

CRTO COUNCIL MEETING AGENDA

May 28, 2021

10:00 am to 1:00 pm

Zoom Video Conference

Time	Item	Agenda	Page No.	Speaker / Presenter	Action	Strategic Focus
1000	1.0	Introduction and Guests		Allison Chadwick		
	2.0	Approval of Council Agenda		Allison Chadwick	Decision	Governance & Accountability
	3.0	Strategic Issues				
1000	3.1	Financial Audit 2019-2020 (Lanjuan Wang from Hilborn to join meeting)*	4 - 36	Allison Chadwick	Decision	Governance & Accountability
	3.2	Appointment of Auditor for 2021-2022	37 - 48	Allison Chadwick	Decision	Governance & Accountability
	3.3	Annual Report 2020-2021	49 - 74	Janice Carson	Decision	Governance & Accountability
	4.0	Operational & Administrative Issues				
1030	4.1	Registrar's Report	75 - 78	Carole Hamp	Information	Core Business Practices
	4.2	Financial Statements	79- 83	Carole Hamp	Information	Core Business Practices
	4.3	Investment Portfolio	84 - 86	Carole Hamp	Information	Core Business Practices
	4.4	Membership Statistics	87	Lisa Ng	Information	Core Business Practices
1100	4.5	Revised Commitment to Ethical Practice – Final Approval	88 - 130	Kelly Arndt	Decision	Core Business Practices
	4.6	Use of Social Media by RTs Fact Sheet	131 - 134	Kelly Arndt	Information	Core Business Practices
	4.7	Office of the Fairness Commissioner – Submission 2020/2021	135 - 153	Lisa Ng	Information	Governance & Accountability
	5.0	Consent Agenda Items				
1130	5.1	Minutes from March 05, 2021, April 17, 2021 & May 1, 2021	154 - 167	Consent Agenda: One Decision for Entire Consent Package		
	5.2	Executive Committee Report	168	Allison Chadwick		Governance & Accountability



	5.3	Registration Committee Report*	169 - 170	Kim Morris		Governance & Accountability
	5.4	Quality Assurance Committee Report	171	Rhonda Contant		Governance & Accountability
	5.5	Patient Relations Committee Report	172	Michelle Causton		Governance & Accountability
	5.6	Inquiries, Complaints and Reports Committee Report*	173 - 175	Jeff Earnshaw		Governance & Accountability
	5.7	Discipline Committee Report	176	Lindsay Martinek		Governance & Accountability
	5.8	Fitness to Practise Committee Report	177	Lindsay Martinek		Governance & Accountability
	6.0	Committee Items Arising				
1200	6.1	Executive Committee Items:				
	6.1.1	Ratify Executive's Appointment of an Acting Registrar	178 - 179	Allison Chadwick	Decision	Governance & Accountability
	6.2	Registration Committee Items:				
		No items for this meeting		Kim Morris		Governance & Accountability
	6.3	Quality Assurance Committee Items:				
	6.3.1	Revised QAC Goals & Terms of Reference	180 - 189	Rhonda Contant	Decision	Governance & Accountability
	6.4	Patient Relations Committee Items:				
		No items for this meeting		Michelle Causton		Governance & Accountability
	6.5	Inquiries, Complaints & Reports Committee Items:				
		No items for this meeting		Jeff Earnshaw		Governance & Accountability
	6.6	Discipline & Fitness to Practise Committees Items:				
		No items for this meeting		Lindsay Martinek		Governance & Accountability
	7.0	Legislative and General Policy Issues				
1230	7.1	Overview of New Policy Framework	190 - 217	Carole Hamp	Information	Core Business Practices
	7.2	Revised Accessibility Standards Policy	218 - 228	Janice Carson	Decision	Core Business Practices
	7.3	Reinstatement of Former Members Found Guilty of Sexual Abuse - Policy to Fact Sheet	229 - 234	Shaf Rahman Sophia Rose	Decision	Core Business Practices



8.0 Other Business

9.0 Next Meeting - Council: September 24, 2021

10.0 Adjournment

Open Forum

***College of Respiratory Therapists of Ontario
Audit Findings Communication for the year
ended February 28, 2021***

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, 2021.

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 Executive Committee 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 CAS 260, *Communication with those Charged with Governance*. The information in this document is intended solely for the use of the Executive Committee, the Council and management and should not be distributed to others without our consent.

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



Lanjun Wang, CA, CPA, MBA
Partner
Hilborn LLP
May 3, 2021

**“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
Appendix A – Draft auditor's report	A
Appendix B – Management Representation Letter	B

Your client service team

Lanjun Wang, Engagement Partner
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Joy Lee, Supervisor
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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, 2021, with the exception of the following procedures:

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

These procedures need to be completed before we can 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.



Independence

We are independent. We have complied with 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 February 28, 2021.

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 February 28, 2021. 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
Objectivity and familiarity threats	<ul style="list-style-type: none"> - Independent quality control review - Emphasis on exercising professional skepticism throughout the audit by the engagement Partner. 	Provides an objective evaluation of the significant judgments made and the conclusions reached by the engagement team.
Provision of non-assurance services	<ul style="list-style-type: none"> - We obtain pre-approval of all services from management and the Executive Committee. - 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
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.	<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.
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.	<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.
Financial statement disclosure and presentation	<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 than the note related to the global pandemic.

Other Significant Matters

In accordance with Canadian Auditing Standards, there are a number of communications that are required in connection with an audit relevant to those charged with governance’s 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	<p>No fraud or non-compliance with laws and regulations came to our attending during the course of the audit.</p> <p>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.</p>

Significant Matter	Discussion
Significant difficulties encountered	No difficulties were encountered while performing the audit and there are no unresolved disagreements. We received full cooperation from management during our audit.
Related party transactions	We did not identify any related parties.
Subsequent events	No subsequent events, which would impact the financial statements have come to our attention.

APPENDIX A

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, 2021, 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, 2021, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

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

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

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

Independent Auditor's Report (continued)

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

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

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

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

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

Toronto, Ontario
Date to be determined

Chartered Professional Accountants
Licensed Public Accountants

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, 2021, 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, 2021.

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
Date 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, 2021, for the purpose of expressing a conclusion as to whether the financial statements are presented fairly, in all material respects, in accordance with Canadian accounting standards for not-for-profit organizations.

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

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

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

Financial Statements

1. We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated February 28, 2021.
2. The financial statements referred to above comprise the balance sheet as at February 28, 2021, 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, 2021, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

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

Going Concern

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

Completeness of Information

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

Fraud and Error

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

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

Recognition, Measurement and Disclosure

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

25. There have been no events subsequent to the date of the financial statements through to the date of this letter that would require recognition 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, 2021 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

Mr. Kevin Taylor, Registrar



LISTENERS. THINKERS. DOERS.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO
FINANCIAL STATEMENTS
YEAR ENDED FEBRUARY 28, 2021

Independent Auditor's Report	Page 1 to 2
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Statement of Operations	4
Statement of Changes in Net Assets	5
Statement of Cash Flows	6
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INDEPENDENT AUDITOR'S REPORT

To the Council of the College of Respiratory Therapists of Ontario

Opinion

We have audited the financial statements of the College of Respiratory Therapists of Ontario (the "College"), which comprise the balance sheet as at February 28, 2021, 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, 2021, 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 these 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 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

Chartered Professional Accountants
Licensed Public Accountants

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

BALANCE SHEET

AS AT FEBRUARY 28, 2021

	2021	2020
ASSETS		
Current assets		
Cash	\$ 1,861,867	\$ 1,711,246
Investments held for operating (note 3)	237,614	215,136
Prepaid expenses	95,988	54,271
	2,195,469	1,980,653
Non-current assets		
Investments held for reserves (note 3)	1,030,000	1,030,000
Capital assets (note 4)	148,443	198,469
	1,178,443	3,209,122
	3,373,912	3,209,122
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities	143,339	86,608
Deferred revenue - registration fees (note 1)	1,820,400	1,956,266
Obligation under a capital lease - current portion (note 7)	7,636	10,333
	1,971,375	2,053,207
Non-current liability		
Obligation under a capital lease - current portion (note 7)	39,870	50,517
	2,011,245	2,103,724
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	208,334	300,000
Unrestricted		
Operating fund	424,333	75,398
	1,362,667	1,105,398
	\$ 3,373,912	\$ 3,209,122

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, 2021

	2021	2020
Revenues		
Registration and renewal fees	\$ 2,341,030	\$ 2,155,554
Application fees (note 9)	-	16,740
Investment income (note 6)	23,172	40,132
	2,364,202	2,212,426
Expenses		
Salaries and benefits	1,190,961	1,044,204
Office operations		
Rent	210,253	154,349
All other - operations	198,569	200,686
Quality assurance portfolio and standards assessment	43,795	66,051
Depreciation (note 4)	49,610	75,436
Professional fees	132,525	94,972
Bank, credit card charges and interest (note 7)	76,935	74,785
Staff travel	3,207	11,547
Stationery and office supplies	12,761	15,446
Equipment maintenance and rental	1,985	1,102
Telephone	13,638	11,208
Postage and delivery	8,616	11,943
Minor equipment and software purchases	25,442	9,791
Printing	9,239	9,792
Insurance	5,556	5,234
	792,131	742,342
Council and committee		
Travel, accommodation and meals	3,437	19,664
Per diem	28,348	35,798
Other meeting expenses	290	5,239
Education and training	100	1,471
	32,175	62,172
Special Projects		
Scope of practice	91,666	84,129
	2,106,933	1,932,847
Total operating expenses		
	2,106,933	1,932,847
Excess of revenues over expenses for the year	\$ 257,269	\$ 279,579

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, 2021

	Abuse Therapy Fund	General Contingency Reserve Fund	General Investigations and Hearings Fund	Special Projects 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

	Abuse Therapy Fund	General Contingency Reserve Fund	General Investigations and Hearings Fund	Special Projects Reserve	Operating Fund	2020 Total
Balance - at beginning of year	\$ 50,000	\$ 500,000	\$ 150,000	\$ 345,173	\$ (219,354)	\$ 825,819
Excess of revenues over expenses for the year	-	-	-	-	279,579	279,579
	50,000	500,000	150,000	345,173	60,225	1,105,398
Inter-fund transfers representing Special projects expenses during the year	-	-	-	(84,129)	84,129	-
Allocation from Operating fund	30,000	-	-	38,956	(68,956)	-
Balance - at end of year	\$ 80,000	\$ 500,000	\$ 150,000	\$ 300,000	\$ 75,398	\$ 1,105,398

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, 2021

	2021	2020
Cash flows from operating activities		
Cash received from registration and application fees	\$ 2,205,164	\$ 2,222,741
Interest received	28,911	41,853
Cash paid to employees and suppliers	(2,032,799)	(2,002,108)
Interest paid on capital lease obligation	(1,710)	(710)
	199,566	261,776
Cash flows from financing activity		
Repayment of capital lease obligation	(13,345)	(8,304)
Proceeds from capital lease obligation	-	60,850
	(13,345)	52,546
Cash flows from investing activities		
Redemption/disposal of investments	1,094,054	938,379
Purchase of investments	(1,122,272)	(957,772)
Purchase of furniture and equipment	(7,382)	(115,717)
	(35,600)	(135,110)
Change in cash during the year	150,621	179,212
Cash - at beginning of year	1,711,246	1,532,034
Cash - at end of year	\$ 1,861,867	\$ 1,711,246

The accompanying notes are an integral part of these financial statements

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED FEBRUARY 28, 2021

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:

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 counselling 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.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED FEBRUARY 28, 2021

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

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.

Financial Instruments

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.

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 (a) 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 (b) the amount that could be realized by selling the financial at the balance sheet date.

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.

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.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED FEBRUARY 28, 2021

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

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 $\frac{1}{3}$ %
Software - mobile app	- 33 $\frac{1}{3}$ %
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 2021 or 2020.

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. Amounts invested in capital assets are net of the outstanding capital lease obligations.

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.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED FEBRUARY 28, 2021

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.

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.

