The March 4, 2022, Council Meeting adjourned at 11:50 am.

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|----------------|----------------------------------|
| Agenda Item #: | 6.1 |
| Item: | Draft Minutes from April 8, 2022 |

Meeting Minutes April 8, 2022

CRTO Council Meeting Minutes

Scheduled on April 8, 2022, from 9:00 am to 11:00 am

Location: Virtual meeting via Zoom Videoconference

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

1.0: INTRODUCTIONS & LAND ACKNOWLEDGEMENT

The meeting was called to order at 9:00 am. President Lindsay Martinek welcomed Council, Guest, and Staff to the meeting. The following staffing change announcement was made:

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- Shaf Rahman selected as Deputy Registrar for the CRTO
- Sophia Rose promoted to Manager of Professional Conduct
- Welcome back Ania Walsh, Manager of Regulatory Affairs

2.0: APPROVAL OF COUNCIL AGENDA

Council reviewed the agenda for April 8, 2022.

MOTION # 2.0 MOVED BY Jeffrey Schiller and SECONDED BY Allison Peddle, to recommend that Council approve the Meeting Agenda for April 8, 2022.

MOTION # 2.0 CARRIED.

3.0: OPERATIONAL & ADMINISTRATIVE ISSUES

3.1 REVISED CONFLICT OF INTEREST PPG – FOR FINAL APPROVAL

Kelly Arndt, Coordinator of Quality Practice presented to Council the Revised Conflict of Interest Professional Practice Guideline (PPG). The PPG was originally approved by Council in 2013, and was last revised in June 2014. This PPG enables Respiratory Therapists in Ontario to understand the expectations and professional responsibilities set out by the College of Respiratory Therapists of Ontario (CRTO) and this regulation regarding conflict of interest. The content has been revised to include legislation amendments, gender neutral language, updated links, and references, as well as addition made to “Treatment of Spouse” section. This document was circulated for consultation in December 2021 and the feedback was provided to Council. If the motion is approved, the PPG will be published to the CRTO website and circulated to CRTO members.

MOTION # 3.1 MOVED BY Kelly Munoz and SECONDED BY Jeffrey Schiller, to recommend that Council approve the Revised Conflict of Interest Professional Practice Guideline (PPG).

MOTION # 3.1 CARRIED.

3.2 REVISED RESPONSIBILITIES UNDER CONSENT LEGISLATION PPG – FOR FINAL APPROVAL

Kelly Arndt, Coordinator of Quality Practice presented to Council the Revised Responsibilities Under Consent PPG. The PPG was previously revised in February 2014. This PPG contains an overview of legislation, specifically the Health Care Consent Act and the Substitute Decision Act for RTs. The content of this PPG has been revised to include current legislation, gender neutral language, and

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updated links and references. This document was circulated for consultation in December 2021 and the feedback was provided to Council. If the motion is approved, the PPG will be published to the CRTO website and circulated to CRTO members.

MOTION # 3.2 MOVED BY Yvette Wong and SECONDED BY Andriy Kolos, to recommend that Council approve the Revised Responsibilities Under Consent Legislation Professional Practice Guideline (PPG).

MOTION # 3.2 CARRIED.

3.3 REVISED OXYGEN THERAPY CLINICAL BEST PRACTICE GUIDELINE (CBPG) – FOR FINAL APPROVAL

Kelly Arndt, Coordinator of Quality Practice presented to Council the Revised Oxygen Therapy Clinical Best Practice Guideline (CBPG). The CBPG was previously revised in September 2013. This CBPG provides the public and health care professionals with confidence that the CRTO sets out the expectations for Respiratory Therapists of carrying out their practice safely and ethically when administering oxygen therapy that results in positive health care outcomes for the public of Ontario. The content of this CBPG was revised to include gender neutral language, updated links, and references, as well as the addition of Home Oxygen Program (HOP). This document was circulated for consultation in December 2021 and the feedback was provided to Council. If the motion is approved, the PPG will be published to the CRTO website and circulated to CRTO members.

MOTION # 3.3 MOVED BY Derek Clark and SECONDED BY Jeff Dionne, RRT, to recommend that Council approve the Revised Oxygen Therapy Clinical Best Practice Guideline.

MOTION # 3.3 CARRIED.

4.0: LEGISLATIVE AND GENERAL POLICY ISSUES

4.1 REVISED DISCLOSURE OF WITNESS STATEMENTS POLICY – FOR FINAL APPROVAL

Kelly Munoz, RRT presented to Council the revised Disclosure of Witness Statements Policy. The policy was last reviewed by Council in December 2018. This policy offers the CRTO ability to protect witnesses in situations that may involve workplace bullying/harassment, who may fear reprisal from the member. Summary of changes to this policy was presented to Council. There was some discussion to clarify the content of this policy. This document was circulated for consultation in November 2021 and the feedback was provided to Council. If the motion is approved, the policy will be published to the CRTO website, and circulated to CRTO members.

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MOTION # 4.1

MOVED BY Jeffrey Schiller and SECONDED BY Shawn Jacobson, RRT, to recommend that Council approve the revised Disclosure of Witness Statements Policy.

MOTION # 4.1 CARRIED.

4.2 REVISED HEALTH PROFESSIONS APPEAL AND REVIEW BOARD APPEALS FOR ICRC POLICY – FOR FINAL DECISION

Kelly Munoz, RRT presented to Council the revised Health Professions Appeal and Review Board Appeals for ICRC Policy. The policy was last reviewed by Council in March 2016. This policy permits timelines of a decision rendered by the Inquiries, Complaints and Reports Committee (ICRC) to take effect only until 35 days from the date the parties subject to the Decision are notified. The summary of changes was presented to Council. This document was circulated for consultation in November 2021 and the feedback was provided to Council. If the motion is approved, the policy will be published to the CRTO website, and circulated to CRTO members.

MOTION # 4.2

MOVED BY Christa Krause, RRT and SECONDED BY Jillian Wilson, to recommend that Council approve the revised Health Professions Appeal and Review Board Appeals for ICRC Policy.

MOTION # 4.2 CARRIED.

4.3 REVISED ENTRY-TO-PRACTICE COMPETENCY ASSESSMENT POLICY – FOR FINAL APPROVAL

Christa Krause, RRT presented to Council the revised Entry-to-Practice Competency Assessment Policy. The policy was last approved by Council in December 2019. As part of the new policy framework, this document was updated to the new template. This policy provides the process for applicants who do not meet the registration requirements under paragraph 55(2)(b) of the Respiratory Therapy Act, 1991, Part VII (Registration Regulation). This policy has been revised to ensure its relevance to existing registration practices, legislation, and readability, and to incorporate gender-neutral language. This document was circulated for consultation in November 2021 and the feedback was provided to Council. If the motion is approved, the policy will be published to the CRTO website, and circulated to CRTO members.

MOTION # 4.3

MOVED BY Andriy Kolos and SECONDED BY Kelly Munoz, RRT to recommend

Consent Agenda Items

that Council approve the revised Entry-to-Practice Competency Assessment Policy.

MOTION # 4.3 CARRIED.

4.4 REVISED ENTRY-TO-PRACTICE COMPETENCY ASSESSMENT APPEAL POLICY – FOR FINAL APPROVAL

Christa Krause, RRT presented to Council the revised Entry-to-Practice Competency Assessment Appeal Policy. The policy was last approved by Council in June 2016. As part of the new policy framework, this document was updated to the new template. This policy sets out the appeal criteria if an applicant undergoes the entry-to-practice competency assessment. It has been revised to ensure its relevance to existing registration practices, legislation, and readability, and to incorporate gender-neutral language. This document was circulated for consultation in November 2021 and the feedback was provided to Council. If the motion is approved, the policy will be published to the CRTO website, and circulated to CRTO members.

MOTION # 4.4 MOVED BY Jeff Dionne, RRT and SECONDED BY Shawn Jacobson, RRT, to recommend that Council approve the revised Entry-to-Practice Competency Assessment Appeal Policy.

MOTION # 4.4 CARRIED.

4.5 REVISED LABOUR MOBILITY: APPLICANTS FROM REGULATED CANADIAN JURISDICTION POLICY – FOR FINAL APPROVAL

Christa Krause, RRT presented to Council the revised Labour Mobility: Applicants from Regulated Canadian Jurisdiction Policy. The policy was last approved by Council in May 2012. The intent of this policy is to promote the mobility and access to employment opportunities of RTs in Canada. As part of the new policy framework, this document was updated to the new template. This policy has been revised to ensure its relevance to existing registration practices, legislation, and readability, and to incorporate gender-neutral language. This document was circulated for consultation in November 2021 and the feedback was provided to Council. If the motion is approved, the policy will be published to the CRTO website, and circulated to CRTO members.

MOTION # 4.5 MOVED BY Jeff Dionne, RRT and SECONDED BY Allison Peddle, to recommend that Council approve the revised Labour Mobility: Applicants from Regulated Canadian Jurisdictions Policy.

MOTION # 4.5 CARRIED.

Consent Agenda Items

4.6 REVISED LANGUAGE PROFICIENCY REQUIREMENTS POLICY – FOR FINAL APPROVAL

Christa Krause, RRT presented to Council the revised Language Proficiency Requirements Policy. The policy was last approved by Council in May 2012. As part of the new policy framework, this

document was updated to the new template. This policy included minor changes made to reflect changes to the administration of the CanTEST and TESTcan, as well as revision for its readability and to incorporate gender-neutral language. This document was circulated for consultation in November 2021 and the feedback was provided to Council. If the motion is approved, the policy will be published to the CRTO website, and circulated to CRTO members.

MOTION # 4.6 MOVED BY Jeffrey Schiller and SECONDED BY Andriy Kolos, to recommend that Council approve the revised Language Proficiency Requirements Policy.

MOTION # 4.6 CARRIED.

4.7 REVISED REGISTRATION CURRENCY POLICY – FOR FINAL APPROVAL

Christa Krause, RRT presented to Council the revised Registration Currency Policy. The policy was last approved by Council in September 2018. As part of the new policy framework, this document was updated to the new template. This policy has been revised to better support the Registration Committee of the CRTO to determine whether it is in the public interest to approve an application for registration, or reinstatement when the applicant does not satisfy the registration requirements. Specific changes have been made to the descriptions of the terms, conditions, and limitations that can be imposed on a certificate of registration. This document was circulated for consultation in November 2021 and the feedback was provided to Council. If the motion is approved, the policy will be published to the CRTO website, and circulated to CRTO members.

MOTION # 4.7 MOVED BY Allison Peddle and SECONDED BY Kelly Munoz, RRT, to recommend that Council approve the revised Registration Currency Policy.

MOTION # 4.7 CARRIED.

4.8 REVISED PROFESSIONAL DEVELOPMENT PROGRAM POLICY – FOR FINAL APPROVAL

Andriy Kolos presented to Council the revised Professional Development Program (PDP) Policy. The policy was previously reviewed by the QA Committee in 2020 and approved by Council in May 2020. As part of the new policy framework, this document has gone through a rigorous policy review

Consent Agenda Items

process and has been updated to the new template. This policy enables RTs in Ontario to understand the expectations and professional responsibilities set out by the CRTC regarding the PDP. It has been revised to be more concise, however, the explanatory detail in the previous policy has been transferred to the Professional Development section of the CRTC website. This document was circulated for consultation in November 2021 and the feedback was provided to Council. If the motion is approved, the policy will be published to the CRTC website, and circulated to CRTC members.

MOTION # 4.8 MOVED BY Kelly Munoz, RRT and SECONDED BY Jeffrey Schiller, to recommend that Council approve the revised Professional Development Policy.

MOTION # 4.8 CARRIED.

4.9 POLICIES BEING RESCINDED & ARCHIVED

Carole Hamp, Registrar & CEO presented to Council the rationale for rescinding and archiving the following policies:

- Appointment of Non-Council Committee Members Policy
- Election Process – Executive Committee Policy
- In Camera Council Meeting Policy
- Responsibilities Committee Chairs Policy
- Code of Conduct for Council Members and Non-Council Members of Committees Policy
- Appointment of Committee Chairs and Vice-Chairs Policy
- Change of Name Requests Policy
- Professional Liability Insurance (PLI) Policy

During the policy review process, these policies have been determined to be repetitive, have been further strengthened in the by-laws, or references other higher-level documents such as by-laws or legislation. If the motion is approved, the policies will be removed from the CRTC website and archived internally.

MOTION # 4.9 MOVED BY Allison Peddle and SECONDED BY Jeff Dionne RRT, to recommend that Council approve the items outlined in the policies being rescinded & archived consent agenda (Item 4.9), which include in their entirety.

MOTION # 4.9 CARRIED.

Consent Agenda Items

5.0: OTHER BUSINESS

- No items for this meeting

6.0: NEXT MEETING – COUNCIL

Next Council Meeting:

Friday, May 27, 2022, from 09:00 to 13:00.

Location:

Hybrid Meeting – 180 Dundas St. W. Toronto, ON and Zoom Videoconference.

7.0: ADJOURNMENT

Adjournment

MOTION # 7.0

MOVED BY Andriy Kolos and SECONDED BY Allison Peddle, to adjourn the Council Meeting.

MOTION #7.0 CARRIED.

The April 8, 2022, Council Meeting adjourned at 9:44 am.

Consent Agenda Items

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

EXECUTIVE COMMITTEE REPORT – CHAIR’S REPORT TO COUNCIL

March 4, 2022, to May 26, 2022

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

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

Respectfully submitted,

Lindsay Martinek, RRT
Executive Committee Chair

Consent Agenda Items

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

REGISTRATION COMMITTEE REPORT – CHAIR’S REPORT TO COUNCIL

March 4, 2022 – May 26, 2022

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

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

Referral Summary

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

- **Policy Framework:**

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

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

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

Consent Agenda Items

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

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

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

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

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

Respectfully submitted,
Christa Krause, RRT
Registration Committee Chair

Consent Agenda Items

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

QUALITY ASSURANCE COMMITTEE REPORT – CHAIR’S REPORT TO COUNCIL

March 5, 2022 to May 26, 2022

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

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

QAC Panel

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

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

QAC Action Plan and Terms of Reference and Policy Framework Update

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

2022 RelevantT elearning Module

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

2022 PORTfolio Submissions

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

Consent Agenda Items

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

Consent Agenda Items

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

PATIENT RELATIONS COMMITTEE REPORT – CHAIR’S REPORT TO COUNCIL

March 4, 2022 to May 26, 2022

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

PRC 2022 Action Plan

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

Diversity, Equity, and Inclusion Audit

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

Diversity, Equity, and Inclusion (DEI) Strategic Plan

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

Equity Impact Assessment

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

Respectfully submitted,
Kim Morris
Patient Relations Committee Chair

Consent Agenda Items

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

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

March 4, 2022, to May 26, 2022

ICRC Orientations:

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

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

ICRC Deliberations:

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

Employer Reports:

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

Consent Agenda Items

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

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

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

Public Complaints:

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

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

New Matters:

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

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

Consent Agenda Items

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

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

Policy Framework:

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

Respectfully submitted,

Kim Morris

Inquiries, Complaints and Reports Committee Chair

Consent Agenda Items

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

DISCIPLINE COMMITTEE - CHAIR'S REPORT TO COUNCIL

March 4, 2022 to May 26, 2022

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

Respectfully submitted,

Lindsay Martinek, RRT
Discipline Committee Chair

Consent Agenda Items

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

FITNESS TO PRACTISE COMMITTEE - CHAIR'S REPORT TO COUNCIL

March 4, 2022 to May 26, 2022

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

Respectfully submitted,

Lindsay Martinek, RRT
Fitness to Practise Committee Chair

Consent Agenda Items

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

FINANCE & AUDIT COMMITTEE - CHAIR'S REPORT TO COUNCIL

March 4, 2022 to May 26, 2022

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

Topics Reviewed During Meeting:

a.) Review of the Policies and Procedures:

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

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

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

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

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

Consent Agenda Items

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

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

d.) Initial Discussion on Special Projects:

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

i.) Hiring of an Investment Advisor by the CRTO

Points of discussion on this topic included establishing criteria/qualifications that the CRTO would seek in an investment advisor and what the recruitment process would entail.

ii.) Establishing Financial Key Performance Indicators

Points of discussion included identifying resources available to assist the FAC in identifying KPIs, determining most appropriate KPIs to monitor, establishing benchmarks to compare the KPIs to, and identifying the individuals best suited for obtaining the financial data needed for the KPIs.