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 risks

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

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED FEBRUARY 28, 2021

3. INVESTMENTS

Details of investments are as follows:

	2021	2020
Guaranteed Investment Certificates and Treasury Bills		
Equitable Bank - Guaranteed Investment Certificate at 1.25%, due December 11, 2023	\$ 100,276	\$ -
Canadian Western Bank - Guaranteed Investment Certificate at 1.25%, due December 9, 2023	100,276	-
Haventree Bank - Guaranteed Investment Certificate at 0.97%, due October 31, 2022	47,467	-
Home Trust - Guaranteed Investment Certificate at 0.90%, due October 31, 2022	36,710	-
Industrial and Commercial Bank of China - Guaranteed Investment Certificate at 0.85%, due October 31, 2022	46,111	-
Home Trust - Guaranteed Investment Certificate at 1.18%, due June 30, 2022	63,649	-
Haventree Bank - Guaranteed Investment Certificate at 2.34%, due June 7, 2021	53,087	51,873
HSBC - Guaranteed Investment Certificate at 1.75%, due April 30, 2021	101,458	-
Canadian Imperial Bank of Commerce - Guaranteed Investment Certificate at 0.75%, due April 26, 2021 (1.65%, due April 24, 2020 - 2020)	497,747	493,407
Canadian Imperial Bank of Commerce - Guaranteed Investment Certificate at 2.18%, due December 7, 2020	-	201,010
Concentra Bank - Guaranteed Investment Certificate at 2.70%, due June 29, 2020	-	62,259
Equitable Bank - Guaranteed Investment Certificate at 2.38%, due April 27, 2020	-	73,705
Versabank - Guaranteed Investment Certificate at 2.39%, due April 27, 2020	-	73,711
Canadian Western Bank - Guaranteed Investment Certificate at 2.37%, due April 26, 2020	-	73,702
	1,046,781	1,029,667
Mutual funds		
Renaissance High Interest Savings Account	118,495	113,599
CIBC High Interest Savings Account	102,338	101,870
	220,833	215,469
	1,267,614	1,245,136
	2021	2020
Investments held for operating	237,614	215,136
Investments held for reserves	1,030,000	1,030,000
	\$ 1,267,614	\$ 1,245,136

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED FEBRUARY 28, 2021

3. INVESTMENTS (continued)

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:

	<i>Cost</i>	<i>Accumulated Depreciation</i>	<i>Net Book Value 2021</i>
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	-
	\$ 865,520	\$ 717,077	\$ 148,443

	<i>Cost</i>	<i>Accumulated Depreciation</i>	<i>Net Book Value 2020</i>
Office furniture and equipment	\$ 68,394	\$ 67,493	\$ 901
Office equipment under capital lease	60,850	-	60,850
Computer equipment and software	31,458	30,045	1,413
Database	459,128	331,620	127,508
Software - mobile app	92,230	84,433	7,797
Leasehold improvements	153,876	153,876	-
	865,936	667,467	198,469

Total depreciation of \$49,610 and (\$75,436 - 2020) has been included in the Statement of Operations. Depreciation of the office equipment under capital lease was \$6,085 (\$12,140 - 2020).

At the end of the 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.

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.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED FEBRUARY 28, 2021

6. INVESTMENT INCOME

Investment income is comprised of the following:

	2021	2020
Interest income	\$ 22,181	\$ 36,714
Distributions from mutual funds	991	3,418
	\$ 23,172	\$ 40,132

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:

	2021	2020
Opening balance	\$ 66,239	\$ 34,327
Less: payments made during the year and balance written off	(15,054)	(34,327)
Add: lease obligation on equipment acquired	-	66,239
	51,185	66,239
Less: amount representing future interest rate at 3%	(3,679)	(5,389)
Balance of obligation	47,506	60,850
Current portion	7,636	10,333
Long term portion	\$ 39,870	\$ 50,517

During the year, interest paid on the capital lease obligation was \$1,710 (\$710 - 2020).

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:

Fiscal year	2022	\$ 110,461
	2023	113,463
	2024	114,664
	2025	100,556
		\$ 439,144

In addition, the College is responsible for its share of annual operating costs and realty taxes on the premises, which in 2021 amounted to approximately \$86,000 (\$83,000 - 2020).

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED FEBRUARY 28, 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.

10. COMPARATIVE FIGURES

Certain comparative figures in the balance sheet and statements of operations and changes in net assets have been reclassified to conform with the presentation adopted in the current year.



To: Council

From: Executive Committee

Date: May 28, 2021

Subject: Appointment of External Auditor

RECOMMENDATION:

It is recommended that Council re-appoint Hilborn LLP as the CRTO's external auditor for 2021-2022.

Background / Rationale		
<p>As part of the audit process, the Executive Committee completed an assessment of Hilborn LLP as our external auditor. The assessment consisted of the Executive Committee considering the following areas:</p> <ul style="list-style-type: none">• Independence, Objectivity & Professional Skepticism• Communication and Interaction with the External Auditor• Quality of Service Considerations <p>Attached is the tool used by the Executive Committee.</p>		
Key Questions / Discussion (please provide a summary of discussion where applicable)	Yes	No
<p>1. Problem Identification</p> <p>a) Do we fully understand the context of the problem?</p> <p>b) Is the proposed activity related to the profession of respiratory therapy?</p> <p>c) Is the proposed activity plan aligned with the CRTO's strategic directions and statutory mandate?</p> <p>Discussion:</p>		

<p>2. Outcome Focused</p> <p>a) Is the proposed activity in the public interest?</p> <p>b) Is the proposed activity consistent with current policies / positions?</p> <p>c) Will the solution be clearly understood and transparent to stakeholders?</p> <p>Discussion:</p>		
<p>3. Risk Management</p> <p>a) Does the proposed activity address new risk not currently being managed by other means?</p> <p>b) Are there risks to intervening? <i>Consider impact on public, profession, CRTO's reputation</i></p> <p>c) Are there risks to not intervening? <i>Consider impact on public, profession, CRTO's reputation</i></p> <p>Discussion:</p>		
<p>4. Impact Assessment</p> <p>a) Will the proposed activity have an impact on the CRTO's resources (positive or negative)? <i>Consider costs vs benefit</i></p> <p>Discussion:</p>		



Annual Assessment of the External Auditor for the CROTO

Introduction

The Executive Committee of the College of Respiratory Therapists of Ontario (CROTO) 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 Goals

The annual assessment should appraise three (3) key factors:

- *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?
- *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?
- *Quality of communications and interactions with the external auditor* – Are the communications with the external auditor (written and oral) clear? Is the auditor open and frank, particularly in areas of significant judgements and estimates or when initial views differ from management?

Assessment Elements

The assessment will consist of the following elements:

1. Survey(s) distributed to the Office and Finance Manager and/or the Registrar
2. Executive Committee Analysis
3. Observation of the auditor's performance during Executive Committee meetings
4. Discussions with the auditor (as required)
5. Any other elements/processes deemed necessary by the Executive Committee
6. Recommendation report prepared for Council (staff support will be provided for this)
7. Report to Council

1. Obtain Input from College Personnel

Independence, Objectivity & Professional Skepticism

The external auditor demonstrates integrity, objectivity and professional skepticism (e.g. by maintaining a respectful but questioning approach throughout the audit).

The external auditor demonstrates independence (e.g. by proactively discussing independence matters and reporting exceptions to its compliance with independence requirements).

Significant differences in views, if any, between management and the external auditor were solved appropriately.

There are no concerns about the relationship between the external auditor and College personnel that might affect the external auditor's independence, objectivity or professional skepticism.

Quality of Auditor and Audit Staff

The technical competence and ability of the external auditor were able to translate knowledge into practice (e.g. by using technical knowledge and independent judgement to provide realistic analysis of issues and by providing appropriate levels of competence cross the team).

The external auditors demonstrated an understanding of our business and industry (e.g. by demonstrating an understanding of our specific business risks, processes, systems and operations).

Resources were sufficiently assigned by the external auditor to complete work in a timely manner (e.g. by providing access to specialized expertise during the audit and assigning additional resources to the audit as necessary to complete work in a timely fashion).

Communication and Interaction with the External Auditor

The dialogue between the auditor and management was candid and complete.

The auditor adequately explained accounting and auditing issues.

The relationship with the external auditor contributed to personnel's ability to produce reliable financial reporting during the assessment period.

Quality of Service Considerations

The external auditor completed the audit in a timely fashion.

The external auditor kept management informed about the progress of the audit and any difficulties encountered.

The auditor and audit team maintained a respectful and professional attitude during the audit.

The external auditor was proactive in identifying information requirements and timely in requesting information from management.

2. Executive Committee Analysis

Independence, Objectivity & Professional Skepticism

The external auditor confirmed their independence or informed the Executive Committee about matters that might reasonably be thought to compromise their independence.

The auditor and/or audit staff exhibited the values, ethics and attitudes necessary to support a quality audit.

The Executive Committee was made aware of any significant differences in views, if any, between management and the external auditor.

The audit firm has identified potential institutional familiarity threats and has taken steps to address them.

Issues which could bring the external auditor's independence into question, if any, were disclosed to the Executive Committee.

Communication and Interaction with the External Auditor

How candid and complete was the dialogue between the auditor, Executive Committee and/or Executive Committee Chair? (e.g. the auditor explained accounting and auditing issues where required).

How would you assess the external auditor's discussion about the quality of the College's financial reporting, including the reasonableness of accounting estimates and judgements, appropriateness of the accounting policies and adequacy of the disclosures?

How well did the external auditor inform the Executive Committee of current developments in accounting and auditing standards relevant to the College's financial statements and their potential impact on the audit?

Quality of Service Considerations

How would you assess the professionalism of the auditor?

The external auditor was proactive in identifying opportunities and risks (e.g. by anticipating and providing insights and approaches for potential business issues and improving internal controls)?

How would you assess the value for money delivered by the external audit (e.g. do the audit fees fairly reflect the cost of the services provided given the size, complexity and risks of the College and a cost-effective quality audit?)

3. Conclusion of the Annual Assessment

Has sufficient information been obtained to allow the Executive Committee to reach a conclusion and consider the assessment complete?

If no, what additional information or consultation is required?

Are there any items to be raised with the auditor for follow-up or future changes?

Are there any potential future changes recommended to the Annual Assessment or Executive Committee Process?

4. Recommendation to Council:

1. Recommend to Council – Renew Auditor or Go To Tender:
 - Renew
 - Tender
2. Basis for recommendation:
3. Recommend the following changes to assessment procedures:

**Credit: The CRTO acknowledges the generosity of the College of Midwives of Ontario in sharing their audit tool with us. Much of this document is based on their work.*



Annual Assessment of the External Auditor for the CRYPTO

Introduction

The Executive Committee of the College of Respiratory Therapists of Ontario (CRYPTO) 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 Goals

The annual assessment should appraise three (3) key factors:

- *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?
- *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?
- *Quality of communications and interactions with the external auditor* – Are the communications with the external auditor (written and oral) clear? Is the auditor open and frank, particularly in areas of significant judgements and estimates or when initial views differ from management?

Assessment Elements

The assessment will consist of the following elements:

1. Survey(s) distributed to the Office and Finance Manager and/or the Registrar
2. Executive Committee Analysis
3. Observation of the auditor's performance during Executive Committee meetings
4. Discussions with the auditor (as required)
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6. Recommendation report prepared for Council (staff support will be provided for this)
7. Report to Council

1. Obtain Input from College Personnel

Independence, Objectivity & Professional Skepticism

The external auditor demonstrates integrity, objectivity and professional skepticism (e.g. by maintaining a respectful but questioning approach throughout the audit).

The external auditor demonstrates independence (e.g. by proactively discussing independence matters and reporting exceptions to its compliance with independence requirements).

Significant differences in views, if any, between management and the external auditor were solved appropriately.

There are no concerns about the relationship between the external auditor and College personnel that might affect the external auditor's independence, objectivity or professional skepticism.

Quality of Auditor and Audit Staff

The technical competence and ability of the external auditor were able to translate knowledge into practice (e.g. by using technical knowledge and independent judgement to provide realistic analysis of issues and by providing appropriate levels of competence cross the team).

The external auditors demonstrated an understanding of our business and industry (e.g. by demonstrating an understanding of our specific business risks, processes, systems and operations).

Resources were sufficiently assigned by the external auditor to complete work in a timely manner (e.g. by providing access to specialized expertise during the audit and assigning additional resources to the audit as necessary to complete work in a timely fashion).

Communication and Interaction with the External Auditor

The dialogue between the auditor and management was candid and complete.

The auditor adequately explained accounting and auditing issues.

The relationship with the external auditor contributed to personnel's ability to produce reliable financial reporting during the assessment period.

Quality of Service Considerations

The external auditor completed the audit in a timely fashion.

The external auditor kept management informed about the progress of the audit and any difficulties encountered.

The auditor and audit team maintained a respectful and professional attitude during the audit.

The external auditor was proactive in identifying information requirements and timely in requesting information from management.

2. Executive Committee Analysis

Independence, Objectivity & Professional Skepticism

The external auditor confirmed their independence or informed the Executive Committee about matters that might reasonably be thought to compromise their independence.

The auditor and/or audit staff exhibited the values, ethics and attitudes necessary to support a quality audit.

The Executive Committee was made aware of any significant differences in views, if any, between management and the external auditor.

The audit firm has identified potential institutional familiarity threats and has taken steps to address them.

Issues which could bring the external auditor's independence into question, if any, were disclosed to the Executive Committee.

Communication and Interaction with the External Auditor

How candid and complete was the dialogue between the auditor, Executive Committee and/or Executive Committee Chair? (e.g. the auditor explained accounting and auditing issues where required).

How would you assess the external auditor's discussion about the quality of the College's financial reporting, including the reasonableness of accounting estimates and judgements, appropriateness of the accounting policies and adequacy of the disclosures?

How well did the external auditor inform the Executive Committee of current developments in accounting and auditing standards relevant to the College's financial statements and their potential impact on the audit?

Quality of Service Considerations

How would you assess the professionalism of the auditor?

The external auditor was proactive in identifying opportunities and risks (e.g. by anticipating and providing insights and approaches for potential business issues and improving internal controls)?

How would you assess the value for money delivered by the external audit (e.g. do the audit fees fairly reflect the cost of the services provided given the size, complexity and risks of the College and a cost-effective quality audit?)

3. Conclusion of the Annual Assessment

Has sufficient information been obtained to allow the Executive Committee to reach a conclusion and consider the assessment complete?

If no, what additional information or consultation is required?

Are there any items to be raised with the auditor for follow-up or future changes?

Are there any potential future changes recommended to the Annual Assessment or Executive Committee Process?

4. Recommendation to Council:

1. Recommend to Council – Renew Auditor or Go To Tender:
 - Renew
 - Tender
2. Basis for recommendation:
3. Recommend the following changes to assessment procedures:

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2020 - 2021 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 2020 - 2021 ANNUAL REPORT.



Allison Chadwick, RRT
President & Board Chair



Kevin Taylor, RRT
Registrar & CEO

On behalf of our Council, Committees and staff, we are pleased to present our 2020-2021 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 offered some very unique challenges as the CROTO continued to regulate the Respiratory Therapy profession during a global pandemic. As the outbreak evolved, we monitored the information coming from the various governmental agencies and communicated all relevant information to our Members. In response to a possible shortage of qualified Respiratory Therapists (RTs), we enacted our Emergency Registration Policy, which enabled us to register over 200 additional RTs in a condensed timeline. Also, to allow our Members more time to focus on providing optimal patient care in a less than optimal set of circumstances, we extended the deadlines for Professional Development Program (PDP) submissions.

CROTO staff transitioned to working remotely, and our Council, Committee and other meetings moved to a virtual format. However, as you will see in this report, all aspects of the CROTO's day-to-day functions carried on during the outbreak. We continued to receive and investigate complaints and reports. The CROTO launched a new platform for all components of its PDP, as well as for eLearning modules development. And we embarked on a website redesign, the development of a revised policy framework and the completion of the Ministry of Health's College Performance Management Framework.

Looking back, we are proud of all we have accomplished towards ensuring the public of Ontario receives safe, competent and ethical care from our Members.

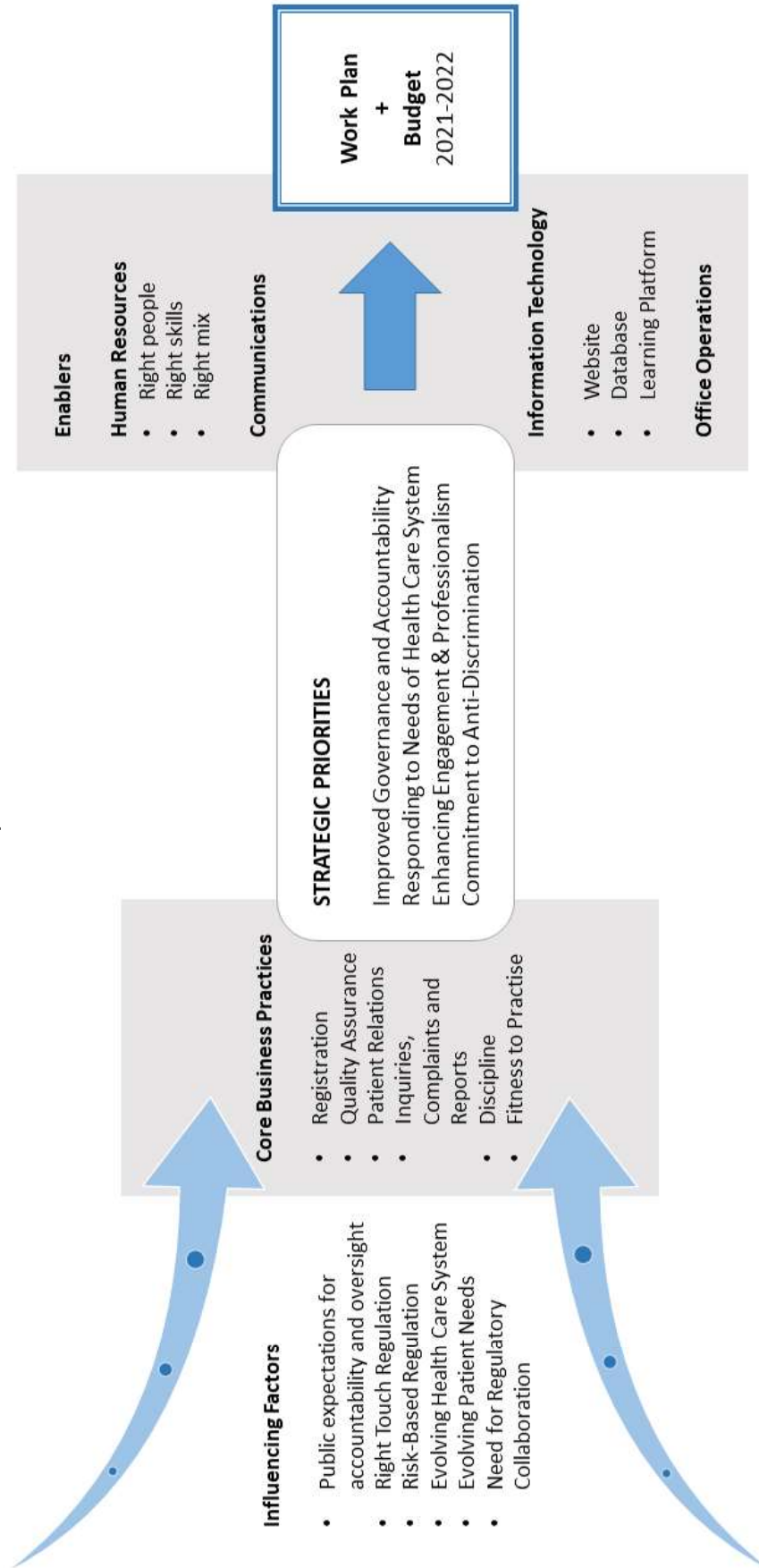
Sincerely,

Two handwritten signatures in blue ink. The signature on the left is a long, flowing cursive script. The signature on the right is a more compact, stylized cursive script.



CRTO STRATEGIC PRIORITIES 2021-2022

Regulating the profession of Respiratory Therapy in
the public interest



COUNCIL MEMBERS, NON-COUNCIL COMMITTEE MEMBERS AND STAFF MEMBERS

as of February 28, 2021

13 COUNCIL

Brad Bedford
Allison Chadwick, RRT
Rhonda Contant, RRT
Jeffrey Dionne, RRT
Jeff Earnshaw, RRT
Andriy Kolos
Katherine Lalonde, RRT
Lindsay Martinek, RRT
Kim Morris
Kelly Munoz, RRT
Jody Saarvala, RRT
Jeffrey Schiller
Yvette Wong

12 NON-COUNCIL COMMITTEE

Tracy Bradley, RRT
Laura Dahmann, RRT
Aaron Giba, RRT
Ginette Greffe-Laliberté, RRT
Antonio Guglietti, RRT
Christa Krause, RRT
Sheena Lykke, RRT
Ginny Martins, RRT
Denise Murphy, RRT
Travis Murphy, RRT
Ronaald Southwell, RRT
Bruno Tassone, RRT

10 STAFF

Kevin Taylor RRT, Registrar & CEO
Carole Hamp RRT, Deputy Registrar
Kelly Arndt RRT, Quality Practice Coordinator
Janice Carson, Communications Manager
Amelia Ma, Finance & Office Manager
Lisa Ng, Registration Manager
Shaf Rahman, Professional Conduct Manager
Sophia Rose, Professional Conduct Coordinator
Denise Steele, Coordinator Professional Programs
Temeka Tadesse, IT & Database Specialist

COMMITTEE MEMBERS as of February 28, 2021

EXECUTIVE COMMITTEE

Allison Chadwick, RRT President
 Rhonda Contant, RRT Vice-President
 Lindsay Martinek, RRT
 Kim Morris
 Yvette Wong

DISCIPLINE COMMITTEE

Lindsay Martinek, RRT Chair	Antonio Guglietti, RRT
Tracy Bradley, RRT Vice-Chair	Andriy Kolos
Brad Bedford	Ginny Martins, RRT
Laura Dahmann, RRT	Jody Saarvala, RRT
Jeffrey Dionne, RRT	Ronald Southwell, RRT
Ginette Greffe-Laliberté, RRT	Yvette Wong

FITNESS TO PRACTISE COMMITTEE

Lindsay Martinek, RRT Chair	Antonio Guglietti, RRT
Tracy Bradley, RRT Vice-Chair	Andriy Kolos
Brad Bedford	Ginny Martins, RRT
Laura Dahmann, RRT	Jody Saarvala, RRT
Jeffrey Dionne, RRT	Ronald Southwell, RRT
Ginette Greffe-Laliberté, RRT	Yvette Wong

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE (ICRC)

Jeff Earnshaw, RRT Chair	Lindsay Martinek, RRT
Kelly Munoz, RRT Vice-Chair	Ginny Martins, RRT
Brad Bedford	Kim Morris
Allison Chadwick, RRT	Denise Murphy, RRT
Rhonda Contant, RRT	Travis Murphy, RRT
Aaron Giba, RRT	Jeffrey Schiller
Ginette Greffe-Laliberté, RRT	Ronald Southwell, RRT
Christa Krause, RRT	Bruno Tassone, RRT
Katherine Lalonde, RRT	Yvette Wong
Sheena Lykke, RRT	

COMMITTEE MEMBERS as of February 28, 2021

PATIENT RELATIONS COMMITTEE

Michelle Causton Chair
Allison Chadwick, RRT Vice-Chair
Laura Dahmann, RRT
Ginette Greffe-Laliberté, RRT

Antonio Guglietti, RRT
Katherine Lalonde, RRT
Kim Morris

QUALITY ASSURANCE COMMITTEE

Rhonda Contant, RRT Chair
Ginette Greffe-Laliberté, RRT Vice-Chair
Laura Dahmann, RRT
Jeffrey Dionne, RRT
Andriy Kolos
Katherine Lalonde, RRT
Sheena Lykke, RRT

Kelly Munoz, RRT
Travis Murphy, RRT
Jeffrey Schiller
Ronald Southwell, RRT
Bruno Tassone, RRT
Yvette Wong

REGISTRATION COMMITTEE

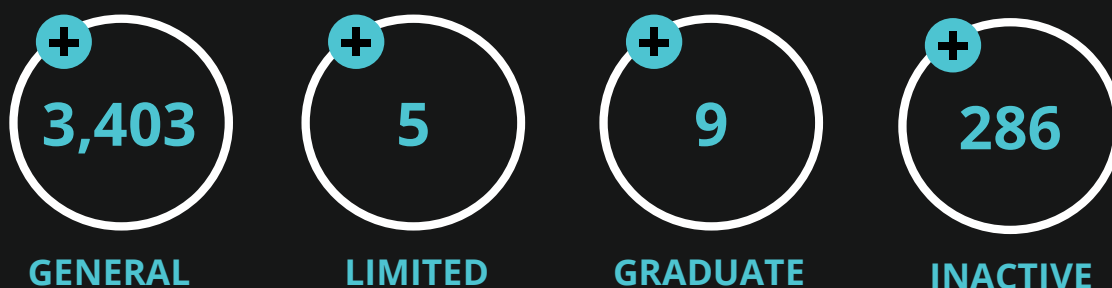
Christa Krause, RRT Chair
Kim Morris Vice-Chair
Brad Bedford
Tracy Bradley, RRT
Jeffrey Dionne, RRT
Jeff Earnshaw, RRT

Aaron Giba, RRT
Antonio Guglietti, RRT
Kelly Munoz, RRT
Denise Murphy, RRT
Jody Saarvala, RRT

STATISTICS & DEMOGRAPHICS

AS OF FEBRUARY 28, 2021

NUMBER OF RTs 3,703

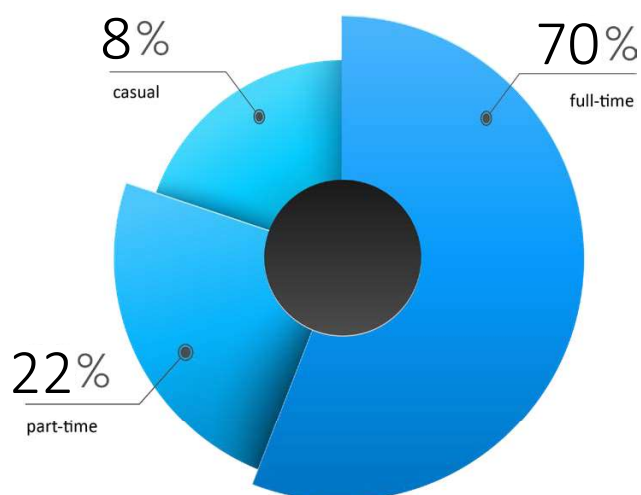


For more information on classes of registration please visit:

www.crto.on.ca/members/about-your-certificate-of-registration/classes-registration/