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

Respectfully submitted,
Jeffrey Dionne, RRT
Finance & Audit Committee

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Title: **Terms of Reference and
Action Plan: Quality
Assurance Committee**

NUMBER:
CP- QAC.TERMS OF REFERENCE-166

Date originally approved: January 6,
1996

Date last revision approved: **January
10, 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 maintain programs to promote continuing competence among members, and to monitor the quality of practice of the profession in accordance with the Regulated Health Professions Act, 1991, the Respiratory Therapy Act, 1991, regulations, by-laws, and policies of the CRTO.

In addition, and with approval of Council, this committee may consider other issues that impact on quality assurance with ~~M~~members or with the CRTO.

RESPONSIBILITIES AND OPPORTUNITES:

1. Develop, implement, and maintain a Professional Development Program which encourages the continuous quality improvement of ~~M~~members.
2. Ensure CRTO compliance with the Regulated Health Professions Act.
3. Evaluate the knowledge, skills, and judgement of ~~M~~members to promote competency through the CRTO Professional Development Program.
4. Remediate ~~M~~members whose knowledge, skills or judgement have been assessed and found to be unsatisfactory.
5. Monitor ~~M~~members' compliance with the Professional Development Program.
6. Submit a formal written report of the Committee's activities from March 1st until the last day of February is to be submitted to the office by the Chair annually.
7. Communicate with ~~M~~members regarding Professional Development Program initiatives and/or activities of Committee on an ongoing basis. Communication may include the solicitation of input from ~~M~~members, where appropriate.
8. Review and make recommendations for revising as necessary the CRTO's Professional Development Program ~~and Committee Budget on an ongoing basis.~~
9. Solicit Members' participation as PORTfolio Peer Assessors, SCERP Mentors, Practice Assessors and PDP Working Group ~~M~~members

10. Appoint & evaluate Peer Assessors to the Professional Development Program ~~every year~~, as needed, [as per RHPA s.81](#).

~~11. Provide a French translation to ensure that Mmembers who prefer to receive communications from the CRTO in French have equal access to all PDP components.~~

12. Monitor the online RelevantT elearning module, the Professional Portfolio Online for Respiratory Therapists (PORTfolio) and the Launch RT Jurisprudence Assessment to inform educational and communication needs.

13. Participate in a review of the Standards of Practice document to ensure that the standards are appropriate for current practice and take into consideration trends that may impact future practice; in conjunction with the Standards of Practice Working Group, Registration and Patient Relations Committees.

14. Incorporate changes to RT scope of practice regarding conduct/boundary issues/ professionalism with the goal of revising the PORTfolio, RelevantT Launch RT Jurisprudence Assessment and SCERP/Practice Assessment where necessary (e.g., Review and revise the Launch RT Blueprint).

RELATED POLICIES:

- RHPA [Regulated Health Professions Act, 1991, S.O. 1991, c. 18 \(ontario.ca\)](#)
- Respiratory Therapy Act [Respiratory Therapy Act, 1991, S.O. 1991, c. 39 \(ontario.ca\)](#)
- PDP policy 101 Professional Development Program – CRTO
- ~~• PDP policy 103 Peer Assessors, Working Groups, Mentors – CRTO~~
- PDP policy 104 Deferrals – CRTO

MEMBERSHIP:

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

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

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

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

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

REPORTING RELATIONSHIP:

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

CHAIR:

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

FREQUENCY OF MEETINGS:

The Committee shall hold at least two (2) meetings each year. Additional meetings of the Committee may be called by the Chair as required. Meetings are held in accordance with CRO By-Law section 30.09. ~~Law 2: Council and Committees section 30.09.~~

QUORUM:

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

TERMS OF APPOINTMENT:

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

CIRCULATION OF MINUTES:

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

RECORDS RETENTION:

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

TRAINING:

Training will be made available for ~~M~~members of the Quality Assurance Committee on 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. Conduct an evaluation of the Professional Development Program (PDP). | | | |
| a. Member satisfaction | Relevant/ Launch survey | Yearly | Completed for 2021 |
| Member satisfaction | Launch | Yearly | |
| b. Does it provide opportunity to increase knowledge? | Relevant/ Launch survey | Yearly | Completed for 2021 |
| Does it provide opportunity to increase knowledge? | Review blueprint as needed | | |
| | Launch | Yearly | |
| | Review blueprint as needed | | |
| c. Is communication effective? | Relevant/ Launch survey | Yearly | Completed for 2021 |
| Is communication effective? | Launch | Yearly | |
| 2. Conduct a review of the policies and documents that support the PDP program | | | |
| a. Review PDP policy 101 Professional Development Program | Committee will review documents and recommend changes if necessary. | Every five years or as needed | |

| | | | |
|---|---|--|---|
| b. Review PDP policy 103 Peer Assessors, Working Groups, Mentors | Committee will review documents and recommend changes if necessary. | Every five years or as needed | Due to policy framework, this has been archived and made into a fact sheet. |
| b. Review PDP policy 104 Deferrals | Committee will review documents and recommend changes if necessary. | Every five years or as needed | |
| c. Review Standards of Practice | Staff will monitor and brief Committee Committee will review documents and recommend changes if necessary. | As needed | |
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COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Title: **Goals and Terms of Reference
Inquiries, Complaints &
Reports Committee**

NUMBER: **CP-GOALS & TERMS-163**

Date originally approved:
February 24, 2012

Date last revision approved:
March 2, 2018

Terms of Reference

It is recommended that the Inquiries, Complaints and Reports Committee (ICRC) terms of reference be reviewed annually and amended where necessary, for example in response to statutory, regulatory or policy amendments.

PURPOSE:

To address and respond to concerns regarding the conduct or care provided by its Members in accordance with the *Regulated Health Professions Act, 1991 (RHPA)*, the *Respiratory Therapy Act 1991 (RTA)*, the By-Laws and policies of the CRO.

RESPONSIBILITIES & OPPORTUNITIES:

1. Make recommendations regarding the complaints and reports processes.
2. Direct investigations as required.
3. Form Panels as required, to consider complaints or reports regarding the conduct or care provided by a Member in a method which is consistent with legislation and the policies of the CRO. This may include,
 - a) Referring specified allegations of professional misconduct or incompetence to the Discipline Committee if the allegations are related to the complaint or report.
 - b) Referring the Member to a Panel of the Inquiries, Complaints and Reports Committee under Section 58 of the *Health Professions Procedural Code* (the "Code") for incapacity proceedings.
 - c) Requiring a Member to appear before a panel of the Inquiries, Complaints and Reports Committee to be cautioned.
 - d) Requiring a Member to complete specified continuing education and remediation program (SCERP).
 - e) Taking action it considers appropriate that is not inconsistent with the *Respiratory Therapy Act*, the *Code*, the regulations or By-Laws.
 - f) Taking no action if the Panel considers a complaint to be frivolous, vexatious, made in bad faith or otherwise an abuse of the process or if there is insufficient evidence.
4. Develop, implement and maintain policies, tools or guidelines related to inquiries, complaints, reports and alternate dispute resolutions (ADR).

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5. Develop publications for members of the public, employers/facilities and Members to assist with their understanding of complaints and discipline processes.

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INQUIRIES, COMPLAINTS AND REPORTS POLICIES & RELATED LEGISLATION:

- [Regulated Health Professions Act, 1991, S.O. 1991, c. 18 \(ontario.ca\)](#)
- [Respiratory Therapy Act, 1991, S.O. 1991, c. 39 \(ontario.ca\)](#)
- [Registrar's Reasonable and Probable Grounds Policy \(CD-150\)](#)
- [Health Professions Appeal and Review Board Appeals Policy \(CD-130\)](#)
- [Reporting to Police Policy \(CD-140\)](#)
- [Unauthorized Use of Title and Holding out Prior to Registration Policy \(RG-430\)](#)
- [Code of Conduct for Public Observers Policy \(CD-180\)](#)
- [Disclosure of Witness Statements Policy \(CD-110\)](#)

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Deleted: Respiratory Therapy Act

Deleted: Discipline Hearing

MEMBERSHIP:

As per By-Law 2: Council and Committees section 13.01, the Committee shall consist of at least eight (8) voting members with:

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- at least two (2) members of the Council who are members of the CRTO;
- at least two (2) members of the Council appointed to the Council by the Lieutenant Governor in Council; and
- at least two (2) [Professional Committee Appointees](#).

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

A Panel shall consist of at least three (3) members of the committee, at least one of whom must be a Council [member](#) or [Professional Committee Appointee](#) who is a Member of the CRTO, and at least one of whom [is](#) appointed to the Council by the Lieutenant Governor in Council.

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REPORTING RELATIONSHIP:

The Committee is responsible to Council and shall provide [an approved or amended terms of reference and proposed annual plan](#). The Committee shall report to Council at each Council meeting [outlining](#) all Committee activities that have been undertaken since the last report. The Chair shall submit to Council an Annual Report of the Committee's activities [at](#) the close of each fiscal year. Panels of the Committee have independent authority as set out in the *RHPA*. [Panels](#) are responsible to the Committee and Council in broad terms but not in relation to specific cases being heard by a [panel](#).

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CHAIR:

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

FREQUENCY OF MEETINGS:

The Committee shall hold at least one (1) meeting per year. Additional meetings of the Committee may be called by the Chair as required. Meetings are held in accordance with CRTC By-Law 2: Council and Committees section 15.09.

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Deleted: to review the Committee's Goals and Terms of Reference and policies, and orient new Committee members.

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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.

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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 of Committee meetings are confidential and are not available to the public.

RECORDS RETENTION:

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

TRAINING:

Members of the Committee will receive training typically at the beginning of the year with respect to:

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- Administrative processes, administrative law, procedures, recent legislative changes, and decisions; and

- Understanding and applying ICRC Jurisdiction, Authority and Powers.

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ACTION PLAN FOR THE PERIOD ENDING (MONTH – YEAR)

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

Actions are taken from the Responsibilities and Opportunities section of the Terms of Reference. This is a living document and will be submitted to Council for approval after the first Committee meeting each fiscal year. Any additional activities must be approved before adding to the plan and show the date of addition. The action plan will inform the Committee's annual report. [Policies and Guidelines are reviewed on a five year cycle or as needed.](#)

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

| Action | How | When | Status |
|--|---|--------------|---------|
| 1. Conduct a review of the <i>Respiratory Therapy Act, 1991</i> , <i>Regulated Health Professions Act, 1991</i> and <i>Health Professions Procedural Code</i> , and make recommendations to Council as appropriate. | | | |
| a. Identify any changes or proposed changes to legislation. | Staff will monitor and brief Committee. | As required. | Ongoing |
| 2. Conduct a review of the <i>Ontario Regulation 261/18</i> Information Prescribed Under Subsection 23 (2) of the <i>Health Professions Procedural Code</i> | | | |
| a. Identify any changes or proposed changes to legislation. | Staff will monitor and brief Committee. | As required. | Ongoing |
| 3. Conduct a review of the policies that support the Inquiries, Complaints and Reports Committee. | | | |
| Note: the CRTC established its Policy Framework in the Spring of 2021 and is currently in the process of refreshing and revising its existing documents to align them with the framework. It is expected that this process will be complete by the end of 2022. | | | |
| a. CD-150 Registrars Reasonable and Probable Grounds Policy | Committee will review documents and recommend changes if necessary. | | |

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| b. CD-140 Reporting to Police Policy | Committee will review documents and recommend changes if necessary. | | |
| c. CD-130 Heath Professions Appeal and Review Board Appeals Policy | Committee will review documents and recommend changes if necessary. | | |
| d. CD-110 Disclosure of Witness Statements Policy | Committee will review documents and recommend changes if necessary. | | |
| e. RG-430 Unauthorized Use of Title and Holding Out Prior to Registration Policy | Committee will review documents and recommend changes if necessary. | | |
| f. CD-180 Code of Conduct for Public Observers Policy | Committee will review documents and recommend changes if necessary. | | |

ACTION PLAN FOR THE PERIOD ENDING DECEMBER 2022

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

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

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

| Action | How | When | Status |
|---|---|--------------|---------|
| 1. Conduct a review of the <i>Respiratory Therapy Act, 1991, Regulated Health Professions Act, 1991</i> and <i>Health Professions Procedural Code</i> , and make recommendations to Council as appropriate. | | | |
| a. Identify any changes or proposed changes to legislation. | Staff will monitor and brief Committee. | As required. | Ongoing |
| 2. Conduct a review of the <i>Ontario Regulation 261/18 Information Prescribed Under Subsection 23 (2) of the Health Professions Procedural Code</i> | | | |
| a. Identify any changes or proposed changes to legislation. | Staff will monitor and brief Committee. | As required. | Ongoing |

| | | | |
|--|---|---------------|--|
| 3. Conduct a review of the Complaints process and any associated publications | | | |
| a. Identify any changes or proposed changes to complaints process | Staff will monitor and brief Committee. | December 2022 | |
| | | | |
| 4. Conduct a review of the policies that support the Inquiries, Complaints and Reports Committee. | | | |
| Note: the CRTO established its Policy Framework in the Spring of 2021 and is currently in the process of refreshing and revising its existing documents to align them with the framework. It is expected that this process will be complete by the end of 2022. | | | |
| a. CD-130 Health Professions Appeal and Review Board Appeals Policy | Committee to review and refresh per new CRTO Policy Framework | April 2022 | |
| b. CD-110 Disclosure of Witness Statements Policy | Committee to review and refresh per new CRTO Policy Framework | April 2022 | |
| c. RG-430 Unauthorized Use of Title and Holding Out Prior to Registration Policy | Currently categorized as a Registration Policy, due to new CRTO Policy Framework, this has been recategorized as a Complaints and Discipline Policy | December 2022 | |
| d. CD-180 Code of Conduct for Public Observers Policy | Committee to review and refresh per new CRTO Policy Framework | December 2022 | |

Council Briefing Note

AGENDA ITEM # 8.1

May 27, 2022

| | |
|-------------------------|---|
| From: | <i>Inquiries, Complaints and Reports Committee</i> |
| Topic: | <i>Revised Code of Conduct for Public Observers Policy</i> |
| Purpose: | <i>For Decision</i> |
| Strategic Focus: | <i>In keeping with the CRTC's mandate, fulfilling the CPMF reporting obligations, and meeting its 2021 – 2025 Strategic Direction, this policy has been revised and refreshed due to the new CRTC's Policy Framework.</i> |
| Attachment(s): | <i>Appendix A – Revised Code of Conduct for Public Observers Policy Appendix B – Code of Conduct for Public Observers Procedure Appendix C – Consultation Survey Results</i> |
| Motion: | <i>That Council approves the revised Code of Conduct for Public Observers Policy.</i> |

PUBLIC INTEREST RATIONALE:

Certain proceedings of the College of Respiratory Therapists of Ontario (CRTC) must be open to the public, such as Council or Discipline Hearings. This policy sets out the expectations the CRTC has when public observers attend these proceedings.