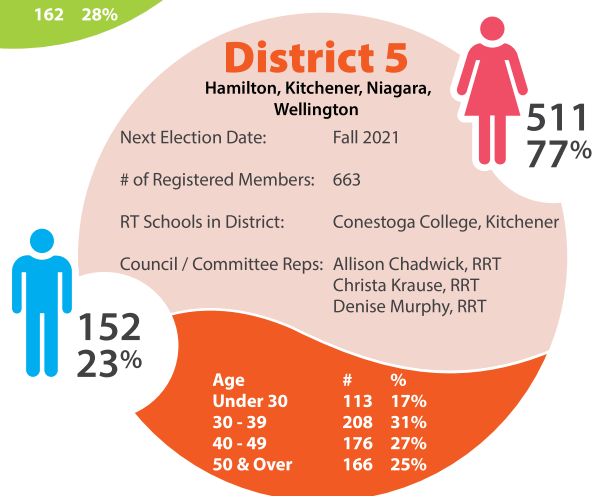
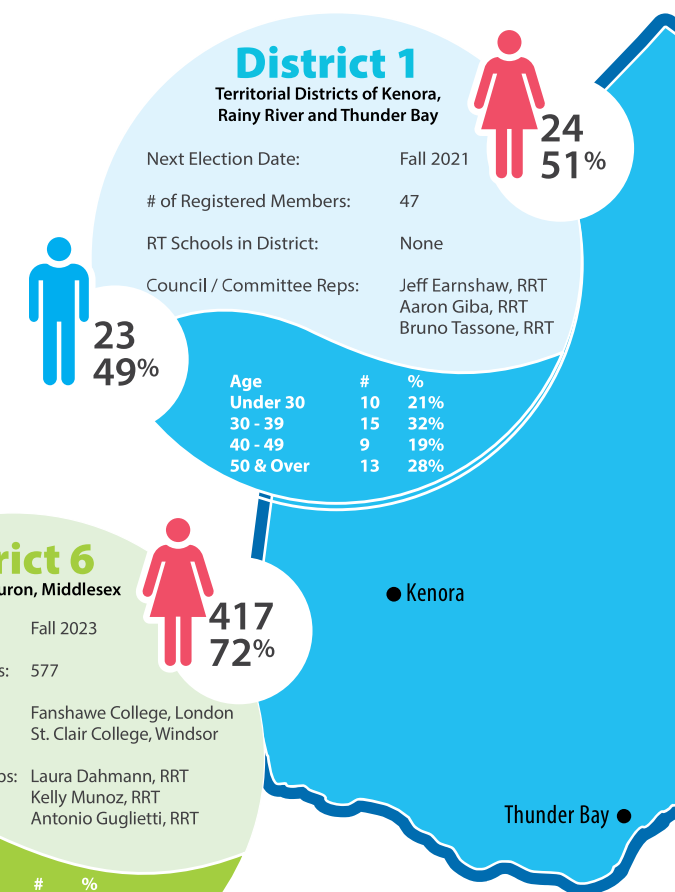
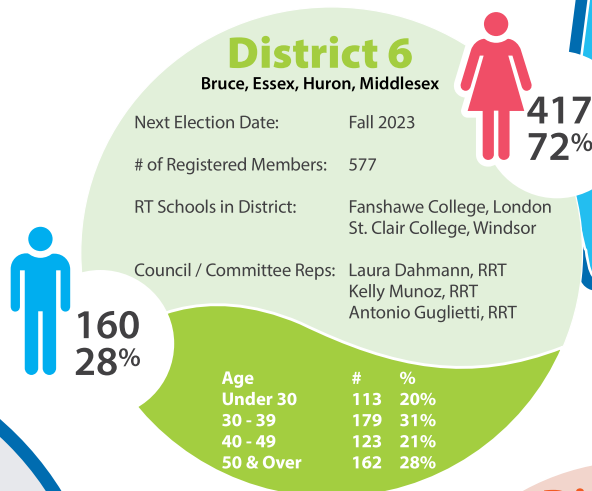
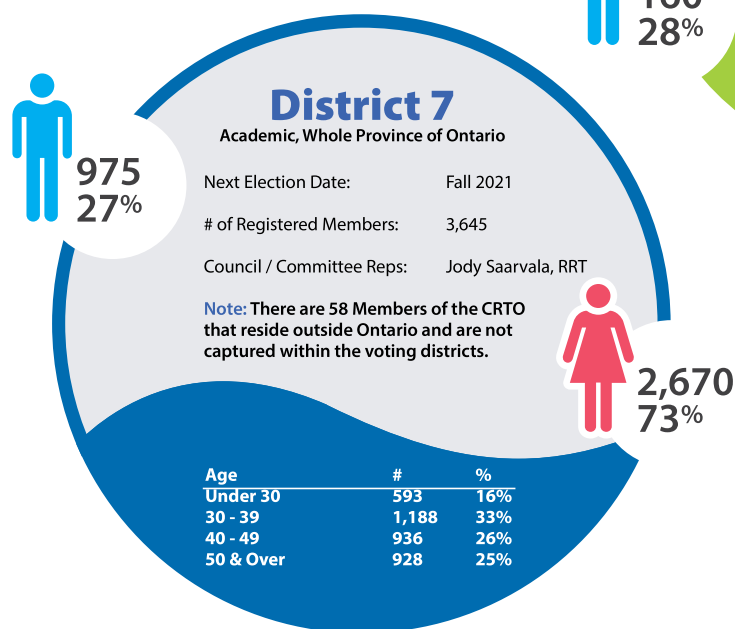
EMPLOYMENT STATUS

(Based on primary employer)

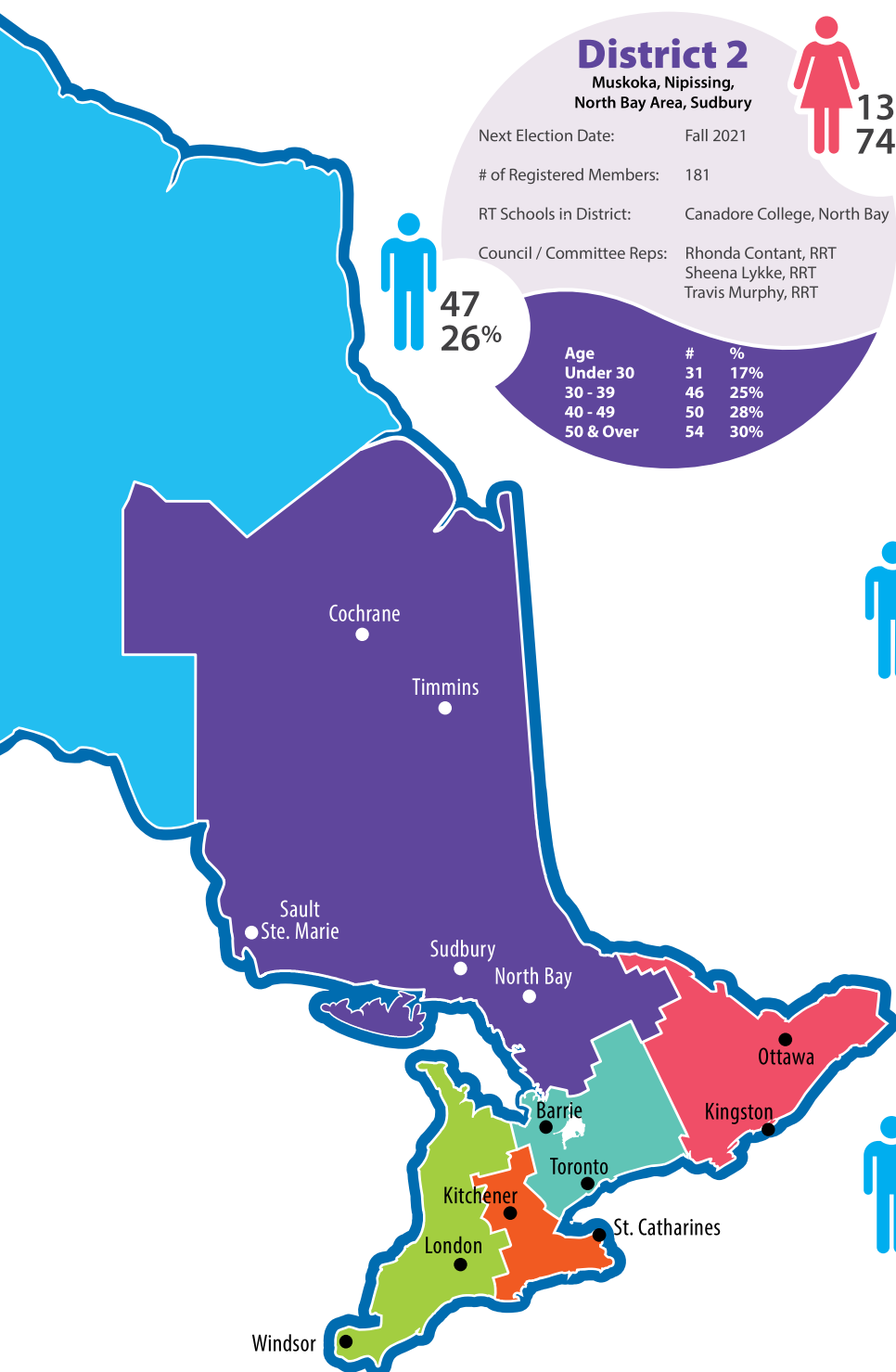


CRTO Electoral Districts

- 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



2020/2021



District 3

Ottawa-Carlton, Renfrew,
Hastings

Next Election Date: Fall 2023

of Registered Members: 623

RT Schools in District: Algonquin College, Ottawa
La Cité collégiale, OttawaCouncil / Committee Reps: Tracy Bradley, RRT
Ginette Greffe-Laliberté, RRT
Katherine Lalonde, RRT148
24%

District 4

Greater Toronto, Haliburton,
Northumberland, Simcoe

Next Election Date: Fall 2023

of Registered Members: 1,554

RT Schools in District: The Michener Institute for
Applied Health Sciences, TorontoCouncil / Committee Reps: Jeffrey Dionne, RRT
Lindsay Martinek, RRT
Ginny Martins, RRT
Ronald Southwell, RRT445
29%

EXECUTIVE

COMMITTEE REPORT

Allison Chadwick, 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:

- Monitored the CRTO's budget, financial position and investments
- Reviewed the CRTO's audited financial statements
- Appointed Council and Non-Council Members to the various statutory committees

PATIENT RELATIONS

COMMITTEE REPORT

Michelle Causton

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. This committee also advises Council on communications plans.

Key Initiatives:

During the 2020-2021 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 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.
- Discussed use of social media and ways to support, guide and educate members.

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 CRTC
- Monitored the Respiratory Therapy programs' accreditation status
- Reviewed, monitored and set the Entry-to-Practice Assessment processes
- Ensured Entry-to-Practice Assessment tools align with the National Competency Framework
- Reviewed and approved certification programs (e.g. Chest Needle Insertion, Care and Removal, Insertion of Low Impedance Subdermal Needles) submitted by hospitals and facilities
- Reviewed and amended the Certification Programs for Advanced Prescribed Procedures below the Dermis Professional Practice Guideline, and the Registration and Use of Title Professional Practice Guideline
- Reviewed the *Registration and Use of Title Professional Practice Guideline (PPG)*

- Reviewed and amended the following policies:
 - Emergency Registration Policy
 - Assessing Suitability to Practice Policy
 - Unauthorized Use of Title and Holding Out Prior to Registration Policy
 - Inactive Certificate of Registration Policy

18 TOTAL REFERRALS

8

CURRENCY REFERRALS

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

4

ENTRY-TO-PRACTICE

Review of the Entry-to-Practice Assessment Results

3

CHANGES TO TERMS, CONDITIONS AND LIMITATIONS (TCLs)

Applications for changes to TCLs imposed on Members' Certificates of Registration

1

RATIFY THE REGISTRAR'S OFFER

to issue a certificate of registration

1

GRADUATE EXTENSION REQUEST

Reviewed request to extend a graduate certificate of registration.

1

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. The CRTO was subsequently notified that the appeal request was withdrawn by the applicant.

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

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

QUALITY ASSURANCE

COMMITTEE REPORT

Rhonda Contant, RRT

Quality Assurance Committee Chair

The Quality Assurance Committee develops, implements and maintains the CRTC'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 our new professional development platform, PDKeepr, for RelevantT and Launch Jurisprudence modules. The Portfolio program will be moved to this platform for the 2021/2022 submissions.
- Provided ongoing guidance with respect to Standards of Practice during the pandemic.

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*

- 225** Members have completed Launch RT during this time period (*Average score 81%*)
- 6** Received a score below 70% and were required to repeat Launch RT.
- 0** Number of SCERPs (fell below benchmark twice)

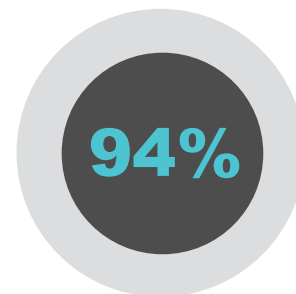
Professional Development Program (PDP)

- 724** Members selected to submit their PORTfolio
- 63** Number of Members who deferred to submit their PORTfolio (to June 2021)
- 32** Number of coaching sessions required

* **Launch RT Note:** Launch was suspended on March 12, 2020 due to the challenges of the pandemic and began again on July 1, 2020.