ISSUE:

The Code of Conduct for Public Observers Policy was last approved and reviewed by Council on June of 2018. Due to the new policy framework this document was updated to the new template. This document was reviewed by external legal counsel, to ensure that all legislative and regulatory requirements have been met.

BACKGROUND:

This policy sets direction for the Chair of proceedings that is not stated in the *Regulated Health Professions Act, 1991 (RHPA)*, and *Health Professions Procedural Code* (the "Code"), being Schedule 2 of the *RHPA*.

Under *the Code*, section 7 (1) states that "the meetings of the Council shall be open to the public and reasonable notice shall be given to the members of the College, to the Minister, and

to the public”. Under *the Code*, section 45 (1) states that “a hearing shall, subject to subsection (2), be open to the public”. There may be instances where an observer attends a public proceeding, and this policy helps set out the expectations of attending these proceedings and consequences for non-compliance.

ANALYSIS:

Summary of Changes

The title, intent and direction of this policy has changed to broaden the scope so that it is applied to all members of the public who attend CRTC proceedings that are open to the public, such as Council meetings and Discipline Hearings. This policy has also been updated to include in-person and virtual proceedings. The policy has been revised for its readability and to incorporate gender-neutral language.

A procedure was also created to account for contents of the policy that were useful however not relevant to be included in the policy. From further review of the procedure, it was identified that the current policy names the CRTC Rules of Procedure for a Discipline Hearing, and the procedure has been amended as a result. Further review of the CRTC Rules of Procedure for a Discipline Hearing are scheduled to occur this year by external legal counsel. The procedure is attached as appendix B.

Public Consultation

The document was posted according to the CRTC’s [public consultation process](#). A consultation survey was posted on the CRTC’s website, tweeted on the CRTC Twitter account and shared with members in the March and April bulletins. In total, 38 people viewed the consultation survey, and 2 responses were received (all Respiratory Therapists).

All respondents found the Policy clear and understandable. One respondent found the policy to have omissions and/or errors, further review of the document did not result in any findings of this. There were no comments received and no changes were made to the Code of Conduct for Public Observers Policy as a result of this feedback.

For full consultation results see appendix C.

Date consultation opened: March 15, 2022

Length of time consultation was open: 30-days

Date consultation closed: April 15, 2022

CONSULTATION FEEDBACK

38

Viewed

2

Completed

5%

% Completed
(Views vs. Completions)

RECOMMENDATION:

It is recommended that the CRTO Council approve the Code of Conduct for Public Observers Policy.

NEXT STEPS:

If the motion is approved, the policy will be posted on the CRTO website and communicated to members in the next ebuletin.

Appendix A: Revised Code of Conduct for Public Observers Policy

Revised Code of Conduct for Public Observers Policy

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Code of Conduct for Public Observers

Type: Policy

Origin Date: June 1, 2018

Section: CD

Approved By Council on: June 1, 2018

Document Number: CD-180

Next Revision Date: 5 Years After Approval

1.0 POLICY STATEMENT

It is the policy of the College of Respiratory Therapists of Ontario (CRTO) that all members of the public who attend public CRTO proceedings (such as Council meetings or Discipline hearings), are expected to conduct themselves as set out in the Code of Conduct section in this policy.

2.0 PURPOSE

The purpose of this policy is to provide members of the public with the CRTO's expectations of how they must conduct themselves when attending public CRTO proceedings.

3.0 CODE OF CONDUCT

When attending public CRTO proceedings members of the public are expected to follow this Code of Conduct:

In the event of a virtual proceeding:

- Mute your microphone upon entry and for the duration of the proceeding unless spoken to by CRTO staff or the Chair of the proceeding;
- Turn off your camera when instructed by CRTO staff or the Chair of the proceeding;
- If you arrive after the proceeding has started, the host will admit you into the proceeding at an appropriate time; please enter without any disruption;
- Recording of the proceeding is strictly prohibited;
- Refrain from behaviour which disrupts¹ proceedings;
- Refrain from using applications on the device on which you are attending the proceeding, and refrain from using any other electronic devices, by turning them off, putting them in silent mode, or putting them away (e.g., cell phone);
- Dress in formal attire; and

¹ Disruptions may include and are not limited to speaking when not spoken to, gesturing, loud noises, engaging in conversation or dialogue that is not conducive to the proceeding, and any perceivable distractions within view of video camera.



- Attend the proceeding from a non-disruptive environment.

In the event of an in-person proceeding:

- Refrain from using scented products, such as hairspray, perfume, and deodorants which may cause adverse reactions such as respiratory distress and headaches;
- If you arrive after a proceeding has started, please wait until there is a break in the proceeding prior to entering the room. Please enter quietly and, if possible, take the nearest seat by the door, in order to avoid disrupting the proceedings or causing participants to lose focus. Similarly, we ask that you only leave the room during a break in the proceedings;
- Refrain from using electronic devices and turn off, silence, or put them away (e.g., cell phone, pager, laptop);
- No food or outside beverages are permitted in the proceeding room;
- At a Discipline Hearing, when the Discipline Panel enters (or exits) the hearing room, everyone in the room must rise and remain standing until you are invited to be seated;
- At a Discipline Hearing, under no circumstances should you approach the Discipline Panel or attempt to speak with a member of the Discipline Panel, before the proceeding, during a break or after the proceeding; and
- Refrain from behaviour which disrupts proceedings.

4.0 AUTHORITY & CONSEQUENCES FOR NON-COMPLIANCE

If the CRTO is of the opinion that the conduct of an observer fails to comply with this policy, the person will be removed upon the direction of the Chair of the proceeding.

5.0 DEFINITIONS

Proceedings – also referred to as meetings or hearings; any event where a member of the public is permitted to attend as an observer.

6.0 CONTACT INFORMATION

College of Respiratory Therapists of Ontario

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

Telephone: 416-591-7800

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

Fax: 416-591-7890

General Email: questions@cрто.on.ca

Appendix B: Code of Conduct for Public Observers Procedure

Code of Conduct for Public Observers Procedure

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Code of Conduct for Public Observers

Type: Procedure

Origin Date: Month, Day, Year

Section: CD

Approved On: Month Day, Year

Document Number: CD - 180

Next Revision Date: 5 Years After Approval

BACKGROUND

The purpose of this procedure is to set out the steps taken by the Registrar and delegated to CRTO staff in conjunction with the Code of Conduct for Public Observers Policy.

KEY CONCEPTS

CRTO staff must be aware of the processes in place in anticipation of public observers attending CRTO proceedings such as Council Meetings or Discipline Hearings, to administer the Code of Conduct for Observers Policy.

STEPS

When public observers attend CRTO proceedings, they are expected to act in accordance with CRTO policy.

In the event of a virtual proceeding:

- Observers will have access to the virtual login information;

In the event of a Discipline Hearing:

- It is at the Respiratory Therapists discretion whether they wish to speak with an observer;
- If the Respiratory Therapist is represented, any questions should be directed to the RT's legal counsel during a break or after the proceeding;
- Questions for the CRTO should be directed to CRTO's legal counsel;

RULES OF ORDER

- If you wish to obtain a copy of documents entered as exhibits during the proceeding please contact the CRTO office to make a request. The CRTO will respond to all requests in accordance with applicable privacy legislation.

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Deleted: the Discipline Committee Rules of Procedure posted on the CRTO website for directions regarding this process;



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

Section & Document Number Here

- A summary of the Panel's written decision and reasons will be available on the Register after the Hearing.

AUTHORITY

The authorizing mechanism of this procedure is the Registrar and CEO of the CRTO.

RELATED DOCUMENTS

Code of Conduct for Public Observers Policy

Appendix C: Code of Conduct for Public Observers Policy Consultation Survey Results

| Answers to Questions CD-180 Discipline Hearing Observers Consultation 2022 As of: 4/25/2022 10:32:55 AM | | |
|--|------|-------|
| Page: Code of Conduct for Public Observers Policy (CD-180) Background | | |
| Page: About You | | |
| Question: Are you a... | | |
| Number Who Answered: 2 | | |
| Respiratory Therapist (including retired) | 2 | 100 % |
| Question: I live in... | | |
| Number Who Answered: 2 | | |
| Ontario | 2 | 100 % |
| Page: Questions | | |
| Question: 1. Is the purpose of the Code of Conduct for Public Observers policy clear? | | |
| Number Who Answered: 2 | | |
| Yes | No | |
| 2 | 0 | |
| 100 % | 0 % | |
| Question: If no, please provide further details: | | |
| Number Who Answered: 0 | | |
| Question: 2. Do you agree that the Code of Conduct for Public Observers policy is clear and understandable? | | |
| Number Who Answered: 2 | | |
| Yes | No | |
| 2 | 0 | |
| 100 % | 0 % | |
| Question: If no, please provide further details: | | |
| Number Who Answered: 0 | | |
| Question: 3. Is the Code of Conduct for Public Observers policy free from omissions and/or errors? | | |
| Number Who Answered: 2 | | |
| Yes | No | |
| 1 | 1 | |
| 50 % | 50 % | |
| Question: If no, please provide further details: | | |
| Number Who Answered: 0 | | |
| Question: 4. Does this Code of Conduct for Public Observers policy provide you with sufficient understanding of the expectations? | | |
| Number Who Answered: 2 | | |
| Yes | No | |
| 2 | 0 | |
| 100 % | 0 % | |
| Question: If no, please provide further details: | | |
| Number Who Answered: 0 | | |
| Page: Additional Comments | | |
| Question: Do you have any additional comments you would like to share? | | |
| Number Who Answered: 0 | | |

Council Briefing Note

AGENDA ITEM # 8.2

May 27, 2022

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|-------------------------|---|
| From: | <i>Inquiries, Complaints and Reports Committee</i> |
| Topic: | <i>Revised Unauthorized Use of Title and Holding Out Prior to Registration Policy</i> |
| Purpose: | <i>For Decision</i> |
| Strategic Focus: | <i>In keeping with the CRTC's mandate, fulfilling the CPMF reporting obligations, and meeting its 2021 – 2025 Strategic Direction, this policy has been revised and refreshed due to the new CRTC's Policy Framework.</i> |
| Attachment(s): | <i>Appendix A – Revised Unauthorized Use of Title and Holding Out Prior to Registration Policy</i> <i>Appendix B – Consultation Survey Results</i> |
| Motion: | <i>That Council approves the revised Unauthorized Use of Title and Holding Out Prior to Registration Policy.</i> |

PUBLIC INTEREST RATIONALE:

This policy allows the Registrar to take action to address information received regarding a person's unauthorized use of a restricted title, designation, holding themselves out as a person who is qualified to practise in Ontario as a Respiratory Therapist (RT), or in a specialty of Respiratory Therapy. This policy outlines the criteria the Registrar may consider when determining an appropriate regulatory response to the information received. This policy has been reviewed and revised to ensure it is current and continues to serve the public interest.

ISSUE:

The Unauthorized Use of Title and Holding Out Prior to Registration Policy policy was last approved by Council on March 2020. Due to the new policy framework, this document was updated to the new template. This document was reviewed by external legal counsel, to ensure that all legislative and regulatory requirements have been met.

BACKGROUND:

Persons who use the designated title or abbreviation without being registered with the College of Respiratory Therapists of Ontario (CRTC) pose a risk of harm to the public as that person is perceived and expected as having the required knowledge, skill and judgement to practice the

profession of Respiratory Therapy in Ontario, competently, ethically and safely. In circumstances where the Registrar is of the opinion that action(s) are required, this policy helps to guide the process for addressing the information before them.

ANALYSIS:

Summary of Changes

The intent and direction of the policy have not changed, and the policy has been revised to include applicants for registration, inactive and suspended members who are using the title and/or holding out to practice before their registration. The policy has been revised for its readability and to incorporate gender-neutral language.

Given the need for the Inquiries, Complaints and Reports Committee's (ICRC) involvement in enforcing this policy, it has been recategorized into a Complaints and Discipline policy where the ICRC will lead the review and presentation to Council for final approval. This policy can still be relied on and referenced by the Registration Committee.

The changes made to this policy are consistent with current policies and positions of the CRTC as this policy strengthens the CRTC's commitment to transparency by stating the possible actions the Registrar may take when receiving information about a person's unauthorized use of title, or designation, or holding themselves out as an RT, to facilitate a better understanding of the implementation of this policy.

Public Consultation

The document was posted according to the CRTC's [public consultation process](#). A consultation survey was posted on the CRTC's website, tweeted on the CRTC Twitter account and shared with members in the March and April bulletins. In total, 39 people viewed the consultation survey, and 2 responses were received (all Respiratory Therapists).

All respondents found the Policy clear, understandable, and free from omissions and errors. There were no comments received and no changes were made to the Unauthorized Use of Title and Holding Out Prior to Registration Policy as a result of this feedback.

For full consultation results see appendix B.

Date consultation opened: March 15, 2022

Length of time consultation was open: 30-days

Date consultation closed: April 15, 2022

CONSULTATION FEEDBACK

39

Viewed

2

Completed

5%

% Completed
(Views vs. Completions)

RECOMMENDATION:

It is recommended that the CRTO Council approve the Unauthorized Use of Title and Holding Out Prior to Registration Policy.

NEXT STEPS:

If the motion is approved, the policy will be posted on the CRTO website and communicated to members in the next ebuletin.

Appendix A: Revised Unauthorized Use of Title and Holding Out Prior to Registration Policy

Revised Unauthorized Use of Title and Holding Out Prior to Registration Policy

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Unauthorized Use of Title and Holding out Prior to Registration

Type: Policy

Origin Date: March 3, 2017

Section: CD

Approved By Council on: March 6, 2020

Document Number: CD-430

Next Revision Date: 5 Years After Approval

1.0 BACKGROUND

Under the *Respiratory Therapy Act, 1991*, (RTA), no person other than a member of the College of Respiratory Therapists of Ontario (CROTO) shall use the title “respiratory therapist”, “RT”, a variation or abbreviation or an equivalent in another language, and no person other than a member shall hold themselves out as a person who is qualified to practise in Ontario as a respiratory therapist or in a specialty of respiratory therapy¹.

Under the RTA, titles and designations are set out for a member who holds a certificate of registration such as Registered Respiratory Therapist (RRT), Graduate Respiratory Therapist (GRT), and Practical Respiratory Therapist (PRT). For a full list of titles and designations, see Appendix A.

2.0 POLICY STATEMENT

It is the policy of the CROTO that the Registrar has an obligation to address any information received regarding a person’s unauthorized use of a restricted title, or designation, or holding themselves out as a person who is qualified to practise in Ontario as a Respiratory Therapist (RT), or in a specialty of Respiratory Therapy.

3.0 PURPOSE

Purpose as it relates to Persons or Inactive and/or Suspended Members

The purpose of this policy is to describe the possible outcomes the Registrar will consider when information is received by the CROTO regarding a person’s unauthorized use of restricted title, or designation, or is holding themselves out as a person who is qualified to practise in Ontario as an RT, or in a specialty of Respiratory Therapy. The Registrar will use this policy to determine what action, if any, is appropriate.

¹ This includes Registered Respiratory Therapist (RRT), Graduate Respiratory Therapist (GRT), and Practical Respiratory Therapist (PRT), or an equivalent in another language.



Purpose as it relates to Applicants

If a person who is seeking a certificate of registration with the CROTO has been using a restricted title, designation, or holding themselves out as a person who is qualified to practise in Ontario as an RT or in a specialty of Respiratory Therapy, prior to being issued a certificate of registration, the Registrar will refer to this policy in determining if the application for registration will be referred to the Registration Committee.

4.0 SCOPE OF POLICY & APPLICABILITY

The Registrar must administer legislation in the interest of protecting the public. This policy applies to all persons, including inactive and/or suspended members of the CROTO, and applicants for registration with the CROTO.

Based on the information received, the Registrar considers the following:

- a. Any potential risk to the public posed by the individual's/applicant's conduct;
- b. The nature of the evidence to support that the individual/applicant used the restricted title or held themselves out as a Respiratory Therapist without proper authorization;
- c. Whether the individual's/applicant's conduct was intentional;
- d. The length of time in which the individual/applicant used the restricted title or held themselves out as Respiratory Therapist without proper authorization;
- e. The attitude or remorse expressed by the individual/applicant; and
- f. The individual's/applicant's willingness to sign an Acknowledgement and Undertaking with the CROTO.

5.0 RESPONSIBILITIES

As it applies to Persons or Inactive and/or Suspended Members

Upon receipt of information suggesting a person's unauthorized use of a restricted title, designation, or holding themselves out, it is the responsibility of the Registrar to take actions such as:

- a. Educate and remediate;
- b. Require that the person pay to the CROTO the fees of which they did not pay for the length of time that they used a designated title;
- c. Order that they cease and desist; and/or
- d. Prosecute under the *RTA* and the *Regulated Health Professions Act (RHPA)*.

As it applies to Applicants for Registration

Upon learning of an applicant's use of a restricted title, designation, or holding themselves out, the Registrar may do one or more of the following:

- a. Ask the applicant to submit a letter of explanation;



- b. Request that the applicant enter into an undertaking to successfully complete a Specified Continuing Education or Remediation Program (SCERP) as determined by the Registrar prior to registration²;
- c. Require the applicant to review any applicable legislation or CRTO publications related to registration, use of title and professional conduct³; and/or
- d. Refer the applicant to the Registration Committee.

6.0 AUTHORITY & MONITORING

The Registrar shall address information that comes to their attention in keeping with the CRTO's mandate of protecting the public.

It is the responsibility of CRTO staff to carry out and fulfill the directions as given by the Registrar.

7.0 CONSEQUENCES FOR NON-COMPLIANCE

Persons or Inactive and/or Suspended Members

Persons who have misused the title and who were not registered with the CRTO at the time of the finding will be asked to cease and desist using the RT title and practising all RT-related activities. Further continuation of such authorized conduct may result in prosecution under the *RTA* and *RHPA*.

Persons who have misused the title while holding an Inactive Certificate or while under suspension will be referred to the Inquiries, Complaints and Reports Committee (ICRC) of the CRTO. In addition to the referral to the ICRC, they may be asked to cease and desist the use of RT title, designation, and the practice of RT-related activities.

Applicants for Registration

An applicant's unauthorized use of title, designation, or holding out as a respiratory therapist prior to having been issued a certificate of registration by the CRTO, may provide reasonable grounds for the belief that the applicant will not practise "with decency, integrity and honesty and in accordance with the law" as required under the *Registration Regulation*.

If the Registrar has reasonable and probable grounds to believe that an applicant will not practice safely, ethically, honestly, with decency, with integrity and in accordance with the law, the application will be referred to the Registration Committee for review⁴.

² Such as completing a Launch RT Jurisprudence Assessment or submitting a reflective paper acceptable to the Registrar.

³ Such as the CRTO Professional Practice Guideline – Registration and Use of Title, CRTO publication – A Commitment to Ethical Practice, and CRTO Standards of Practice.

⁴ The CRTO has published a Fact Sheet *Determining Applicants' Suitability to Practice*, outlining the criteria that a panel of the Registration Committee may use to determine an applicant's suitability to practice.



8.0 RELATED DOCUMENTS

- [Respiratory Therapy Act, 1991, \(RTA\)](#)
- [O. Reg. 596/94 General - Titles](#)
- [Determining Applicant's Suitability to Practice Fact Sheet](#)

9.0 APPENDICES

Appendix A – Titles and Designations

10.0 CONTACT INFORMATION

College of Respiratory Therapists of Ontario

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

Telephone: 416-591-7800

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

Fax: 416-591-7890

General Email: questions@cрто.on.ca

Appendix A – Titles and Designations

| Certificate of Registration | English Title | French Title | Designation |
|------------------------------------|--|---|--------------------|
| General | Registered Respiratory Therapist; or Respiratory Therapist | Thérapeute Respiratoire Autorisé(e); or Thérapeute Respiratoire | RRT |
| Graduate | Graduate Respiratory Therapist | Thérapeute Respiratoire Diplômé(e) | GRT |
| Limited | Practical Respiratory Therapist | Thérapeute Respiratoire Auxiliaire | PRT |

Appendix B: Unauthorized Use of Title and Holding Out Prior to Registration Policy Consultation Survey Results

| Answers to Questions RG-430 Holding Out Policy Consultation 2022 As of: 4/25/2022 10:44:30 AM | | |
|---|-----------|-------|
| Page: Unauthorized Use of Title and Holding Out Prior to Registration Policy (RG-430) Background | | |
| Page: About You | | |
| Question: Are you a... | | |
| Number Who Answered: 3 | | |
| Respiratory Therapist (including retired) | 3 | 100 % |
| Question: I live in... | | |
| Number Who Answered: 3 | | |
| Ontario | 3 | 100 % |
| Page: Questions | | |
| Question: 1. Is the purpose of the Unauthorized Use of Title and Holding Out Prior to Registration policy clear? | | |
| Number Who Answered: 2 | | |
| Yes | No | |
| 2 | 0 | |
| 100 % | 0 % | |
| Question: If no, please provide further details: | | |
| Number Who Answered: 0 | | |
| Question: 2. Do you agree that the Unauthorized Use of Title and Holding Out Prior to Registration policy is clear and understandable? | | |
| Number Who Answered: 2 | | |
| Yes | No | |
| 2 | 0 | |
| 100 % | 0 % | |
| Question: If no, please provide further details: | | |
| Number Who Answered: 0 | | |
| Question: 3. Is the Unauthorized Use of Title and Holding Out Prior to Registration policy free from omissions and/or errors? | | |
| Number Who Answered: 2 | | |
| Yes | No | |
| 2 | 0 | |
| 100 % | 0 % | |
| Question: If no, please provide further details: | | |
| Number Who Answered: 0 | | |
| Question: 4. Does this Unauthorized Use of Title and Holding Out Prior to Registration policy provide you with sufficient understanding of the expectations? | | |
| Number Who Answered: 2 | | |
| Yes | No | |
| 2 | 0 | |
| 100 % | 0 % | |
| Question: If no, please provide further details: | | |
| Number Who Answered: 0 | | |
| Page: Additional Comments | | |

Appendix B: Unauthorized Use of Title and Holding Out Prior to Registration Policy Consultation Survey Results

Question: Do you have any additional comments you would like to share?

Number Who Answered: 0

Council Briefing Note

AGENDA ITEM # 8.3

May 27, 2022

| | |
|-------------------------|---|
| From: | <i>Registration Committee</i> |
| Topic: | <i>Revised Graduate Certificate of Registration Policy</i> |
| Purpose: | <i>For Decision</i> |
| Strategic Focus: | <i>In keeping with the CRTO's mandate, fulfilling the CPMF reporting obligations, and meeting its 2021 – 2025 Strategic Direction, this policy has been revised and refreshed due to the new CRTO Policy Framework.</i> |
| Attachment(s): | <i>Appendix A – Revised Graduate Certificate of Registration Policy Appendix B – Consultation Survey Results</i> |
| Motion: | <i>That Council approves the Revised Graduate Certificate of Registration Policy.</i> |

PUBLIC INTEREST RATIONALE:

This policy has been revised to ensure its relevance to legislation and existing registration practices. This policy outlines the conditions and criteria for issuing a Graduate Certificate of Registration to applicants who meet all the registration requirements under Ontario Regulation 596/94, (PART VIII, "Registration Regulation"), but has not yet passed the approved registration exam.

ISSUE:

The Graduate Certificate of Registration Policy was last approved by Council on September 26, 2014. Due to the new policy framework, this document was updated to the new template. This document has gone through a rigorous policy review process to ensure that all legislative and regulatory requirements have been met.

BACKGROUND:

This policy describes the terms, conditions and limitations imposed on a Graduate Certificate of Registration, and that the Registration Committee will not re-issue a Graduate Certificate that has been revoked under section 60 (2) of the Registration Regulation.

The terms, conditions and limitations highlighted within the policy allow a member registered with a Graduate Certificate of Registration to begin work immediately, demonstrate, and

consolidate their knowledge, skills, and judgement in preparing for the Canadian Board for Respiratory Care examination while at the same time ensuring that they practise with transparency and safeguards.

ANALYSIS:

Summary of Changes

Although the policy has been revised, it is important to note that no changes were made to the intent or the direction of the original policy. The policy has been updated to ensure its relevance to existing registration practices, legislation, and readability, and to incorporate gender-neutral language.

Public Consultation

The document was posted according to the CRTC's [public consultation process](#). A consultation survey was posted on the CRTC's website, tweeted on the CRTC Twitter account, posted on the Health Profession Regulators of Ontario (HPRO) website, and shared with members in the March bulletin. In total, 47 people viewed the consultation survey, and 1 response was received from a Respiratory Therapist.

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

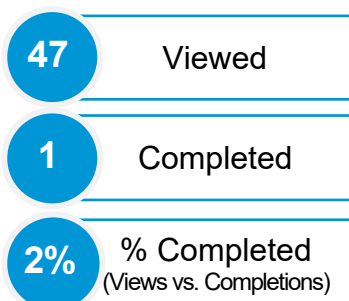
For full consultation results see appendix B.

Date consultation opened: March 15, 2022

Length of time consultation was open: 30-days

Date consultation closed: April 15, 2022

CONSULTATION FEEDBACK



RECOMMENDATION:

It is recommended that the CRTC Council approve the Revised Graduate Certificate of Registration Policy.

NEXT STEPS:

If the motion is approved, the policy will be posted on the CRTC's website and communicated to members in the next ebuletin.

Appendix A: Revised Graduate Certificate of Registration Policy

Revised Graduate Certificate of Registration Policy

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Graduate Certificate of Registration

Type: Policy

Origin Date: June 11, 2004

Section: RG

Approved By Council on: September 26, 2014

Document Number: RG-403

Next Revision Date: 5 Years After Approval

1.0 POLICY STATEMENT

It is the policy of the College of Respiratory Therapists of Ontario (Certo) that applicants applying for a Graduate Certificate of Registration (GRT) may be granted a certificate if they meet all the registration requirements¹ but have not yet passed the approved registration exam.

A Graduate Certificate is a temporary one-time certificate that allows the GRT to practice under certain terms, conditions, and limitations, is deemed to be revoked eighteen (18) months after its initial date of issue, and once revoked under section 60(2) of the *Ontario Regulation 596/94* (Part VIII, "Registration Regulation"), it will not be re-issued.

2.0 PURPOSE

The Graduate Certificate of Registration Policy describes the terms, conditions and limitations imposed on a Graduate Certificate of Registration, and what the Registration Committee may do when a Graduate Certificate has been revoked under section 60 (2) of the Registration Regulation.

3.0 APPLICABILITY AND SCOPE OF POLICY

a. REGISTRATION REQUIREMENTS

Sections 53(1), 55(2) and 58 of the Registration Regulation describe the registration requirements for a Graduate Certificate of Registration.

b. CONDITIONS, GRADUATE CERTIFICATE OF REGISTRATION

- Under section 60 (1) of the Registration Regulation, a member registered with a Graduate Certificate of Registration shall:

¹ Under the Ontario Regulation 596/94, PART VIII, Registration



1. at the first reasonable opportunity, advise every employer of any terms, conditions and limitations that apply to the member's graduate certificate of registration if their employment is in the field of respiratory therapy;
 2. only perform a controlled act that is authorized to the profession if it is performed under the general supervision of a member of a College within the meaning of the *Regulated Health Professions Act, 1991* who, the member holding the graduate certificate has reasonable grounds to believe, is authorized to perform the controlled act and is competent to do so and who is available to be personally present at the site where the authorized act is performed on ten minutes notice; and
 3. not delegate a controlled act.
- Under section 60 (2) a Graduate Certificate is deemed to have been revoked eighteen (18) months after its (initial) date of issue.
 - Under the *Prescribed Procedures Regulation*, section 49 (2) it is a condition of a Graduate Certificate of Registration that a member does not perform an advanced procedure below the dermis.
 - Under the *Prescribed Substances Regulation*, section 49 (2) it is a condition of a Graduate Certificate of Registration that the member does not administer a prescribed substance by inhalation while engaging in the practice of the profession.
 - In addition, under the *Controlled Acts Regulation*, section 14, it is a condition of a Graduate Certificate of Registration that the member does not perform a tracheostomy tube change for a stoma that is less than 24 hours old.

c. EXPIRATION OF GRADUATE CERTIFICATE OF REGISTRATION

As mentioned above, a Graduate Certificate of Registration is deemed to have been revoked 18-months after its date of issue. The Registration Committee will not re-issue a Graduate Certificate of Registration that has been revoked under section 60(2) of the Registration Regulation.