Relevant eLearning Module

- 3,467** Members completed the module on the new PDKeepr platform



Compliance
of RelevantT

Survey Results from 95% of the Members who completed the RelevantT eLearning Module

- 98%** 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

INQUIRIES, COMPLAINTS & REPORTS

COMMITTEE REPORT

Jeff Earnshaw, RRT

Inquiries, Complaints & Reports Committee Chair

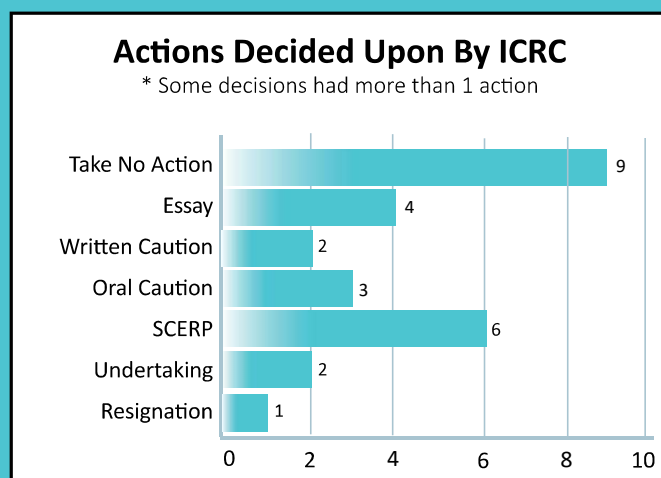
The Inquiries, Complaints and Reports Committee (ICRC) is responsible for investigating concerns brought to the CRTC's attention through complaints or reports, such as termination reports from employers. The Committee considers concerns related to a Member's conduct, capacity and competence to determine 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:

Given the ongoing COVID-19 Pandemic, the CRTC has conducted all ICRC meetings virtual. A new process and orientation documentation were developed to continue with virtual meetings. This will allow the ICRC to be more agile in reviewing and rendering decisions on completed investigations.

In 2020-2021, the CRTC received 19 new matters. Of those, 5 were addressed at the inquiry level, while 14 were referred to the ICRC. Currently the CRTC has 36 ongoing investigations.

19 meetings were conducted in total, with 17 to discuss investigations and render a decision and two were to provide additional orientation and training to ICRC members. The outcomes of these decisions are detailed below.



Concerns about RTs were reported to the CRTC through:

3 Complaints
16 Employer Reports
2 Self-Reports by Members
 (both in parallel to an employer report)

38 Matters Received

Of the **19** new matters, **13** related to the conduct of the Member, and **6** related to the Member's competency.

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.

This 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.crto.on.ca/public/concerns-about-a-respiratory-therapist/hearings/about-discipline/

In 2020-2021, there were no referrals to the Discipline Committee.



FINANCIAL SUMMARY 2020-2021

Independent Auditor's Report

TO THE COUNCIL OF THE COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

Opinion

The summary financial statements, which comprise the summary balance sheet as at February 28, 2021, and the summary statement of operations for the year then ended, are derived from the audited financial statements of the College of Respiratory Therapists of Ontario (the "College") for the year ended February 28, 2021.

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 summary financial statements and the audited financial statements do not reflect the effects of events that occurred subsequent to the date of our report on the audited financial statements.

The Audited Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial statements in our report dated May 28, 2021.

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 for the Summary Financial Statements

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
May 28, 2021

Chartered Professional Accountants
Licensed Public Accountants

Summary Balance Sheet

AS AT FEBRUARY 28, 2021

	2021	2020
ASSETS		
Current assets		
Cash	\$ 1,861,867	\$ 1,711,246
Investments held for operating	237,614	215,136
Prepaid expenses	95,988	54,271
	3,373,469	1,980,653
Investments held for reserves	1,030,000	1,030,000
Capital assets	148,443	198,468
	3,373,912	3,209,121
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities	143,339	86,607
Deferred revenue - registration fees	1,820,400	1,956,266
	1,963,739	2,042,873
Obligations under capital lease	47,506	60,850
	2,011,245	2,103,723
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	208,334	300,000
Unrestricted		
Operating fund	424,333	75,398
	1,362,667	1,105,398
	\$ 3,373,912	\$ 3,209,121

Copies of 2020 / 2021 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

AS AT FEBRUARY 28, 2021

	2021	2020
REVENUES		
Registration, renewal and application fees	\$ 2,341,030	\$ 2,172,294
Investment income	23,172	40,132
	2,364,202	2,212,426
EXPENSES		
Salaries and benefits	1,190,961	1,044,204
Occupancy costs	210,253	154,349
Quality assurance	84,984	74,222
Professional fees	132,525	94,972
Printing, postage, stationary and delivery	30,616	37,181
Council and committee	32,175	62,172
Special projects	50,477	75,958
All other operating expenses	373,578	383,929
	2,105,569	1,926,987
Excess of revenues over expenses for the year	\$ 258,633	\$ 285,439

Copies of 2020 / 2021 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



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Tel: 416.591.7800
Toll Free: 1.800.261.0528
Fax: 416.591.7890
Website: www.crto.on.ca
Twitter: @theCROTO

Registrar's Report

May 2021

Internal

CURRENT INITIATIVES

Covid-19

Workforce Planning

On April 17th, Council approved the reactivation of the CROTO's [Emergency Registration Policy](#) to enable:

- waiving of the Application Fee;
- deferment of Registration Fee for up to six (6) months; and
- permitting the Registrar to apply terms, conditions and limitations on the certificate of registration for applicants with a 2 – 5-year currency gap (as per the Registration Currency Policy).

The MOH has requested RTs from other Canadian jurisdictions to come to Ontario to help during the 3rd wave of this pandemic. Therefore, Out-of-Province Applicant section to our policy was expanded to permit these individuals to begin working with as little delay as possible.

There have also been some efforts at a federal and provincial level to integrate IEHPs into Canada during the pandemic. In Ontario, to date, these talks have been limited to nurses and physicians, but we are anticipating this may be expanded to include other healthcare professionals.

[Declaration under the Emergency Management and Civil Protection Act \(EMCPA\)](#)

According to this declaration from the Ontario government, health professionals who are required to perform tasks outside of their scope of practice will not be subject to legal proceedings – provided the tasks are performed “in good faith” and for the purpose of managing the current pandemic. Under EMPCA, hospitals are responsible for ensuring that staff members are only assigned tasks or asked to

deliver services they are reasonably qualified to provide. This declaration has been extended to May 19th.

Revision of Directive #2

On April 19th, the MOH again revised [Directive #2 for Health Care Providers](#). This directive now states that all non-urgent/non- emergent procedures should be ceased. The order states that “decisions regarding the cessation or postponement procedures should be made using processes that are fair and transparent to all patients”. Procedures performed in specialty pediatrics hospitals are exempt from Directive #2.

Policy Development Initiatives

Staff have been continuing to work with our policy consultant, Margo Orchard, and nearing completion of our “high-priority” items. An overview will be provided at this Council meeting on the:

- policy framework & development cycle; and
- consultation process & document approvals process.

Elections

Elections this fall will be as follows:

- District 1 - 1 Council Seat; 2 Non-Council Seats
- District 2 - 1 Council Seat; 2 Non-Council Seats
- District 5 - 2 Council Seats; 2 Non-Council Seats
- District 7 - 1 Council Seat

If your term is nearing an end, please make sure you spread the word to your colleagues in your district. The first election notice will go out via the June ebuletin.

ADMINISTRATION

College Performance Management Framework (CPMF)

The CRTO submitted its report to the Ministry on March 31st. We have added the CPMF and its associated improvements to our strategic directions for the year ahead. Those strategic priorities are:

- Improved Governance and Accountability
- Responding to Needs of Health Care System
- Enhancing Engagement & Professionalism
- Commitment to Anti-Discrimination

External

National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB)

The NARTRB's Spring meeting has been deferred, and the plan is to move ahead with the business meeting and AGM in the fall. Ongoing work continues with the Simulation Working Group and the Standards of Practice Harmonization Working group. The CROTO has submitted its Provincial Roundtable Report, which includes information about:

- Number of members
- Number of Members entering and leaving Ontario under Labour Mobility
- Number of IEHP applicants
- Complaints and discipline decisions
- Regulatory and governmental matters
- New College initiatives & current challenges

National Competency Framework

The NARTRB voted last November to extend the 2016 - 2021 NCF by two years. With the initial phase of the project to be an environmental scan of the RRT's nationally and with the ongoing pandemic, now is not the time to survey members.

Accreditation of RT Programs

Accreditation Canada and their subsidiary, the Health Standards Organization (HSO), administers the accreditation of RT educational programs through EQual. The CROTO participates in the Ontario programs' accreditation teams – the next one being for the Michener Institute for Education at UHN.

Regulation of Physician Assistants (PA)

On April 27th, the Ontario Legislature introduced legislation ([Bill 283](#)), that once passed, will mean the start of regulating PAs under the College of Physicians and Surgeons of Ontario (CPSO). The proposed bill would amend the *Medicine Act* (1991) to authorize the performance of controlled acts by PAs only under the order of a physician or surgeon or in accordance with a regulation made by the CPSO.

Office of the Fairness Commissioner (OFC)

Risk-informed Compliance Framework

On April 1, 2021, the OFC launched its new Risk-informed Compliance Framework, which will govern how the commissioner's office will undertake its compliance responsibilities and monitors fair registration practices for individual regulators. The OFC will implement this new model in a phased manner. In the first year of operation, a regulator will be placed in a provisional risk category based predominantly on its past performance.

The OFC's framework is premised on the fact that most regulators are complying with their legislative obligations and are actively supporting transparent, objective, impartial and fair registration practices. On this basis, the OFC has determined that it will allocate its finite compliance resources towards those regulators that have not achieved as much progress as others in improving their registration systems. Their compliance approach will be evidence-based and risk-informed and will consider both the historical performance of individual regulators and their future risk profiles in selecting appropriate compliance tools.

Third-Party Service Providers Working Group

This OFC working group is currently involved in examining the relationships that regulators have regarding third-party service providers – specifically those that impact the College's registration practices. An example of that would be the CRTO's relationship with the Canadian Board of Respiratory Care (CBRC), the national RT licensing examination provider. It appears from the discussion at a recent working group meeting that some regulators have a very direct relationship with their exam providers. In contrast, several Colleges have a very "arm's length" relationship similar to the one the CRTO has with the CBRC.

College of Respiratory Therapists of Ontario

Balance Sheet Prev Year Comparison

As of April 30, 2021

	Apr 30, 21	Apr 30, 20
ASSETS		
Current Assets		
Chequing/Savings		
1050 · Petty Cash	300.00	300.00
1100 · Bank-CIBC	1,993,677.96	1,705,301.49
Total Chequing/Savings	1,993,977.96	1,705,601.49
Accounts Receivable		
1200 · Accounts Receivable	1,830.02	12,712.50
Total Accounts Receivable	1,830.02	12,712.50
Other Current Assets		
1116 · CIBC GIC	501,476.44	493,406.57
1118 · Investment - Wood Gundy	770,687.05	751,930.43
1119 · Investment - Wood Gundy Cash	0.00	7,145.90
1190 · Prepaids	95,988.23	54,270.76
Total Other Current Assets	1,368,151.72	1,306,753.66
Total Current Assets	3,363,959.70	3,025,067.65
Fixed Assets		
1310 · Furniture & Equipment	70,807.85	68,393.72
1320 · Computer	36,424.89	31,457.41
1330 · Database	459,127.64	459,127.64
1332 · Mobile App	84,433.40	92,230.40
1340 · Accum.Dep'n-Furniture&Equipment	-68,094.83	-67,493.22
1350 · Accum. Dep'n - Computers	-31,814.19	-30,044.79
1360 · Accum. Dep'n - Database	-372,773.61	-331,619.95
1361 · Accum.Dep'n-Mobile App	-84,433.40	-84,433.40
1370 · Lease improvements	153,875.93	153,875.93
1380 · Accum. Dep'n - Leasehold Improv	-153,875.93	-153,875.93
1500 · Equipment under captial lease	60,850.00	60,850.00
1520 · Accumulated depre'n-capital lea	-6,085.00	0.00
2700 · Obligation under captial lease	-47,505.72	-60,850.00
Total Fixed Assets	100,937.03	137,617.81
TOTAL ASSETS	3,464,896.73	3,162,685.46
LIABILITIES & EQUITY		
Liabilities		
Current Liabilities		
Other Current Liabilities		
2210 · Accrued Liability	101,245.98	69,936.19
Total Other Current Liabilities	101,245.98	69,936.19
Total Current Liabilities	101,245.98	69,936.19
Total Liabilities	101,245.98	69,936.19

College of Respiratory Therapists of Ontario
Balance Sheet Prev Year Comparison
As of April 30, 2021

	<u>Apr 30, 21</u>	<u>Apr 30, 20</u>
Equity		
3110 · Gen. Contingency Reserve Fund	500,000.00	500,000.00
3150 · Reserve for Funding of Therapy	80,000.00	80,000.00
3200 · Accumulated Surplus/Deficit	332,669.06	75,397.94
3652 · Reserve, Investigations&Hearing	150,000.00	150,000.00
3653 · Special Projects Reserve Fund	300,000.00	300,000.00
 Net Income	 2,000,981.69	 1,987,351.33
 Total Equity	 3,363,650.75	 3,092,749.27
 TOTAL LIABILITIES & EQUITY	 3,464,896.73	 3,162,685.46