4.0 RESPONSIBILITIES

The above terms, conditions and limitations will permit a member registered with a Graduate Certificate of Registration to begin work immediately, demonstrate, and consolidate their knowledge, skills, and judgment in preparing for the examination while at the same time ensuring that they practise with transparency and appropriate safeguards.

5.0 CONSEQUENCES FOR NON-COMPLIANCE

Applicants who do not meet the Registration requirements (see 3.0 a. above), or for whom the Registrar has any concerns, will be referred by the Registrar to the Registration Committee for consideration.



A Graduate member who is non-compliant with the terms, conditions and limitations of their certificate will be referred to the Inquiries, Complaints and Reports Committee for review.

6.0 RELATED DOCUMENTS

- [O. Reg. 596/94: GENERAL \(ontario.ca\)](#)
- [Conditions on a Graduate Certificate of Registration Fact Sheet](#)
- [Registration and Use of Title Professional Practice Guideline](#)
- [Application for Registration Guide for Graduates of Canadian RT Programs or Applicants from Regulated Canadian Jurisdictions.](#)
- [Supervision Policy](#)

7.0 CONTACT INFORMATION

College of Respiratory Therapists of Ontario

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Fax: 416-591-7890

General Email: questions@cрто.on.ca

Appendix B: Graduate Certificate of Registration Policy Consultation Survey Results

Answers to Questions

RG-403 Graduate Certificate of Registration Policy Consultation 2022

As of: 4/25/2022 11:37:43 AM

Page: About You

Question: Are you a...

Number Who Answered: 1

| | | |
|---|---|-------|
| Respiratory Therapist (including retired) | 1 | 100 % |
|---|---|-------|

Question: I live in...

Number Who Answered: 1

| | | |
|---------|---|-------|
| Ontario | 1 | 100 % |
|---------|---|-------|

Page: Questions

Question: 1. Is the purpose of the Graduate Certificate of Registration policy clear?

Number Who Answered: 1

| Yes | No |
|-------|-----|
| 1 | 0 |
| 100 % | 0 % |

Question: If no, please provide further details:

Number Who Answered: 0

Question: 2. Do you agree that the Graduate Certificate of Registration policy is clear and understandable?

Number Who Answered: 1

| Yes | No |
|-------|-----|
| 1 | 0 |
| 100 % | 0 % |

Question: If no, please provide further details:

Number Who Answered: 0

Question: 3. Is the Graduate Certificate of Registration policy free from omissions and/or errors?

Number Who Answered: 1

| Yes | No |
|-------|-----|
| 1 | 0 |
| 100 % | 0 % |

Question: If no, please provide further details:

Number Who Answered: 0

Question: 4. Does this Graduate Certificate of Registration policy provide you with sufficient understanding of the expectations?

Number Who Answered: 1

| Yes | No |
|-------|-----|
| 1 | 0 |
| 100 % | 0 % |

Question: If no, please provide further details:

Number Who Answered: 0

Page: Additional Comments

Question: Do you have any additional comments you would like to share?

Number Who Answered: 0

Council Briefing Note

AGENDA ITEM # 8.4

May 27, 2022

| | |
|-------------------------|---|
| From: | <i>Registration Committee</i> |
| Topic: | <i>Revised Approval of Canadian Education Programs Policy</i> |
| Purpose: | <i>For Decision</i> |
| Strategic Focus: | <i>In keeping with the CRTO's mandate, fulfilling the CPMF reporting obligations, and meeting its 2021 – 2025 Strategic Direction, this policy has been revised and refreshed due to the new CRTO Policy Framework.</i> |
| Attachment(s): | <i>Appendix A – Revised Approval of Canadian Education Programs Policy Appendix B – Approval of Canadian Education Programs Procedure Appendix C – Consultation Survey Results</i> |
| Motion: | <i>That Council approves the Revised Approval of Canadian Education Programs Policy.</i> |

PUBLIC INTEREST RATIONALE:

This policy has been revised so that the College of Respiratory Therapists of Ontario (CRTO) meets its mandate of acting in the interest of the public and regulating the profession of Respiratory Therapy by setting out Accreditation Canada as the body to accredit Canadian Respiratory Therapy Programs.

ISSUE:

The Approval of Canadian Education Programs Policy was last approved by Council on December 6, 2019. Due to the new policy framework, this document was updated to the new template. This document has gone through a rigorous policy review process to ensure that all legislative and regulatory requirements have been met.

BACKGROUND:

This policy sets out the approach used by the Registration Committee to recommend approval of Canadian Respiratory Therapy Programs¹ to the CRTO's Council.

¹ As per Ontario Regulation 596/94, Part VIII (*Registration*) clause 55(2) (a)

This policy also highlights that graduate of non-accredited Respiratory Therapy Programs are referred to the CRTO's entry-to-practice assessment process. This process provides a mechanism for applicants to demonstrate to the Registration Committee that they have knowledge, skills, and judgement that is equivalent to graduates of an approved Respiratory Therapy program.

Accompanying this policy is the procedure which outlines Accreditation Canada's accreditation categories and what the CRTO staff and the Registration Committee will do when reviewing information related to Canadian Respiratory Therapy Programs accreditation statuses.

ANALYSIS:**Summary of Changes**

Although the policy has been revised, it is important to note that no changes were made to the intent or the direction of the original policy. The policy has been updated to ensure its relevance to existing registration practices, legislation, and readability, and to incorporate gender-neutral language.

Public Consultation

The document was posted according to the CRTO's [public consultation process](#). A consultation survey was posted on the CRTO's website, tweeted on the CRTO Twitter account, posted on the Health Profession Regulators of Ontario (HPRO) website, and shared with members in the March bulletin. In total, 37 people viewed the consultation survey, and 2 responses were received.

Through the consultation feedback received via e-mail, and as advised by legal counsel, under section 3.0 Approved Status, the following paragraph has been removed using track changes:

"However, although the standards applied by Accreditation Canada are viewed as appropriate and relevant, the CRTO Council has the right to refuse or remove an education program's approval status if it has reason to believe the program is not "acceptable."

The removal of the above paragraph is to clarify that since Council has approved Accreditation Canada as the approved accrediting body, then an education program that was accredited by Accreditation meets the education of the Registration Regulation (*Ontario Regulation 596/94*, section 55(2)(a)).

For full consultation results see appendix C. A copy of the email received is also included in appendix C.

Date consultation opened: March 15, 2022

Length of time consultation was open: 30-days

Date consultation closed: April 15, 2022

CONSULTATION FEEDBACK

37

Viewed

2

Completed

5%% Completed
(Views vs. Completions)

RECOMMENDATION:

It is recommended that the CRTO Council approve the Revised Approval of Canadian Education Programs Policy.

NEXT STEPS:

If the motion is approved, the policy will be posted on the CRTO's website and communicated to members in the next ebuletin.

Appendix A: Revised Approval of Canadian Education Programs Policy

Revised Approval of Canadian Education Programs Policy

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Approval of Canadian Education Programs

Type: Policy

Origin Date: February 23, 2007

Section: RG

Approved By Council on: April 6, 2019

Document Number: RG-408

Next Revision Date: 5 Years After Approval

1.0 POLICY STATEMENT

The College of Respiratory Therapists of Ontario (CRTC) is responsible for setting Respiratory Therapy entry-to-practice requirements in Ontario in the interest of the public. It is the policy of the CRTC to support an appropriate approvals process for Respiratory Therapy education programs and to ensure these programs remain current.

2.0 PURPOSE

This policy sets out the approach used by the Registration Committee to recommend approval of Canadian Respiratory Therapy Programs¹ to the CRTC's Council.

3.0 APPROVED STATUS

To obtain "approved program" status, the education program must obtain and maintain **accredited** status with [Accreditation Canada](#). Any Respiratory Therapy education program that has been accredited by Accreditation Canada is considered an "approved program" by the CRTC Council. ~~However, although the standards applied by Accreditation Canada are viewed as appropriate and relevant, the CRTC Council has the right to refuse or remove an education program's approval status if it has reason to believe the program is not "acceptable."~~

4.0 NON-ACCREDITED PROGRAMS

Graduates of a non-accredited Respiratory Therapy Program are referred to the CRTC's [entry-to-practice assessment process](#). The assessment process provides a mechanism for applicants to demonstrate to the Registration Committee that they have knowledge, skills, and judgment that is equivalent to graduates of an approved Respiratory Therapy program.

5.0 RELATED DOCUMENTS

¹ As per Ontario Regulation 596/94, Part VIII (*Registration*) clause 55(2) (a)



- [Accreditation Canada](#)
- [CRTC's entry-to-practice assessment process](#)

6.0 DEFINITIONS

- **Approved Programs** – Programs that are accredited with Accreditation Canada
- **Accredited** – The education program complies with the accreditation standard. The accreditation status will expire six (6) years from the date of the accreditation award.
- **Accredited with Condition** – The educational program demonstrates partial accreditation compliance and is required to submit one or more follow-up reports within two (2) years of conditional accreditation award.
- **Registered** – An unaccredited education program that has successfully applied for accreditation, and accreditation processes are underway.

7.0 CONTACT INFORMATION

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

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Appendix B: Revised Approval of Canadian Education Programs Procedure

Revised Approval of Canadian Education Programs Procedure

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Approval of Canadian Education Programs

Type: Procedure

Origin Date: July 9, 2008

Section: RG

Approved On: Month Day, Year

Document Number: RG-408

Next Revision Date: 5 Years After Approval

BACKGROUND

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

The College of Respiratory Therapists of Ontario (CRTC) uses Accreditation Canada to accredit Respiratory Therapy education programs. Approval status is based on Accreditation Canada's accreditation categories.

OBJECTIVE

This procedure outlines Accreditation Canada's accreditation categories and what the CRTC staff and the Registration Committee will do when reviewing information related to Canadian Respiratory Therapy Programs accreditation statuses.

ACCREDITATION CATEGORIES

The following accreditation status(es) are acceptable for CRTC "approved program" status:

- **ACCREDITED** – The educational program is in compliance with the accreditation standard. The accreditation status will expire six (6) years from the date of the accreditation award.

A Canadian Respiratory Therapy Program receiving one of the following categories of accreditation will be monitored by the Registration Committee. A recommendation to Council regarding approved status will be made on a case-by-case basis:

- **ACCREDITED WITH CONDITION** – The educational program demonstrates partial accreditation compliance and is required to submit one or more follow-up(s) within two (2) years of conditional accreditation award.
- **REGISTERED** – An unaccredited educational program that has successfully applied for accreditation, and accreditation processes are underway.



MONITORING

CRTO staff will monitor Canadian Respiratory Therapy Programs' accreditation status and:

- a. report to the Registration Committee of any changes to the programs' accreditation statuses as soon as this information becomes available, including any concerns regarding the quality, performance or the relevance of the program;
- b. advise the Registration Committee concerning the status of new programs as soon as this information becomes available;
- c. provide an annual report to the Registration Committee.

APPROVALS/AUTHORITY OF THE REGISTRATION COMMITTEE

The Registration Committee will review information related to Canadian Respiratory Therapy Programs and makes recommendations to Council concerning approval. Information to be considered by the Registration Committee when making a recommendation to Council includes:

- accreditation status; and
- any other information that it considers relevant.

APPENDIX

[Accreditation Canada Status Page](#)

RELATED DOCUMENTS

Approved Canadian Programs Policy RG-408

Appendix B: Approval of Canadian Education Programs Policy Consultation Survey Results

Answers to Questions

RG-408 Approval of Canadian Education Programs Policy Consultation 2022

As of: 4/25/2022 11:31:40 AM

Page: About You

Question: Are you a...

Number Who Answered: 3

| | | |
|---|---|------|
| Respiratory Therapist (including retired) | 2 | 67 % |
| Prefer Not to Say | 1 | 33 % |

Question: I live in...

Number Who Answered: 3

| | | |
|---------|---|-------|
| Ontario | 3 | 100 % |
|---------|---|-------|

Page: Questions

Question: 1. Is the purpose of the Approval of Canadian Education Programs policy clear?

Number Who Answered: 3

| Yes | No |
|-------|-----|
| 3 | 0 |
| 100 % | 0 % |

Question: If no, please provide further details:

Number Who Answered: 0

Question: 2. Do you agree that the Approval of Canadian Education Programs policy is clear and understandable?

Number Who Answered: 3

| Yes | No |
|-------|-----|
| 3 | 0 |
| 100 % | 0 % |

Question: If no, please provide further details:

Number Who Answered: 0

Question: 3. Is the Approval of Canadian Education Programs policy free from omissions and/or errors?

Number Who Answered: 3

| Yes | No |
|-------|-----|
| 3 | 0 |
| 100 % | 0 % |

Question: If no, please provide further details:

Number Who Answered: 0

Question: 4. Does this Approval of Canadian Education Programs policy provide you with sufficient understanding of the expectations?

Number Who Answered: 3

| Yes | No |
|-------|-----|
| 3 | 0 |
| 100 % | 0 % |

Question: If no, please provide further details:

Number Who Answered: 0

Page: Additional Comments

Question: Do you have any additional comments you would like to share?

Number Who Answered: 0

Appendix B: Approval of Canadian Education Programs Policy Consultation Survey Results

From: [redacted email]
Sent: March 25, 2022 7:08 PM
To: Janice Carson <carson@cрто.on.ca>
Subject: education policy feedback

Regarding the statement from the policy shown below. Understand there needs to be a mechanism to deal with programs between accreditation assessments. Should the conditions or criteria (or at least examples of things) that the CRTO would use to determine a program is “not acceptable” be listed in the document?

To obtain “approved program” status, the education program must obtain and maintain **accredited** status with [Accreditation Canada](#). Any Respiratory Therapy education program that has been accredited by Accreditation Canada is considered an “approved program” by the CRTO Council. However, although the standards applied by Accreditation Canada are viewed as appropriate and relevant, the CRTO Council has the right to refuse or remove an education program's approval status if it has reason to believe the **program is not “acceptable.”**

[redacted name] RRT

Council Briefing Note

AGENDA ITEM # 8.5

May 27, 2022

| | |
|-------------------------|---|
| From: | <i>Registration Committee</i> |
| Topic: | <i>Revised Application for Registration Document Requirements Policy</i> |
| Purpose: | <i>For Decision</i> |
| Strategic Focus: | <i>In keeping with the CRTO's mandate, fulfilling the CPMF reporting obligations, and meeting its 2021 – 2025 Strategic Direction, this policy has been revised and refreshed due to the new CRTO's Policy Framework.</i> |
| Attachment(s): | <i>Appendix A – Revised Application for Registration Document Requirements Policy Appendix B – Consultation Survey Results</i> |
| Motion: | <i>That Council approves the revised Application for Registration Document Requirements Policy.</i> |

PUBLIC INTEREST RATIONALE:

This policy has been revised so that the College of Respiratory Therapists of Ontario (CRTO) meets its mandate of acting in the interest of the public and regulating the profession of Respiratory Therapy by being transparent on the types of documentation required to support an application for registration.