College of Respiratory Therapists of Ontario
Income Statement - Budget vs. Actual
March through April 2021

			Mar - Apr 21	Budget	+/- Budget	% of Budget	Mar - Apr 20
Ordinary Income/Expense							
Income							
	4100	Registration Application Fees	5,550.00	15,000.00	-9,450.00	37.0%	825.00
	4200	Registration & Renewal Fees	2,298,862.50	2,340,000.00	-41,137.50	98.24%	2,242,025.00
	4210	Competency Assessment-Stage1&2	0	4,000.00	250.00	106.25%	500.00
	4211	Competency Assessment (CSA)	4,250.00	8,500.00	-3,687.50	56.62%	5,500.00
	4300	Penalty Fees	4,812.50	5,000.00	-187.50	96.25%	5,650.00
	4400	Misc. Revenue	0.00	45.00	-45.00	0.0%	0.00
	4600	Investment Income	6,053.14	11,351.00	-5,297.86	53.33%	3,373.28
Total Income			2,319,528.14	2,383,896.00	-64,367.86	97.3%	2,257,873.28
Expense							
	5000	Admin./Operational Expenses					
	5010	Staff Salaries	185,004.09	1,088,650.60	-903,646.51	16.99%	147,126.56
	5020	Staff Benefits	11,553.62	68,033.30	-56,479.68	16.98%	10,344.37
	5030	CPP&EI-Employer Contribution	13,089.04	40,555.40	-27,466.36	32.27%	10,648.94
	5031	Staff RSP	4,913.22	32,455.14	-27,541.92	15.14%	4,155.79
	5035	Employer Health Tax (EHT)	0.00	1,728.69	-1,728.69	0.0%	0.00
	5040	Staff Training & Development	499.00	5,000.00	-4,501.00	9.98%	0.00
	5041	Staff Personal Education	0.00	8,000.00	-8,000.00	0.0%	359.46
	5045	Staff-Travel & Expense-Misc.	853.52	5,000.00	-4,146.48	17.07%	46.14
	5050	Equipment (Non-Capitalized)	0.00	2,500.00	-2,500.00	0.0%	0.00
	5060	Rent & Occupancy	35,341.92	215,585.50	-180,243.58	16.39%	35,430.20
	5070	Equipment Leases & Maintenance	457.72	13,876.00	-13,418.28	3.3%	3,609.82
	5090	Insurance	0.00	6,111.60	-6,111.60	0.0%	0.00
	5110	Accounting & Audit	-10,452.50	10,000.00	-20,452.50	-104.53%	-10,000.00
	5120	Legal - General	2,646.00	25,000.00	-22,354.00	10.58%	3,504.97
	5121	Legal - Investigation&Hearing	1,650.21	20,000.00	-18,349.79	8.25%	-56.00
	5130	Expenses-Investigations&Hearing	0.00	25,000.00	-25,000.00	0.0%	551.75
	5131	Investigation Services	4,158.63	75,000.00	-70,841.37	5.55%	6,653.46
	5140	Consulting - General	3,729.00	15,000.00	-11,271.00	24.86%	5,073.70
	5210	Telephone/Fax/Internet	1,636.39	13,432.82	-11,796.43	12.18%	1,806.42
	5220	Computer Software	1,689.18	20,000.00	-18,310.82	8.45%	1,184.49
	5221	Computer Hardware	0.00	4,000.00	-4,000.00	0.0%	0.00
	5223	Website Hosting	2,124.03	4,154.00	-2,029.97	51.13%	254.25
	5224	Website Development	12,300.05	12,000.00	300.05	102.5%	2,034.00
	5230	Postage/Courier - General	329.78	7,000.00	-6,670.22	4.71%	57.74
	5240	Printing - General	484.19	10,000.00	-9,515.81	4.84%	629.75
	5250	Translation - General	1,118.70	20,000.00	-18,881.30	5.59%	768.40
	5310	Office Supplies	355.71	7,500.00	-7,144.29	4.74%	1,044.96
	5320	Office Maintenance/Upkeep	279.11	4,000.00	-3,720.89	6.98%	1,397.53
	5321	Office Meeting Expenses	0.00	1,000.00	-1,000.00	0.0%	232.08
	5330	Bank Account Charges	313.19	1,281.97	-968.78	24.43%	231.77
	5331	Paypal Charges	392.91	1,347.02	-954.11	29.17%	407.57
	5340	Credit Card Merchant Fees	6,819.90	74,371.05	-67,551.15	9.17%	4,561.99

College of Respiratory Therapists of Ontario
Income Statement - Budget vs. Actual
March through April 2021

		Mar - Apr 21	Budget	+/- Budget	% of Budget	Mar - Apr 20
	5350 · Conference Registration Fees	111.87	6,500.00	-6,388.13	1.72%	0.00
	5380 · Membership/Subscriptions	861.50	21,000.00	-20,138.50	4.1%	13,300.00
	5381 · Alliance Expenses	0.00	1,000.00	-1,000.00	0.0%	47.58
	5385 · Accreditation Services	0.00	18,000.00	-18,000.00	0.0%	3,089.22
	5500 · QA Portfolio Reviewers	0.00	20,000.00	-20,000.00	0.0%	353.67
	5516 · QA PORTfolio Annual Fee	0.00	39,550.00	-39,550.00	0.0%	0.00
	5518 · QA PORTfolio Dev't	0.00	10,000.00	-10,000.00	0.0%	0.00
	5521 · Competency Assessment-Phase1&2	1,099.30	4,000.00	-2,900.70	27.48%	0.00
	5522 · Competency Assessment-CSA	14,916.00	17,000.00	-2,084.00	87.74%	200.00
	5523 · Comp. Assessment-Train/Dev't	0.00	3,000.00	-3,000.00	0.0%	0.00
	5524 · QA PORT App. Subscription fee	0.00	0.00	0.00	0.0%	0.00
	5545 · Outreach Activities-Travel/Exp.	0.00	2,000.00	-2,000.00	0.0%	0.00
	5546 · Communications - General	0.00	3,000.00	-3,000.00	0.0%	0.00
	5547 · Communications - Social Media	0.00	1,500.00	-1,500.00	0.0%	0.00
	5610 · Education Day Expenses	0.00	10,000.00	-10,000.00	0.0%	0.00
	5620 · Data Base Development	186.45	50,000.00	-49,813.55	0.37%	4,326.49
	5623 · Database Annual Software Fee	0.00	0.00	0.00	0.0%	0.00
	5624 · Database Hosting	1,382.13	9,500.00	-8,117.87	14.55%	1,403.28
	5700 · Unrealized Gain/Loss (investmt)	-820.00	0.00	-820.00	100.0%	-201.00
	5932 · Student Council Rep.	0.00	0.00	0.00	0.0%	1,363.64
	Total 5000 · Admin./Operational Expenses	299,023.86	2,053,633.09	-1,754,609.23	14.56%	255,942.99
	6000 · Council					
	6010 · Council - Meeting Per Diems	1,300.00	0.00	1,300.00	100.0%	1,250.00
	6020 · Council - Prep Time Per Diems	700.00	0.00	700.00	100.0%	1,100.00
	6030 · Council - Travel Time Per Diems	0.00	0.00	0.00	0.0%	366.21
	6040 · Council - Meals	0.00	0.00	0.00	0.0%	1,216.40
	6050 · Council - Accommodation	0.00	0.00	0.00	0.0%	442.08
	6060 · Council - Travel Expense	0.00	0.00	0.00	0.0%	850.07
	6097 · Council-Education/Training Cost	0.00	0.00	0.00	0.0%	0.00
	Total 6000 · Council	2,000.00	12,000.00	-10,000.00	16.67%	5,224.76
	6100 · Executive					
	6110 · Executive - Meeting Per Diems	0.00	0.00	0.00	0.0%	300.00
	6120 · Executive - Prep Time Per Diems	0.00	0.00	0.00	0.0%	0.00
	6170 · Executive Telephone	0.00	0.00	0.00	0.0%	68.72
	Total 6100 · Executive	0.00	4,200.00	-4,200.00	0.0%	368.72
	6200 · Registration					
	6210 · Registration-Meeting Per Diems	225.00	0.00	225.00	100.0%	0.00
	6220 · Registration-PrepTimePerDiems	550.00	0.00	550.00	100.0%	0.00
	6270 · Registration - Telephone	0.00	0.00	0.00	0.0%	0.00
	6297 · Registration- Educ/Training	3,654.42				0.00
	Total 6200 · Registration	4,429.42	11,875.00	-7,445.58	37.3%	0.00

College of Respiratory Therapists of Ontario
Income Statement - Budget vs. Actual
March through April 2021

		Mar - Apr 21	Budget	+/- Budget	% of Budget	Mar - Apr 20
	6300 · Pat.Rel.					
	6310 · Pat.Rel.-Meeting Per Diems	350.00	0.00	350.00	100.0%	0.00
	6320 · Pat.Rel.-Prep Time Per Diems	350.00	0.00	350.00	100.0%	0.00
	6370 · Pat.Rel.-Telephone	0.00	0.00	0.00	0.0%	0.00
	Total 6300 · Pat.Rel.	700.00	9,000.00	-8,300.00	7.78%	0.00
	6400 · QA					
	6410 · QA - Meeting Per Diems	650.00	0.00	650.00	100.0%	0.00
	6420 · QA - Prep Time Per Diems	350.00	0.00	350.00	100.0%	0.00
	Total 6400 · QA	1,000.00	12,000.00	-11,000.00	8.33%	0.00
	6500 · ICRC					
	6510 · ICRC-Mtg Per Diems	2,275.00	0.00	2,275.00	100.0%	425.00
	6520 · ICRC-Prep Time	1,450.00	0.00	1,450.00	100.0%	550.00
	6530 · ICRC-TravelTime	0.00	0.00	0.00	0.0%	41.38
	6540 · ICRC-Meals	0.00	0.00	0.00	0.0%	512.06
	6560 · ICRC-Travel Expense	0.00	0.00	0.00	0.0%	257.11
	6570 · ICRC-Telephone	0.00	0.00	0.00	0.0%	148.73
	6597 · ICRC-Educ/Training	616.97				0.00
	Total 6500 · ICRC	4,341.97	16,000.00	-11,658.03	27.14%	1,934.28
	6600 · Discipline	0.00	3,400.00	-3,400.00	0.0%	0.00
	6700 · Fitness	0.00	1,700.00	-1,700.00	0.0%	0.00
	Total Expense	311,495.25	2,123,808.09	-1,812,312.84	14.67%	263,470.75
	Net Ordinary Income	2,008,032.89	260,087.91	1,747,944.98	772.06%	1,994,402.53
	8000 · Special Projects					
	5555 · Scope of Practice Monitoring	7,051.20	85,000.00	-77,948.80	8.3%	7,051.20
	Total 8000 · Special Projects	7,051.20	85,000.00	-77,948.80	8.3%	7,051.20

CRTO Investment Portfolio - Distribution
April 30, 2021

Investment Category	Term Limitation	Fund Limitation	Minimum Rating	Additional Fund Limitations	Current Investments	Book Value (\$)	Portfolio %
Cash		Unlimited				2,214,917	75%
					Regular Chequing Account	1,994,128	
					REN HIGH INT SAVINGS	118,471	4%
					CIBC HIGH INT SAVINGS	102,318	3%
Federal Government:						0	0%
Bonds	365 days to 3 years	50%				0	0%
Bonds	3 to 5 years	20%		Total investments 3 to 5 years not to exceed 20% of Fund		0	0%
Provincial Government:				a. Total provincials not to exceed 50% of Fund b. Investment in any one province not to exceed 25%		0	0%
Securities/Notes	365 days	40%	AA			0	0%
Bonds	365 days to 3 years	40%	AA			0	0%
Bonds	3 to 5 years	20%	AA	Total investments 3 to 5 years not to exceed 20% of Fund		0	0%
Schedule "A" Banks:						742,638	25%
GICs	365 days to 3 years	75%		Total investments in any one bank not to exceed 35% of total portfolio	GIC Holdings		
					Effort Trust Company GIC 0.8%3May22 (1 Yr)	100,000	3%
					HOME TRUST COMPANY 1.18% 28Jn22 (2 Yr)	63,400	2%
					HAVENTREE BANK GIC 2.34% 5Jn21 (1 Yr)	51,000	2%
					CIBC GIC .45% 26Ap22 (1 Yr)	498,343	17%
					HAVENTREE BANK GIC .97% 27Oct22 (2 Yr)	47,314	
					HOME TRUST COMPANY .9% 27Oct22 (2 Yr)	36,600	1%
					INDUSTRIAL & COMMERCIAL BANK OF CHINA .85% 27Oct22 (2 Yr)	45,981	2%
					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	50%				0	0%
Canadian Corporations:							
Commercial Paper	365 days	10%	R-I Mid	Limit any single holding to 10% of Fund		0	0%
Total						2,957,555	100%



SECURITY INCOME ANALYSIS (CAD)

As of April 30, 2021

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

Margin

Your Investment Advisor: J B MOORE

Quantity	Description	Opening Date	Book Value	Market Value	Unrealized G/L **	Accum. Int./Div.	Total Return	Total Return (%)
CASH & CASH EQUIVALENTS								
Cash								
	1,750 ACCOUNT BALANCE CAD		1,750.00	1,750.00		172.57		
High Interest Savings Account								
	102,380.900 CIBC HIGH INT SAVINGS ACC (CTC) CL A 04/19/2016 (5002)		102,380.90	102,380.90	0.00	6,381.45	6,381.45	6.23
	118,544.350 RENAISSANCE HIGH INT SAVINGS ACCOUNT (5000)	11/24/2009	118,544.35	118,544.35	0.00	5,172.82	5,172.82	4.36
Total High Interest Savings Account			\$ 220,925.25	\$ 220,925.25	\$ 0.00	\$ 11,554.27	\$ 11,554.27	5.23 %
Others								
	51,000 HAVENTREE BNK GIC CA 7JN21	06/05/2019	51,000.00	53,293.01	2,293.01		2,293.01	4.50
Total Cash & Cash Equivalents			\$ 273,675.25	\$ 275,968.26	\$ 2,293.01	\$ 11,726.84	\$ 13,847.28	5.09 %
SHORT-TERM FIXED INCOME								
Guaranteed Investment Certificate								
	100,000 EFFORT TRST CO GIC A 0.8% 3MY22	04/30/2021	100,000.00	100,000.00	0.00			
	63,400 HOME TRST CO GIC A 1.18% 30JN22	06/29/2020	63,400.00	63,400.00	0.00		623.09	0.98
	47,314 HAVENTREE BNK GIC CA 31OC22	10/28/2020	47,314.00	47,543.57	229.57		229.57	0.49
	36,600 HOME TRST CO GIC CA 31OC22	10/28/2020	36,600.00	36,764.77	164.77		164.77	0.45
	45,981 IND & COMM BK CHINA (CDA) GIC CA 31OC22	10/28/2020	45,981.00	46,176.56	195.56		195.56	0.43
	100,000 CDN WESTERN BNK GIC CA 9DC23	12/08/2020	100,000.00	100,484.50	484.50		484.50	0.48
	100,000 EQTBL BNK GIC CA 11DC23	12/08/2020	100,000.00	100,484.50	484.50		484.50	0.48
Total Short-Term Fixed Income			\$ 493,295.00	\$ 494,853.90	\$ 1,558.90		\$ 2,181.99	0.55 %
Total			\$ 766,970.25	\$ 770,822.16	\$ 3,851.91	\$ 11,726.84	\$ 16,029.27	2.41 %
Accrued Interest:			\$ 623					
Declared and Unpaid Dividends:								
Total Portfolio Value:			\$ 771,445					



PRIVATE WEALTH
MANAGEMENT

SECURITY INCOME ANALYSIS (CAD)

As of April 30, 2021

CIBC WOOD GUNDY

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

Margin

Your Investment Advisor: J B MOORE

**** 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.**

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CRTO MEMBERSHIP STATISTICS

for Council May 28, 2021

Report generated May 7, 2021



	At last Council	1 year ago	5 years ago	
Membership	May 2021	Feb 2021	May 2020	May 2016
Total members	3815	3747	3788	3370
General Class	3419	3501	3375	3043
Graduate Class	104	20	144	54
Limited Class	5	5	5	6
Inactive Class	287	221	264	267
Status Changes	Mar 2020 - May 2021	Mar 2020 - Feb 2021	Mar 2019 - May 2020	Mar 2016 - May 2016
Resigned	154	114	145	26
Retired	71	51	70	9
Moved out of Ontario	35	30	29	9
Working in other profession	24	17	30	3
Personal/Other Reasons	24	16	16	5
Undertaking	0	0	0	0
Suspended	20	17	13	19
due to non-payment of fees	19	16	11	19
due to disciplinary decisions	1	1	0	0
other reasons	0	0	2	0
Revoked	16	5	20	18
due to non-payment of fees	13	2	16	18
due to disciplinary decisions	0	0	0	0
due to expiration of Grad Certs	3	3	4	0
Reinstated	33	24	41	4
from resigned	19	16	33	0
from suspended	2	2	3	2
from revoked	12	6	5	2
New Applications	Mar 2020 - May 2021	Mar 2020 - Feb 2021	Mar 2019 - May 2020	Mar 2016 - May 2016
Applications Received	362	226	381	95
Ontario Graduates	313	188	337	90
Other Canadian Grads	30	21	19	3
USA Graduates	5	5	11	1
International Graduates	14	12	14	1



TO: CRTO COUNCIL

FROM: CRTO STAFF

DATE: MAY 28, 2021

SUBJECT: FINAL APPROVAL OF THE COMMITMENT TO ETHICAL PRACTICE PPG

RECOMMENDATION:

It is recommended that Council approve the final draft of The Commitment to Ethical Practice Professional Practice Guideline.

BACKGROUND AND RATIONALE:	CONSIDERATIONS:	YES	NO	N/A
Practice guidelines, like a Commitment to Ethical Practice PPG, are designed to assist CRTO members with their understanding of the legislative and regulatory parameters that shape their professional practice. Under the Regulated Health Professions Act (RHPA), every College is required to establish a Code of Ethics. This PPG provides guidance for ethical decisions and sets expectations for ethical and moral behavior. This PPG was last reviewed in 2015, and a first revised draft was approved by the CRTO Council on March 5, 2021. It was circulated to the CRTO membership, along with a survey for consultation. Final revisions and edits were completed as a result of this consultation. Attached is a copy of the final draft of the PPG.	The purpose of the PPG is clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	The PPG is of educational value.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	The language used is clear and unambiguous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	The examples provided enhance the reader's understanding.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Are other CRTO documents referenced rather than duplicated?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A Commitment to Ethical Practice



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

The words and phrases in **bold** lettering can be cross referenced in the Glossary at the end of the document.

NOTE: For the purposes of this document the term client is used to refer to both a patient and/or client.

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Guideline Introduction and Development

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

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

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

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

Acknowledgement

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

Commitment to Ethical Practice Review 2010

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

In fond memory of Gary Tang RRT

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

Ethical Values Underpinning Practice

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

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

Guiding Principles for Ethical Professional Practice

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

The Four Principles (Beauchamp, 2008)

1. Respect for Autonomy- free will

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

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

2. Beneficence – to do good

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

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

3. Non-maleficance – avoid doing harm

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

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

4. Distribute Resources with Justice – act fairly

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

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

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

Case Scenarios – Applying the Principles to Practice

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

RTs are encouraged to use the Steps to Ethical Decision Making algorithm located on page 31 to work through these examples. The algorithm may also prove useful for determining the best possible course of action when confronted with ethical issues that arise as part of a RTs practice. This can be used in conjunction with their organization's established ethical decision-making processes (e.g., Staff Ethicist, Medical Ethics Committee, etc).

Abuse of Patients/Clients

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

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

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



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

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

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

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

Capable Patient/Client Refusing Plan of Care

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

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



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

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

Capacity and Consent

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

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



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

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

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

Changing Individual Scope of Practice

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

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



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

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

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

Conflict of Interest

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

- undertaking an activity or
- having a relationship

that effects or influences their professional judgment. A conflict of interest may be actual or apparent (perceived).^(CRTO, 2014) A good rule of thumb is that if an RT senses that they may be in a conflict of interest, they likely are.



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

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



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

The ethical principal is to do good and do no harm. Providing care to a member of one's own family is never an optimal situation and should not be undertaken if other options are available. However, there are times when providing RT services to a family member is unavoidable. If the family member requires the services of a Respiratory Therapist and

there is no one else available, then the RT must act in the best interest of the patient. If they decide to provide care, they need to be sure to document the potential conflict of interest. Also, it is essential that the RT do everything in their power to transfer care to another RT or equivalent practitioner as soon as possible and as appropriate.

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

Disclosure of Patient Safety Incidents

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

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



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



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

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

The *Apology Act* seeks to enable healthcare professionals to make an **apology** that cannot be taken into account in any determination of fault or liability in connection with that matter.^(Apology Act, 2009) More information on this act can be found at: http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_09a03_e.htm

Diversity, Equity and Inclusion

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

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



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

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

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



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

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

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

Duty to Care

For the purpose of this document, “duty to care” is viewed from primarily an ethical, rather than a legal perspective. The *Ontario Health Plan for an Influenza Pandemic* states that a healthcare worker has “an ethical duty to provide care and respond to suffering.

(OHPIP, 2008) The University of Toronto Joint Centre for Bioethics 2005 paper *Stand on Guard for Thee* reiterates the ethical duty to care that healthcare professionals owe the public. (Joint Centre for Bioethics, 200)

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

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



The ethical principles are to act fairly, do good and do no harm. In this circumstance, the RT is required to balance the needs of the RT's patients/clients with the needs of their child. It is not clear that patient/client care would suffer if they did not come into work (e.g., there is other staff who can provide the same care). However, if they were unable to make other babysitting arrangements, the RT would not legally or morally be able to leave their child unattended. Members are encouraged to anticipate and seek to address factors that may interfere with their ability to carry out their professional duties.

During a severe respiratory outbreak, an RT is unwilling to come to work due to their concern that they will contract the illness and bring it home to their elderly father. Can they refuse to work under the Occupational Health and Safety Act?

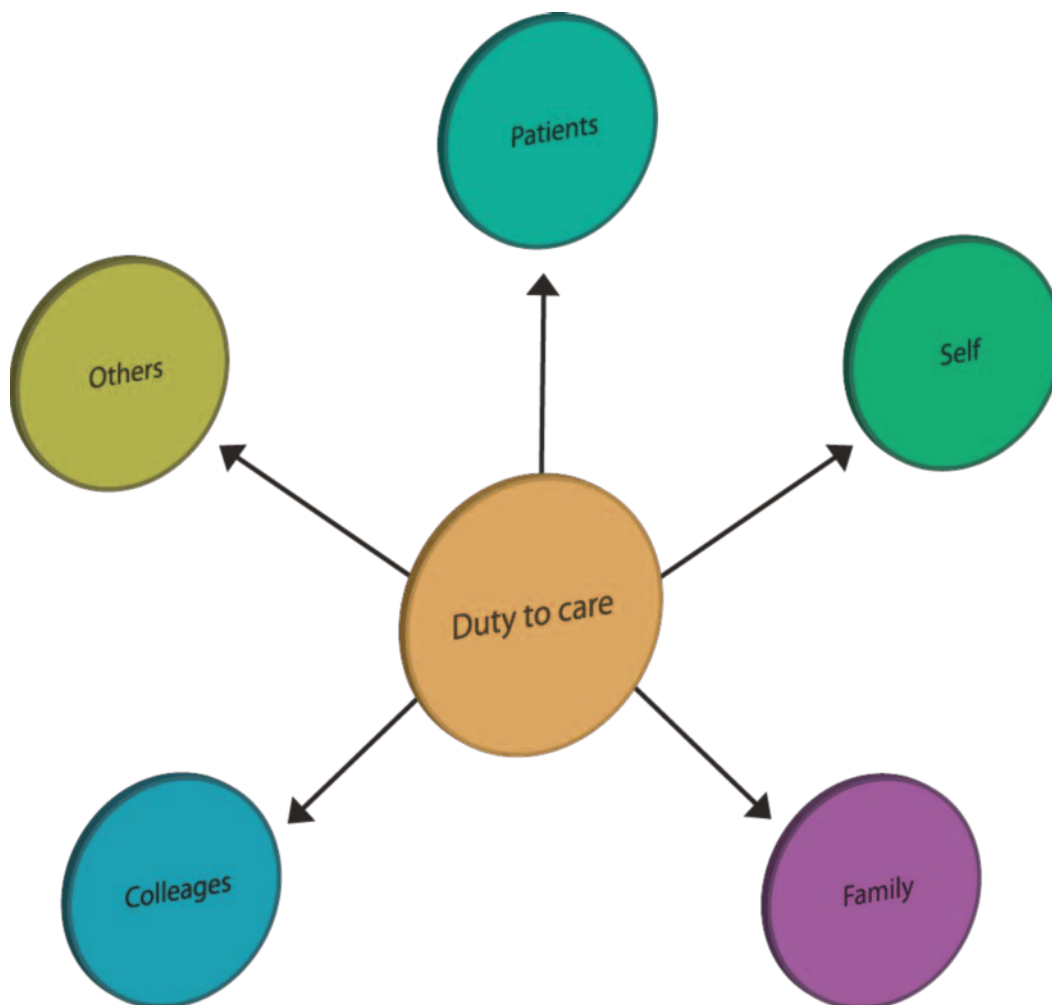


The ethical principles are to act fairly, do good and do no harm. Respiratory Therapists care for patients with respiratory illnesses every day, and this is inherent in the work that they do. Additionally, an RT's refusal to provide their services could potentially endanger the life, health, or safety of these patients. Therefore, in this circumstance, the RT is expected to fulfill the requirements of their job.

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

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

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



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

End of Life Decision Making

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

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



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

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

Ending the RT-Patient/Client Relationship

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



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

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

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

Evidence-Based and Reflective Practice

In order to provide the highest level of quality patient care, RT's must apply current and best practice guidelines and research in their clinical practice. Evidence-based medicine challenges the notion that practitioners should continue to adhere to "accepted" medical practices that are no longer relevant or validated. Rather, it is an RT's responsibility to demonstrate professional excellence and practice competently and with integrity, ensuring that they seek opportunities for professional development and lifelong learning.