ISSUE:

The Application for Registration Document Requirements Policy was last approved by Council on June 6, 2014. Due to the new policy framework, this document was updated to the new template. This document has gone through a rigorous policy review process to ensure that all legislative and regulatory requirements have been met.

BACKGROUND:

This policy informs applicants on the types of documentation required to support their application for registration to the CRTO. This policy applies to all applicants who are seeking to register with the CRTO for a certificate of registration.

In situations where the applicant cannot obtain the required documentation from its source, the file will be referred to the Registration Committee for consideration. Each request will be

considered on a case-by-case basis by the Registration Committee. The policy highlights the types of alternative documentation that may be considered.

ANALYSIS:

Summary of Changes

Although the policy has been revised, it is important to note that no changes were made to the intent or the direction of the original policy. The policy has been updated to ensure its relevance to existing registration practices, legislation, and readability, and to incorporate gender-neutral language.

The only substantive change to this policy is section 4.0 (Documentation). CRTO staff have consulted with other health regulatory bodies to see if they accept service providers other than the World Education Services (WES). Most confirmed that they also accept credential evaluations verified by a member of the [Alliance of Credential Evaluation Services of Canada](#) (ACESC). As such, this policy has been amended to also include members of the ACESC.

Public Consultation

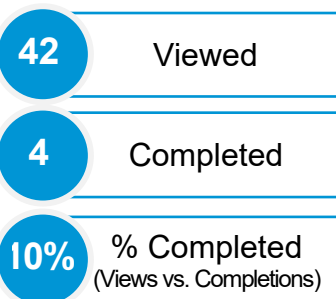
The document was posted according to the CRTO's [public consultation process](#). A consultation survey was posted on the CRTO's website, tweeted on the CRTO Twitter account, posted on the Health Profession Regulators of Ontario (HPRO) website, and shared with members in the March bulletin. In total, 42 people viewed the consultation survey, and 4 responses were received (all Respiratory Therapists).

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

For full consultation results see appendix B.

Date consultation opened: March 15, 2022
Length of time consultation was open: 30-days
Date consultation closed: April 15, 2022

CONSULTATION FEEDBACK



RECOMMENDATION:

That the CRTO Council approve that the Revised Application for Registration Document Requirements Policy.

NEXT STEPS:

If the motion is approved, the policy will be posted on the CRTO website and communicated to members in the next ebuletin.

Appendix A: Revised Applicant for Registration Document Policy

Revised Applicant for Registration Document Policy

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Application for Registration Document Requirements

Type: Policy

Origin Date: September 23, 2011

Section: RG

Approved By Council on: June 6, 2014

Document Number: RG-420

Next Revision Date: 5 Years After Approval

1.0 POLICY STATEMENT

As part of the initial assessment process, applicants for registration are required to submit documentation to support their application. The College of Respiratory Therapists of Ontario's (CRTO) registration decision is based on these documents.

2.0 PURPOSE

The purpose of this policy is to assist applicants regarding the type of documentation required to support their application for registration to the CRTO.

3.0 APPLICABILITY & SCOPE OF POLICY

This policy applies to all applicants who are seeking to register with the CRTO for a Graduate Certificate of Registration (GRT) and a General Certificate of Registration (RRT).

4.0 DOCUMENTATION

The documentation required will vary but generally includes the following:

- A. Proof of Canadian citizenship, permanent residency status or a valid work permit
- B. Proof of Language Proficiency
- C. Evidence of successful completion of a Respiratory Therapy program
- D. Evidence of successful completion of an approved examination
- E. Evidence of practicing the profession
- F. Confirmation of registration in another jurisdiction

A. Proof of Canadian citizenship, permanent residency status or a valid work permit:

- Approved documents:
 - i. Birth certificate from a Canadian province or territory
 - ii. Valid Canadian passport
 - iii. Certificate of Canadian citizenship



- iv. Permanent Residency card
- v. Record of landing
- vi. Valid work permit (authorization to work as a Respiratory Therapist in Canada)
- A copy of the documentation in support of citizenship or immigration status must be submitted with an Application for Registration.

B. Proof of Language Proficiency:

- Where the applicant's first language is not English or French and their relevant health care instruction was not in English or French, the applicant must demonstrate fluency in either language. The CRTO accepts a number of test scores as proof of language proficiency, for more information please see the Language Proficiency Policy.
- A copy of the applicant's score report must be submitted with the initial Application for Registration.

C. Evidence of Successful Completion of a Respiratory Therapy Program:

- Graduates of approved Canadian programs¹:
 - i. Applicants must ensure that their official, final transcript has been submitted to the CRTO.
 - ii. For recent graduates, a letter from the program director/coordinator is acceptable; however, a final official transcript must be received within eight (8) weeks of completing the program.
 - iii. The final official transcripts must be submitted directly from the academic institution to the CRTO.
- Graduates of programs offered outside Canada:
 - i. Applicants who obtained their education in respiratory therapy (or a related field) outside of Canada must have their academic qualifications verified by one of the following member organizations of the [Alliance of Credential Evaluation Services of Canada](#):
 - [International Credential Assessment Services of Canada](#) (ICAS)
 - [International Credential Evaluation Service](#) (ICES)
 - [World Education Services](#) (WES)The above organizations will attest to the authenticity of the documents reviewed and prepare a course-by-course evaluation report as required by the CRTO. All documents must be submitted to the credentialing agency by the applicant. The applicant is also responsible for the cost associated with the report and will be charged directly by the credentialing agency for the services.
 - ii. Following a review of the documents submitted, the credentialing agency will send an evaluation report to the CRTO and the applicant.

¹ See list of Accredited Schools: <https://www.cрто.on.ca/student/registration/accredited-schools/> and the [Approval of Canadian Education Programs Policy](#).



- iii. Evaluation reports prepared by other organizations (e.g., Comparative Education Service of the University of Toronto) will be reviewed on a case-by-case basis and may be accepted as an alternative to the above-mentioned credentialing agencies if approved by the Registrar.

D. Evidence of successful completion of the approved examination

Where applicable, a photocopy of the Canadian Board for Respiratory Care (CBRC) exam results letter must be included with an application for a General Certificate of Registration.

E. Evidence of practicing the profession

Where applicable, confirmation of respiratory therapy employment (the [Employment Verification Form](#)) must be submitted directly to the CRTO from the employer.

F. Confirmation of registration in another jurisdiction

Where applicable, confirmation of registration (the [Registration Verification Form](#) must be submitted directly to the CRTO from the regulatory/licensing body).

5.0 ALTERNATIVE DOCUMENTATION

In extremely exceptional circumstances, which may include but are not limited to war, natural disaster, and political persecution, it may not be possible for the applicant to obtain the required documentation from its source. In these circumstances, and where the applicant can demonstrate that they have tried and been unsuccessful in obtaining the required documentation, the Registration Committee may accept alternative documentation.

Each request will be considered on a case-by-case basis and alternative documentation that may be considered includes:

- Copies of documentation from the applicant or other available resources;
- Prior learning or another skills/competency assessment(s);
- Signed affidavits attesting to requirements completed;
- Employment or academic references;
- Interviews with staff.

6.0 REFERRAL TO THE REGISTRATION COMMITTEE

Applicants who submitted alternative documentation for consideration will be referred to the Registration Committee for consideration.

The Registration Committee will consider whether the applicant has made efforts to obtain the required documentation and provide persuasive evidence that original documentation cannot be provided.

Options:

- A. If the alternative information provided supports that the applicant has met the requirement(s), the Registration Committee may deem the applicant has met one or more



of the requirements.

- B. If the Registration Committee is not satisfied that alternative information provided supports that the applicant has met the requirement(s), the applicant may be directed to:
- Provide additional information;
 - Undertake additional education;
 - Undertake a supervised period of practice (for example requirements); or provide as directed by the Registration Committee, other evidence to satisfy the Committee that the applicant has met the requirement(s).
- C. If the Registration Committee is not satisfied that the applicant has made reasonable efforts to obtain original documentation, and the applicant cannot provide persuasive evidence that the document cannot be provided, the Registration Committee may request the applicant to make additional efforts to provide the requested documentation. If the applicant does not do so, the applicant may be deemed to have not met one or more of the registration requirements.

7.0 RELATED DOCUMENTS

- [Language Proficiency Policy](#)
- [Registration Verification Form](#)
- [Employment Verification Form](#)
- [The Canadian Board for Respiratory Care Inc.](#)

8.0 CONTACT INFORMATION

College of Respiratory Therapists of Ontario

180 Dundas Street West,
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General Email: questions@crto.on.ca

Appendix B: Application for Registration Document Requirements Policy Consultation Survey Results

Answers to Questions RG-420 Application for Registration Document Requirements Policy Consultation 2022

As of: 4/25/2022 11:23:47 AM

Page: About You

Question: Are you a...

Number Who Answered: 4

| | | |
|---|---|-------|
| Respiratory Therapist (including retired) | 4 | 100 % |
|---|---|-------|

Question: I live in...

Number Who Answered: 4

| | | |
|---------|---|-------|
| Ontario | 4 | 100 % |
|---------|---|-------|

Page: Questions

Question: 1. Is the purpose of the Application for Registration Document Requirements policy clear?

Number Who Answered: 4

| Yes | No |
|-------|-----|
| 4 | 0 |
| 100 % | 0 % |

Question: If no, please provide further details:

Number Who Answered: 0

Question: 2. Do you agree that the Application for Registration Document Requirements policy is clear and understandable?

Number Who Answered: 4

| Yes | No |
|-------|-----|
| 4 | 0 |
| 100 % | 0 % |

Question: If no, please provide further details:

Number Who Answered: 0

Question: 3. Is the Application for Registration Document Requirements policy free from omissions and/or errors?

Number Who Answered: 4

| Yes | No |
|-------|-----|
| 4 | 0 |
| 100 % | 0 % |

Question: If no, please provide further details:

Number Who Answered: 0

Question: 4. Does this Application for Registration Document Requirements policy provide you with sufficient understanding of the expectations?

Number Who Answered: 4

| Yes | No |
|-------|-----|
| 4 | 0 |
| 100 % | 0 % |

Question: If no, please provide further details:

Number Who Answered: 0

Page: Additional Comments

Question: Do you have any additional comments you would like to share?

Number Who Answered: 0

Council Briefing Note

AGENDA ITEM # 8.6

May 27, 2022

| | |
|-------------------------|---|
| From: | <i>Registration Committee</i> |
| Topic: | <i>Revised Application for Registration – File Closure Policy</i> |
| Purpose: | <i>For Decision</i> |
| Strategic Focus: | <i>In keeping with the CRTC's mandate, fulfilling the CPMF reporting obligations, and meeting its 2021 – 2025 Strategic Direction, this policy has been revised and refreshed due to the new CRTC's Policy Framework.</i> |
| Attachment(s): | <i>Appendix A – Revised Application for Registration – File Closure Policy Appendix B – Consultation Survey Results</i> |
| Motion: | <i>That Council approves the Revised Application for Registration – File Closure Policy.</i> |

PUBLIC INTEREST RATIONALE:

This policy has been revised so that the College of Respiratory Therapists of Ontario (CRTC) meets its mandate of acting in the interest of the public and regulating the profession of Respiratory Therapy by being transparent about how it processes applications and the timelines for keeping an application for registration file open.

ISSUE:

The Application for Registration – File Closure Policy was last approved by Council on December 6, 2019. Due to the new policy framework, this document was updated to the new template. This document has gone through a rigorous policy review process to ensure that all legislative and regulatory requirements have been met.

BACKGROUND:

This policy is intended to ensure that registration decisions are based on current and relevant information, and the application process is transparent so that applicants are aware of the expected application timelines at the start of the process.

Registration applications will remain open for up to twelve (12) months. That is an application for registration is required to complete all registration requirements and pay the registration

fees within twelve (12) months of applying, unless the applicant is referred to the CRTO's entry-to-practice assessment process during that twelve (12) months period.

ANALYSIS:

Summary of Changes

Although the policy has been revised, it is important to note that no changes were made to the intent or the direction of the original policy. The policy has been updated to ensure its relevance to existing registration practices, legislation, and readability, and to incorporate gender-neutral language.

Information about application closure has been added to the policy under section 3.0 to illustrate the procedures of notifying applicants and then closing an application.

Public Consultation

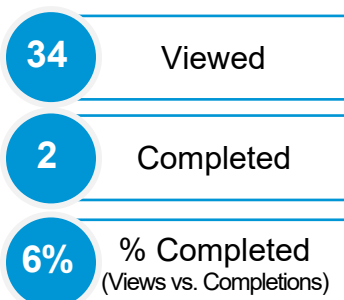
The document was posted according to the CRTO's [public consultation process](#). A consultation survey was posted on the CRTO's website, tweeted on the CRTO Twitter account, posted on the Health Profession Regulators of Ontario (HPRO) website, and shared with members in the March bulletin. In total, 34 people viewed the consultation survey, and 2 responses were received.

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

For full consultation results see appendix B.

Date consultation opened: March 15, 2022
Length of time consultation was open: 30-days
Date consultation closed: April 15, 2022

CONSULTATION FEEDBACK



RECOMMENDATION:

That the CRTO Council approve the Revised Application for Registration – File Closure Policy.

NEXT STEPS:

If the motion is approved, the policy will be posted on the CRTO website and communicated to members in the next ebuletin.

Appendix A: Revised Applicant for Registration – File Closure Policy

Revised Applicant for Registration – File Closure Policy

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Application for Registration – File Closure Policy

Type: Policy

Origin Date: November 29, 2013

Section: RG

Approved By Council on: December 6, 2019

Document Number: RG-426

Next Revision Date: 5 Years After Approval

1.0 POLICY STATEMENT

It is the policy of the College of Respiratory Therapists of Ontario (CRTC) that an application for registration file will remain open for up to twelve (12) months. An applicant for registration must submit all required documentation and complete all registration requirements, including payment of registration fees, within twelve (12) months of submitting their application for registration, unless the applicant is referred to the CRTC's entry-to-practice assessment process during the twelve (12) months period.

2.0 PURPOSE

The purpose of this policy is to ensure that:

- Registration decisions are based on current and relevant information; and
- The application process is transparent; so that applicants are aware of the expected application timelines at the start of the process.

3.0 APPLICABILITY & SCOPE OF POLICY

To practice Respiratory Therapy in Ontario, a person must hold a certificate of registration with the CRTC. Under *Ontario Regulation 596/94, Part VIII (Registration)*:

51. A person may apply for a certificate of registration by submitting a completed application in the form provided by the Registrar, together with the application fee.

CRTC applications are typically processed within two (2) to six (6) weeks; however, some applications may be delayed; for example, if supporting documentation is not received or the applicant delays the registration fee payment. Although the *Registration Regulation* does not specify a completion deadline, the CRTC cannot leave an application file open indefinitely, because:

- Registration policies and requirements may change;



- New issues may be identified (e.g., conduct, employment information); and
- Information submitted may become stale-dated (e.g., work permit expiry).

Applicants referred to the CRTO's entry-to-practice assessment may keep their application files open if there is evidence of progress toward meeting registration requirements. If the entry-to-practice assessment file is inactive for twelve (12) months, the CRTO will consider the application as withdrawn and the file will be closed accordingly.

APPLICATION CLOSURE

When the CRTO closes application files, the following occurs:

- Written notification of an impending file closure will be emailed to the applicant thirty (30) days before the scheduled file closure date. Upon expiration of the thirty (30) day notice period, the file will be closed.
- Once an application file has been closed, a new application must be made, and full applications fees paid for the new application.

4.0 CONTACT INFORMATION

College of Respiratory Therapists of Ontario

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Appendix B: Application for Registration File Closure Policy Consultation Survey Results

Answers to Questions

RG-426 Application for Registration File Closure Policy Consultation 2022

As of: 4/25/2022 11:13:09 AM

Page: About You

Question: Are you a...

Number Who Answered: 2

| | | |
|---|---|-------|
| Respiratory Therapist (including retired) | 2 | 100 % |
|---|---|-------|

Question: I live in...

Number Who Answered: 2

| | | |
|---------|---|-------|
| Ontario | 2 | 100 % |
|---------|---|-------|

Page: Questions

Question: 1. Is the purpose of the Application for Registration File Closure policy clear?

Number Who Answered: 2

| Yes | No |
|-------|-----|
| 2 | 0 |
| 100 % | 0 % |

Question: If no, please provide further details:

Number Who Answered: 0

Question: 2. Do you agree that the Application for Registration File Closure policy is clear and understandable?

Number Who Answered: 2

| Yes | No |
|-------|-----|
| 2 | 0 |
| 100 % | 0 % |

Question: If no, please provide further details:

Number Who Answered: 0

Question: 3. Is the Application for Registration File Closure policy free from omissions and/or errors?

Number Who Answered: 1

| Yes | No |
|-------|-----|
| 1 | 0 |
| 100 % | 0 % |

Question: If no, please provide further details:

Number Who Answered: 0

Question: 4. Does this Application for Registration File Closure policy provide you with sufficient understanding of the expectations?

Number Who Answered: 2

| Yes | No |
|-------|-----|
| 2 | 0 |
| 100 % | 0 % |

Question: If no, please provide further details:

Number Who Answered: 0

Page: Additional Comments

Question: Do you have any additional comments you would like to share?

Number Who Answered: 0

[View Details](#)

Council Briefing Note

Item # 8.7

May 27, 2022

| | |
|-------------------------|---|
| From: | <i>Kelly Arndt RRT, Coordinator, Quality Practice</i> |
| Topic: | <i>Quality Assurance Policies to go for consultation:</i> <ul style="list-style-type: none">• <i>QA – 104 Revised Deferral of Professional Development Program Requirements</i> |
| Purpose: | <i>For Final Decision</i> |
| Strategic Focus: | <i>In keeping with the CRTO's mandate, fulfilling the CPMF reporting obligations, and meeting its 2021 – 2025 Strategic Direction, this policy has been revised and refreshed due to the new CRTO Policy Framework.</i> |
| Attachment(s): | <i>Appendix A: Final Draft Deferral of Professional Development Program Requirements Policy</i> <i>Appendix B: Consultation Results</i> |
| Motion: | <i>Council approve the final draft for publication</i> |

BACKGROUND:

The College of Respiratory Therapists of Ontario (CRTO) established a [Policy Framework](#) in the Spring of 2021, which was shared with Council in June. As part of the implementation of this Framework, staff have been and are currently in the process of refreshing and revising the CRTO's existing documents to align them with the Framework in a phased approach.

PUBLIC INTEREST RATIONALE:

These policies have been revised so that the CRTO meets its mandate of acting in the interest of the public and regulating the profession of Respiratory Therapy pursuant to the regulation.

ISSUE:

The Deferral of Professional Development Program (PDP) Requirements Policy has been updated and, upon approval of the Quality Assurance Committee (QAC), will be posted for consultation.

This policy was last approved by Council on June 21, 2018 and has gone through a rigorous policy development process to ensure it is relevant and up to date. It's associated procedure was also revised. Although it has been updated to reflect the CRTO's new template, the direction and intent of the policy has not changed.

ANALYSIS:**Public Consultation**

The document was posted according to the CRTO's [public consultation process](#). A consultation survey was posted on the CRTO's website, tweeted on the CRTO Twitter account and shared with members in the March and April bulletins. In total, 48 people viewed the consultation survey, and 3 responses were received (all Respiratory Therapists).

There were no comments received and no changes were made to the Deferral of Quality Assurance Policy as a result of this feedback.

For full consultation results see appendix B.

Date consultation opened: March 15, 2022
Length of time consultation was open: 30-days
Date consultation closed: April 15, 2022

CONSULTATION FEEDBACK**48**

Viewed

3

Completed

6%% Completed
(Views vs. Completions)**RECOMMENDATION:**

It is recommended that Council approve the final draft for publication.

NEXT STEPS:

If the motion is passed, this policy will be published on the CRTO website.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Deferral of Professional Development Program Requirements

Type: Policy

Origin Date: September 22, 2006

Section: QA

Approved By Council on: June 21, 2018

Document Number: QA-104

Next Revision Date: 5 Years After Approval

1.0 POLICY STATEMENT

It is our policy to grant College of Respiratory Therapists of Ontario (CRTO) Members a temporary deferral of their Profession Development Program (PDP) requirements, provided certain defined criteria are met.

2.0 PURPOSE

The purpose of this policy is to acknowledge that exceptional circumstances may temporarily make it difficult for Members to meet their PDP obligations within the time frame specified by the CRTO.

3.0 APPLICABILITY & SCOPE OF POLICY

This policy applies to all CRTO Members who are required to complete the:

- Launch RT Jurisprudence Assessment
- PORTfolio^{OM}

Please note that deferrals for the above PDP components will not be granted to Members who have been referred to the Quality Assurance Committee (QAC) by the Registration Committee.

4.0 RESPONSIBILITIES

Member Requesting the Deferral

Members must submit deferral request in writing prior to the completion deadline.



QAC Panel

A panel of the QAC will consider each deferral request on a case-by-case basis based on the Member's deferral application.

CRTO Staff

CRTO staff will communicate the QAC panel's decision to the Member.

5.0 AUTHORITY & MONITORING

Section 80.1 of the Health Professions Procedural Code (Regulated Health Professions Act, 1991) provides the framework for the quality assurance program that healthcare regulatory bodies are required to implement and maintain. In compliance with this legislation, as well as the Quality Assurance Regulation (O. Reg. 596/94 – Part IV), the College of Respiratory Therapists of Ontario's (CRTO) Professional Development Program (PDP) exists.

6.0 CONSEQUENCES FOR NON-COMPLIANCE

The CRTO establishes timelines for completion of all PDP components, criteria for successful completion and monitors participation of CRTO Members in the PDP on an ongoing basis.

Failure to complete the PDP requirements without an approved deferral by the QAC can be considered an act of professional misconduct.

7.0 RELATED DOCUMENTS

- CRTO's [Professional Development Program Policy](#)
- [Respiratory Therapy Act, 1991](#)
- [Regulated Health Professions Act, 1991](#)
- [Schedule 2 Health Professions Procedural Code](#)
- CRTO's [Registration Currency Policy](#)

8.0 CONTACT INFORMATION

College of Respiratory Therapists of Ontario

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



College of Respiratory
Therapists of Ontario

Ordre des thérapeutes
respiratoires de l'Ontario

Deferral of PDP Requirements QA-104

Fax: 416-591-7890

General Email: questions@crto.on.ca

Appendix B: Documentation PPG Consultation Survey Results

Appendix B: Deferral of Quality Assurance Requirements Policy Consultation Survey Results

Answers to Questions QA-104 QA Deferrals Policy Consultation 2022

As of: 4/25/2022 10:20:11 AM

Page: Deferral of Quality Assurance Requirements Policy (QA-104) Background

Page: About You

Question: Are you a...

Number Who Answered: 4

| | | |
|---|---|-------|
| Respiratory Therapist (including retired) | 4 | 100 % |
|---|---|-------|

Question: I live in...

Number Who Answered: 4

| | | |
|---------|---|-------|
| Ontario | 4 | 100 % |
|---------|---|-------|

Page: Questions

Question: 1. Is the purpose of the Deferral of Quality Assurance Requirements policy clear?

Number Who Answered: 3

| Yes | No |
|-------|-----|
| 3 | 0 |
| 100 % | 0 % |

Question: If no, please provide further details:

Number Who Answered: 0

Question: 2. Do you agree that the Deferral of Quality Assurance Requirements policy is clear and understandable?

Number Who Answered: 3

| Yes | No |
|------|------|
| 2 | 1 |
| 67 % | 33 % |

Question: If no, please provide further details:

Number Who Answered: 0

Question: 3. Is the Deferral of Quality Assurance Requirements policy free from omissions and/or errors?

Number Who Answered: 3

| Yes | No |
|------|------|
| 2 | 1 |
| 67 % | 33 % |

Question: If no, please provide further details:

Number Who Answered: 0

Question: 4. Does this Deferral of Quality Assurance Requirements policy provide you with sufficient understanding of the expectations?

Number Who Answered: 3

| Yes | No |
|------|------|
| 2 | 1 |
| 67 % | 33 % |

Question: If no, please provide further details:

Number Who Answered: 0

Page: Additional Comments

Question: Do you have any additional comments you would like to share?

Number Who Answered: 0

Council Briefing Note

AGENDA ITEM # 8.8

May 27, 2022

| | |
|-------------------------|--|
| From: | <i>Kelly Arndt, Manager, Quality Practice</i> |
| Topic: | <i>Final Draft Practice Policy RG-405 Supervision</i> |
| Purpose: | <i>For Decision</i> |
| Strategic Focus: | <i>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.</i> |
| Attachment(s): | <i>Appendix A: Supervision Practice Policy Appendix B: Consultation Feedback</i> |
| Motion: | <i>Council approves the final draft for publication</i> |

PUBLIC INTEREST RATIONALE:

Ensure that Members of the College of Respiratory Therapists of Ontario (CRTO), who may be required to perform authorized acts under **supervision** according to terms, conditions, and limitations (TCLS) applied to their certificate of registration, understand their responsibilities, and perform their duties as set out in this policy.

ISSUE:

Often Members of the CRTO may be required to perform authorized acts under supervision according to the terms, conditions, and limitations (TCLs) applied to their certificate of registration. This policy is intended to provide direction for members with supervision requirements on their certificate of registration. This policy also explains the difference between direct and indirect (general) supervision requirements

BACKGROUND:

Last approved by Council in May 2021, this policy has been reviewed as part of the Policy Framework and has gone through a rigorous policy review process. It was recommended that this policy be recategorized into a Practice Policy. This policy was moved from the Registration Committee to CRTO staff, specifically the Quality Practice department, who will lead the review and revisions of this policy, and present to Council for approval.

ANALYSIS:**Public Consultation**

The document was posted according to the CRTO's [public consultation process](#). A consultation survey was posted on the CRTO's website, tweeted on the CRTO Twitter account and shared with members in the March and April bulletins. In total, 43 people viewed the consultation survey, and 2 responses were received (all Respiratory Therapists).

There were no comments received and no changes were made to the Supervision Professional Practice Policy as a result of this feedback.

For full consultation results see appendix B.

Date consultation opened: March 15, 2022

Length of time consultation was open: 30-days

Date consultation closed: April 15, 2022

CONSULTATION FEEDBACK**43**

Viewed

1

Completed

2%% Completed
(Views vs. Completions)**RECOMMENDATION:**

It is recommended that Council approve the final draft for publication.

NEXT STEPS:

If the motion is passed, this policy will be published on the CRTO website.

Appendix 1: Public Interest Rationale

The visual below is provided as a resource in the Ministry of Health's College Performance Measurement Framework Reporting Tool (December 2020).

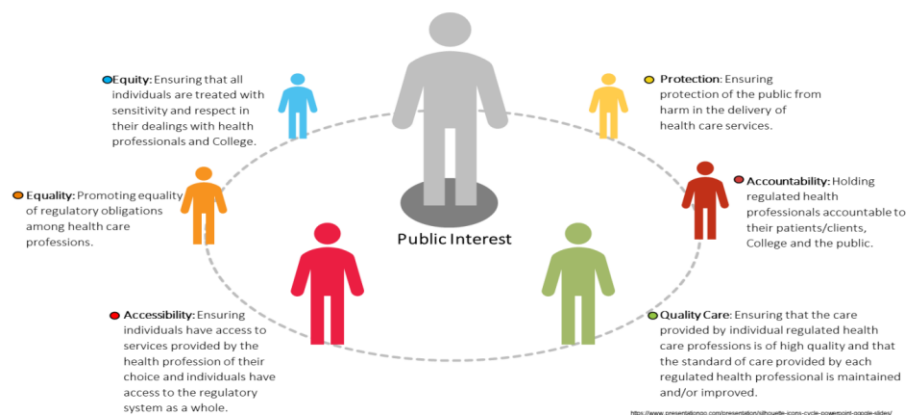
College Performance Measurement Framework (CPMF) Reporting Tool

December 2020

Appendix A: Public Interest

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

PUBLIC INTEREST in the context of the College Performance Measurement Framework



COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Supervision

Type: Practice Policy

Origin Date: September 17, 2004

Section: PP

Approved By Council on: May 25, 2012

Document Number: PP-Supervision-405

Next Revision Date: 5 Years After Approval

1.0 POLICY STATEMENT

It is the College of Respiratory Therapists of Ontario's (Certo) policy that Members who may be required to perform authorized acts under **supervision** according to terms, conditions, and limitations (TCLS) applied to their certificate of registration perform their duties as set out in this policy.

2.0 PURPOSE

Respiratory Therapists (RT) may be required to provide supervision to student RT's (SRT), graduate RT's (GRT) and Members of the profession that have TCL's, in the performance of authorized controlled acts as outlined in the Interpretation of Authorized Acts. It is a shared accountability between the supervisor and the supervisee to ensure that the supervision requirement is met (direct or indirect), documentation is accurate, and that the performance of the authorized act is done competently. Safe and effective patient care is the priority in all supervisory situations.

3.0 APPLICABILITY & SCOPE OF POLICY

This policy applies to all individuals who hold an active certificate of registration with the Certo. Members must understand that there are two types of supervision requirements.

1. **Direct:** Direct supervision requires the supervisor to be always personally present. It is required if a panel of the Registration Committee imposes the condition that an RT "may only perform a controlled act, authorized to Respiratory Therapy, for the purpose of gaining competence in that procedure if performed under the **direct supervision** of a regulated health professional who is authorized to perform the controlled act."

An example of **direct supervision** would be a supervising RT, physically observing and guiding the performance of arterial blood gas procurement by a RT with the TCL as outlined in the example above. Documentation (as detailed in Responsibilities below) must reflect that it was performed under direct supervision, with the RT co-signing.

2. **Indirect (General):** General supervision requires that a supervisor be available within 10 minutes notice to assist if needed, A Member registered with a Graduate Certificate of Registration (GRT) “may only perform a controlled act that is authorized to the profession if it is performed under the **general supervision** of a Member of a College within the meaning of the *Regulated Health Professions Act, 1991* who, the Member holding the graduate certificate has reasonable grounds to believe, is authorized to perform the controlled act and is competent to do so and who is available to be personally present¹ at the site where the authorized act is performed on ten minutes notice”.

An example of **indirect (general) supervision** would be a GRT applying CPAP to a new patient/client while the supervising RRT (Registered Respiratory Therapist) is available in person or virtually, within 10 minutes, to assist the procedure.

Although students are not Members of the CRTO, according to an exception in RHPA (section 29), they are permitted to perform authorized acts under the **supervision or direction** of a Member of the profession while fulfilling the requirements to become a Member of that health profession.

4.0 RESPONSIBILITIES

The degree or type of supervision deemed necessary is in part the professional responsibility and judgment of the Member who is providing the supervision or direction required. As a full Member² of the CRTO the supervisor also assumes some responsibilities as an educator. However, a Member who is practicing Respiratory Therapy (including controlled acts) is accountable for their practice and adhering to the TCLs imposed on their certificate of registration. Students are also accountable for their practice and to their academic program.

When assigning care, the supervising RT must:

¹ In emergency situations (e.g., pandemics) “personally present” includes by remote/virtual connection.

² Full Member who holds a General Certificate of Registration without any terms, conditions, or limitations.

- assign only activities that they have the knowledge, skill, and judgement to perform.
- ensure that the supervised person has the knowledge, skill, and judgement to deliver safe and competent care.

DOCUMENTATION

Where a student or Member is performing procedures under direct supervision, the Member or student must document in the patient/client's health record that they have performed the procedure(s) under "direct supervision". It is the responsibility of the Member or student carrying out the procedure(s) to ensure complete documentation of the patient contact in the patient/client record. This includes having the supervisor co-sign the entry in the patient/client record. Remember that anyone reading the documentation must clearly be able to identify that the requirements of "direct supervision" have been met. Also, keep in mind that the Member/student's signature and that of the co-signing supervisors verifies the information provided and gives assurance that the record of the activity, assessment, behaviour, or procedure is accurate and complete. Procedures performed under general supervision are not co-signed by the supervisor.

5.0 RELATED DOCUMENTS

- [Registration & Use of Title \(crto.on.ca\)](http://crto.on.ca)
- [Regulated Health Professions Act, 1991, S.O. 1991, c. 18 \(ontario.ca\)](#)
- [Interpretation of Authorized Acts](#)

6.0 CONTACT INFORMATION

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College of Respiratory
Therapists of Ontario

Ordre des thérapeutes
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Section & Document Number Here

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Appendix B: Supervision Professional Practice Policy Consultation Survey Results

Answers to Questions Supervision Policy Consultation 2022

As of: 4/25/2022 11:05:00 AM

Page: About You

Question: Are you a...

Number Who Answered: 2

| | | |
|---|---|-------|
| Respiratory Therapist (including retired) | 2 | 100 % |
|---|---|-------|

Question: I live in...

Number Who Answered: 2

| | | |
|---------|---|-------|
| Ontario | 2 | 100 % |
|---------|---|-------|

Page: Questions

Question: 1. Is the purpose of the Supervision professional practice policy clear?

Number Who Answered: 1

| Yes | No |
|-------|-----|
| 1 | 0 |
| 100 % | 0 % |

Question: If no, please provide further details:

Number Who Answered: 0

Question: 2. Do you agree that the Supervision professional practice policy is clear and understandable?

Number Who Answered: 1

| Yes | No |
|-------|-----|
| 1 | 0 |
| 100 % | 0 % |

Question: If no, please provide further details:

Number Who Answered: 0

Question: 3. Is the Supervision professional practice policy free from omissions and/or errors?

Number Who Answered: 1

| Yes | No |
|-------|-----|
| 1 | 0 |
| 100 % | 0 % |

Question: If no, please provide further details:

Number Who Answered: 0

Question: 4. Does this Supervision professional practice policy provide you with sufficient understanding of the expectations?

Number Who Answered: 1

| Yes | No |
|-------|-----|
| 1 | 0 |
| 100 % | 0 % |

Question: If no, please provide further details:

Number Who Answered: 0

Page: Additional Comments

Question: Do you have any additional comments you would like to share?

Number Who Answered: 0

Council Briefing Note

AGENDA ITEM # 8.9

May 27, 2022

| | |
|-------------------------|--|
| From: | <i>Carole Hamp, RRT, Registrar and CEO</i> |
| Topic: | <i>RG-421 Public Register – Notations of Suspension/Revocation of a Certificate of Registration Policy Rescinded & Archived</i> |
| Purpose: | <i>For Decision</i> |
| Strategic Focus: | <i>That the CRTC meets and fulfills its Mission Statement and remains current with legislation, Member's obligations, and the public's expectations</i> |
| Attachment(s): | <i>Appendix A: Public Register – Notations of Suspensions/Revocation of a Certificate of Registration Policy Appendix B: Public Register Fact Sheet</i> |
| Motion: | <i>It is recommended that the CRTC Council approves the RG-421 Public Register – Notations of Suspension/Revocation of a Certificate of Registration Policy, to be rescinded and archived.</i> |

PUBLIC INTEREST RATIONALE:

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

ISSUE:

During the policy review process, guided by the policy framework, it has been determined that the authority of the Public Register – Notations of Suspension/Revocation of a Certificate of Registration Policy is stated in multiple places (in the Code under sections 23(2)13, 23(5) and 23(7)) and the CRTC By-law 3: Membership 2.09. Furthermore, some of its provisions are not consistent with the current practice or the expectations of the Code and the CRTC By-law 3. For these reasons, it is recommended that the policy be rescinded and archived to increase clarity and avoid potential discrepancies between guiding documents.

BACKGROUND:

Below is a brief rationale on The Public Register – Notations of Suspension/Revocation of a Certificate of Registration Policy recommended to be rescinded & archived:

The policy is intended to ensure that the Public Register of Members contains a notation of every revocation or suspension of a certificate of registration. It also highlights that the Registrar is authorized to apply discretion in refusing to disclose information on the CRTC's website if the Registrar has reasonable grounds to believe that the information is obsolete and no longer relevant to the Member's suitability to practice.

In addition, the policy specifies that notifications of previous (administrative) suspensions and/or revocations are not publicly available on the grounds that this information is not relevant to the Member's suitability to practice. However, this is not consistent with the current practice or the expectations of the Code and the CRTC By-law 3: Membership. The CRTC's Register displays all current and past suspensions and revocations, including those that were imposed for administrative reasons.

The Public Register Fact Sheet was also reviewed and updated with the correct By-law references. Some of the information was reorganized to help clarify that the Register includes notations of every revocation or suspension of a certificate of registration or authorization (not only those related to members' professional conduct).

RECOMMENDATION:

It is recommended that the CRTC Council approves the Public Register – Notations of Suspensions/Revocation of a Certificate of Registration Policy, as outlined above, to be rescinded and archived.

NEXT STEPS:

If the motion is approved the policy will be archived internally.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Title: **Public Register – Notations of Suspension/Revocation of a Certificate of Registration**

Date originally approved:
September 23, 2011

Number: **RG-Notation of Suspension/Revocation-421**

Date(s) revision approved:
N/A

POLICY

Paragraph 23(2)9 of the *Regulated Health Professions Act* requires that the Register of members contains a *notation of every revocation or suspension of a certificate of registration*.

In addition, any information related to revocations and suspensions must be available to an individual during normal business hours, and *shall be posted on the College's website in a manner that is accessible to the public* (ss. 23(5)).

However, subsection 23(7) gives *the Registrar* some discretion in refusing to disclose to an individual or to post on the College's website information that is available to the public under subsection 23(5), *if the Registrar has reasonable grounds to believe that the information is obsolete and no longer relevant to the member's suitability to practise*.

Notifications of previous (administrative) suspensions and/or revocations related to failure to renew membership (i.e., non-payment of fees or submission of annual renewal form) are kept on file on the CRO database. However, the College does not make this information publicly available under section 23(5) on the grounds that this information is not relevant to the member's suitability to practice.

Although information related to previous administrative suspensions and/or revocations is not available to the public, all information related to current suspensions and/or revocations is public and posted on the CRO website.

Overview

The CRTO must provide certain information about Respiratory Therapists on the public register.

In order to fulfill its mandate of public protection, transparency, and accountability, the CRTO must ensure that the public register contains information about its membership as set out in legislation and the CRTO By Laws.

The purpose of this Fact Sheet is to specify information that must be on the public register. The listed requirements of the public register are categorized in relation to registration, professional conduct, and miscellaneous items.

For a complete list of information required of the public register, please refer to the *Regulated Health Professions Act, 1991 (RHPA)* being Schedule 2 of the *Health Professions Procedural Code* (the *Code*) and CRTO By-Law [3: Membership 25-2019](#). Additional information can be obtained by speaking directly with a CRTO staff member.

Contents of the Register under the *Health Professions Procedural Code* (the *Code*) and the CRTO By-Law [3: Membership 25-2019](#)

Registration

The public register of an individual registered with the CRTO must contain the following information:

- The Member's name and if there have been any changes to the Member's name since the date of the Member's initial application for registration, the former name(s) of the Member.
- The name, address, and telephone number of every employer that the ~~member~~ Member is employed as a respiratory therapist.

If the ~~member~~ Member is self-employed as a respiratory therapist, the address and telephone number of every location where the ~~member~~ Member practices other than addresses of individual clients.

- For each practice location, the area of practice identified by the Member as their "main area of practice".
- The name, business address and business telephone number of every health profession corporation, the name of every health profession corporation of which the ~~member~~ Member is a shareholder.



Public Register Fact Sheet

- Each Member's class of registration, ~~specialist status~~, and the date on which the Member's current certificate was issued and cessation or expiration date.
- The Member's registration number and current registration status.
- The language(s) in which the Member is able to provide respiratory therapy services.
- The terms, conditions and limitations that are in effect on each certificate of registration.
- A notation of every revocation or suspension of a certificate of registration or authorization.
- Where the Member's certificate of registration is subject to a suspension for failure to pay a fee or failure to complete ~~his or her~~their registration renewal, the reason for the suspension and the date of the suspension in addition to the fact of the suspension.

Professional Conduct

Certain information regarding the conduct or actions of a Member must be included on the CRTO's public register as outlined in the *Health Professions Procedural Code* and *CRTO By-Laws*. This includes:

- Where the Member's certificate of registration is subject to an interim order (e.g., terms, conditions, limitations, or suspension), a notation of that fact, the nature of the order and the date that the order took effect.
- Information regarding registration with any other body that governs a profession, including disciplinary findings, whether inside or outside of Ontario made after January 1, 2016.
- A notation of every caution that a ~~member~~Member has received from a panel of the Inquiries, Complaints and Reports Committee and any specified continuing education or remedial programs required by a panel of the Inquiries, Complaints and Reports Committee.
- A notation of every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee and that has not been finally resolved, including the date of the referral and the status of the hearing before a panel of the Discipline Committee, until the matter has been resolved.
- A copy of the specified allegations against a ~~member~~Member for every matter that has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee that has not been finally resolved.
- Every result of a disciplinary or incapacity proceeding.
- Where findings of the Discipline Committee are appealed, a notation that they are under appeal, until the appeal is finally disposed of.

Public Register Fact Sheet

- A notation and synopsis of any acknowledgements and undertakings in relation to matters involving allegations of professional misconduct or incompetence before the Inquiries, Complaints and Reports Committee or the Discipline Committee that a ~~member~~ Member has entered into with the CRTC and that are in effect.
- A notation of every finding of professional negligence or malpractice, which may or may not relate to the ~~member's~~ Member's suitability to practise, made against the ~~member~~ Member, unless the finding is reversed on appeal.
- ~~A notation of every revocation or suspension of a certificate of registration or authorization.~~
- Information that a panel of the Registration Committee, Discipline Committee or Fitness to Practise Committee specifies will be included.
- Where, during or as a result of a proceeding, a ~~member~~ Member has resigned and agreed never to practise again in Ontario, a notation of the resignation and agreement.

A Member of the CRTC is obligated to report offences, charges, and findings under numerous legislations in Ontario. The following must be included on a ~~member's~~ Member's public register:

- Where a Member has been charged with an offence on or after January 1, 2016 under the *Criminal Code of Canada*, or under the *Health Insurance Act*, or under the *Controlled Drugs and Substances Act (Canada)*, or any other offence that relates to the Member's suitability to practice, the fact and content of the charge and, where applicable bail conditions and, where known the date and outcome of the charge(s).
- Information about a finding by a court made after January 1, 2016 that the Member has been found guilty of an offence under the *Criminal Code of Canada*, or under the *Health Insurance Act*, or under the *Controlled Drugs and Substances Act (Canada)*, or any other offence that relates to the Member's suitability to practise, including:
 - i. the date and a summary of the finding,
 - ii. the date and the sentence imposed, if any, and
 - iii. where the finding is under appeal, a notation to that effect;

Miscellaneous

- Any information jointly agreed to be placed on the register by the CRTC and the Member.
- The name and location of practice, if known, of individuals reported to the CRTC for holding themselves out as respiratory therapists or as qualified to practise as a respiratory therapist or in a specialty of respiratory therapy, in accordance with S.9 of the *Respiratory Therapy Act*,



Public Register Fact Sheet

1991.

- Where a ~~member~~ Member is deceased, the name of the deceased ~~member~~ Member and the date upon which the ~~member~~ Member died, if known to the Registrar.

Resources

- [Section 23\(2\) of the Regulated Health Professions Act, 1991 \(RHPA\) being Schedule 2 of the Health Professions Procedural Code \(the Code\)](#)
- [CRO By-Law 3 ~~25-2019~~](#)

Contact Information

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