An internal medicine specialist has ordered an inappropriately high tidal volume (>10 ml/kg) for a patient/client with ARDS and has not written an order to ventilate to ABGs.

The hospital has a policy that the NHLBI ARDS Mechanical Ventilation Protocol should be implemented for individuals who meet the inclusion criteria. How should the RT proceed?



The ethical principles involved are to do good and do no harm. First, the RT is required to act in the patient/client's best interest. If the practitioner has sound reason to question any medical order, then they should immediately bring this to the attention of the individual who wrote the order. Sometimes a careful and well-informed explanation on the part of the RT can be enough to have the order changed. If not, then how the RT proceeds will vary depending on how detrimental they feel the existing order will potentially be for the patient/client. In this scenario, if the RT was not satisfied with the outcome of the discussion with the ordering physician, then there is usually another level of administration to take their concerns (e.g., chief of staff, administrator on-call, etc.). In the interim, the patient/client should be set on whatever set of parameters that are considered to be safe and everything must be carefully documented. All other staff caring for the patient/client (i.e. bedside nurse), should also be informed.

Interprofessional Collaboration

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

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



The ICU nurses at a community hospital have approached their administration (without consultation with the RT dept.) requesting they be permitted to perform arterial line insertion (a task which up until now has been performed only by the RTs).

The RTs react by taking their objections (without consulting with the ICU nursing dept.) to senior administration. What should have been done to ensure a collaborative process and what outcome would be in the best interest of optimal patient care?

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

Maintaining Professional Boundaries

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

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

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

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



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

The ethical principle involved is to act fairly. Unfortunately, even when acting fairly, one can be perceived as otherwise (giving preferential treatment, for example). The RT would violate professional boundaries if the patient/client continues to be cared for at the sleep lab where the RT worked. The only way that a personal relationship would be permissible is if the therapeutic relationship had officially ended, and this must be clearly documented.



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

The ethical principle involved is to act fairly. Because an imbalance of power exists between the staff therapists and students, the RT is advised against engaging in a personal relationship with this individual and accepting a friend request. This may violate workplace conflict of interest policies, as well as cross professional boundaries.

Resource Allocation

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

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



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

Substitute Decision Maker

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



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

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

Transfer of Accountability (TOA)

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

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

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

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



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

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



An RT is currently working part time at one hospital and casual at another. One evening, they needed to leave prior to shift change, in order to arrive on time for their shift at the other facility, but the RT that is relieving them had not arrived yet. If they have gotten permission from their employer to leave early, is it permissible to do so according to the CRTO?

The ethical principles involved are to do good and do no harm. The RT is responsible for providing respiratory care up to the point of the transfer of accountability and must be physically present to provide a verbal report, unless there are other organizational mechanisms in place. This situation has the potential for significant risk (e.g., The second RT is delayed in arriving for their shift).

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

Social Media

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

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

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

Prior to posting, please consider these values:

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

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

CRTO Standards of Practice

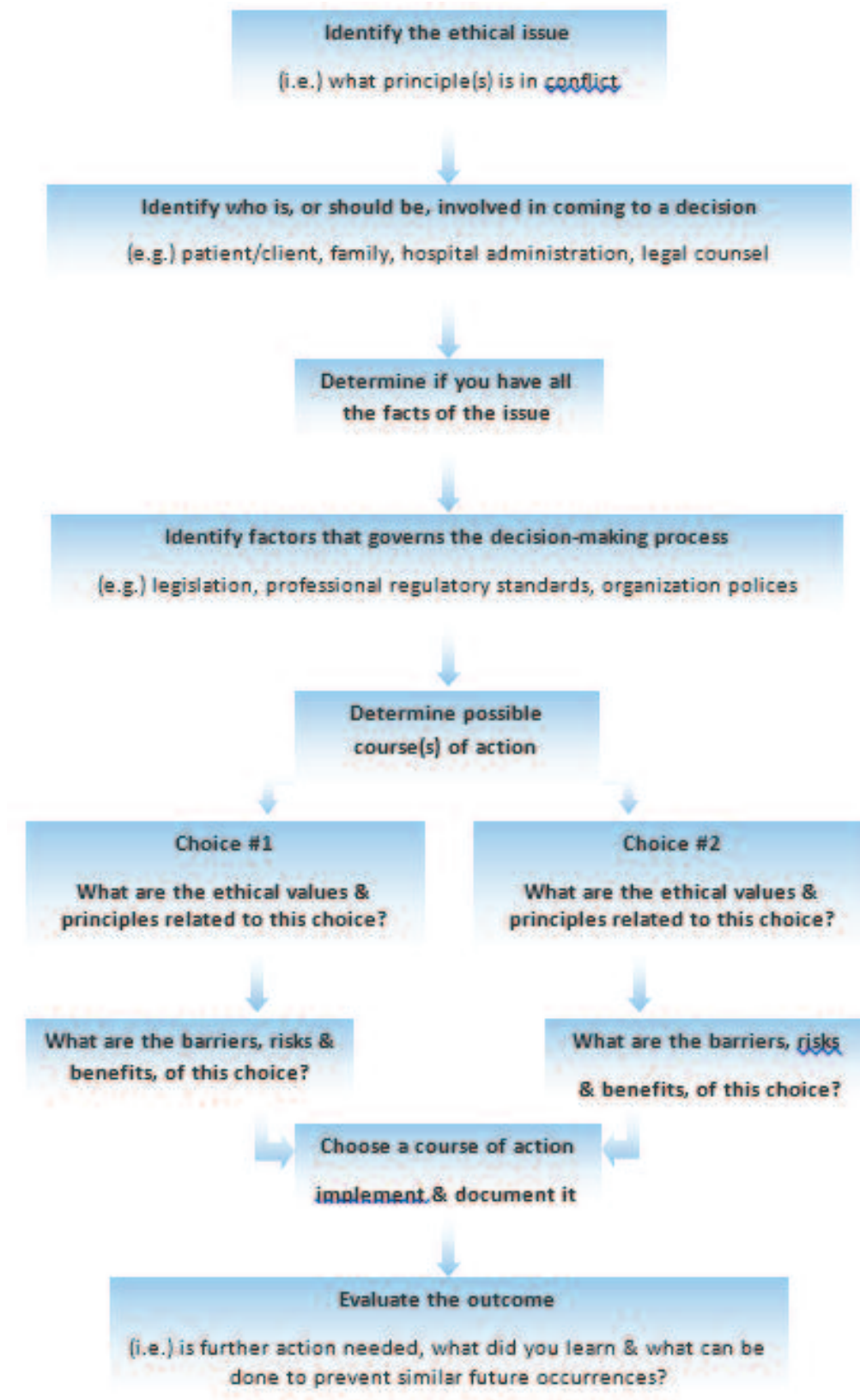
- **Standard 3.6:** Refrain from making false, deliberately misleading or offensive statements, contrary to the interests of the public or the honour and dignity of the profession, whether orally or in writing;
- **Standard 8.6:** refrain from making a representation about a remedy, treatment, device or procedure for which there is no generally accepted scientific or empirical basis;
- **Standard 12.7:** Communicate electronically and through social media in a manner that respects therapeutic and professional relationships; and
- **Standard 13.26:** Behave in a professional manner that presents a positive image of Respiratory Therapy to the community.



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

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

Steps to Ethical Decision-Making



Bloodborne and Other Infectious Agents

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

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

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

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

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

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

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

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

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

#4 same as #3

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

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

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

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

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



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

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

Glossary

Accountability

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

Apology/ Apology Act

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

Autonomy

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

Circle of Care

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

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

Competent/Competency

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

Confidentiality

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

Glossary

Consent & Capacity Review Board (CCRB)

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

Conflict of Interest

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

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

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

Critical incidents

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

Ethical/ Ethical Framework

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

Health Care Consent Act (HCCA)

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

Health Information Custodian

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

Healthcare Team

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

Glossary

Human Rights Code

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

Judgement

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

Knowledge

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

Known Capable Wishes

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

Near Misses

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

Patient/Client

An individual who requires care (and can include or their substitute decision maker).

Professional Relationships

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

Regulated Health Professions Act (RHPA)

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

Glossary

Relevant

Having significant and demonstrable bearing.

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

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

Respiratory Therapy Act (RTA)

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

Substitute Decision Maker (SDM)

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

Surge response strategies

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

Therapeutic Relationship

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

Transparency

The act of being easily understood, free from deceit and straightforward in all interactions, sharing of information and knowledge, and outcomes.

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

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Use of Social Media by Respiratory Therapists

Fact Sheet

Overview

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

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

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

Considerations

Prior to posting, please consider these values:

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



Use of Social Media by Respiratory Therapists **Fact Sheet**

- **Patient/client boundaries:** Remember to maintain professional boundaries. As best practice do not extend or accept friend requests from anyone with whom you have a therapeutic relationship or their family. Respect existing power imbalances, including those in the workplace.
- **Communicate respectfully and thoughtfully:** Social media platforms are informal and subjected to heated discussions. As a professional, you must always choose your words carefully. When in doubt, act like the entire world can and will read what you just posted. Remember, it is a permanent record.

Resources

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

CERTO Standards of Practice:

- **Standard 3.6:** Refrain from making false, deliberately misleading or offensive statements, contrary to the interests of the public or the honour and dignity of the profession, whether orally or in writing;
- **Standard 8.6:** Refrain from making a representation about a remedy, treatment, device or procedure for which there is no generally accepted scientific or empirical basis;
- **Standard 12.7:** Communicate electronically and through social media in a manner that respects therapeutic and professional relationships; and
- **Standard 13.26:** Behave in a professional manner that presents a positive image of Respiratory Therapy to the community.

For Ontario privacy legislation:

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

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

General Email: questions@crto.on.ca



College of Respiratory
Therapists of Ontario

Ordre des thérapeutes
respiratoires de l'Ontario

Use of Social Media by Respiratory Therapists **Fact Sheet**

Q & As

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

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

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

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

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



Use of Social Media by Respiratory Therapists **Fact Sheet**

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

Answer: While each person is entitled to their own philosophies and beliefs, as a regulated healthcare professional, there is a moral and professional obligation to be sensitive and cognizant of your audience. As an RT, you are always held to a higher personal and professional standard and the information you post, may be held by others, to be valid and correct. Avoid discussing health-related topics that could be viewed as dispensing treatment advice. If the information you post is viewed as contrary, rather than in line with, Public Health guidelines, you are in violation of the CRTC standards ([Standard 8 – Evidence Informed Practice](#)).

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

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

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

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





Fair Registration Practices Report 2020

The Fair Registration Practices Report was created as required in the:

- Fair Access to Regulated Professions and Compulsory Trades Act, 2006 (FARPACTA) s.20 and 23(1), for the regulated professions named in Schedule 1 of FARPACTA
- Health Professions Procedural Code set out in Schedule 2 of the Health Professions Act, 1991 (RHPA) s. 22.7(1) and 22.9(1), for health colleges

Guidelines for this report are available to download as a .pdf on the OFC website.

<https://www.fairnesscommissioner.com/en/Publications/Pages/Guidelines.aspx>

Organization: College of Respiratory Therapists of Ontario (CRTO)

Name of the regulated profession: Respiratory Therapy

Contact Name: Carole Hamp

Contact Email: hamp@crto.on.ca

Contact Phone Number : 416-591-7800 extension 33



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Qualitative Information

The following qualitative information is collected for the purpose of highlighting a regulator's enhancements to improve fair access year over year, including actions that result from recommendations made in the OFC's Assessment of Registration Practices.

For each of the categories below, where applicable, please describe any improvements/changes implemented in the last year by your organization or a third-party for the purpose of changing fair access.

Please also describe the impact of these improvements/changes on applicants. If you have been working on improvements/changes over the last year that have not yet been implemented, describe your progress and the expected impact the improvements/changes will have on applicants and your organization.

Provide as much detail as possible. This can include the rationale for the improvements/changes, relevant findings from preliminary work leading up to the improvements/changes, methodology, relevant dates and anything else you think is important.

Include as much supporting material as possible to support your description (e.g., relevant reports, policies, protocols, websites, other documents and anything else you think is important). This material can be provided in the form of hyperlinks to electronic sources.

a. Requirements for registration, including acceptable alternatives

i) Describe any improvements / changes implemented in the last year

On March 23, 2020, CRTO's Council passed the approved revision to the [Emergency Registration policy](#). The Emergency Registration policy allowed the CRTO to expedite the registration process during emergencies or health crises such as COVID-19 by eliminating barriers to registration. The Emergency Registration policy allowed applicants to be registered without having met certain exemptible registration requirements (e.g., currency requirements, and registration related fees) at the Registrar's discretion if they meet certain conditions detailed in the policy.

When the allowable discretion is exercised pursuant to the Emergency Registration policy to register an applicant, the Registrar references the [Currency policy](#) as a guideline for applying applicable, terms, conditions, or limitations on the member's certificate.

ii) Describe the impact of the improvements / changes on applicants

Under the Emergency Registration policy, registration considerations are applied to specific groups of applicants e.g., retired, resigned members, inactive members, and respiratory therapy students.

- **Retired or Resigned Members:**

Members who have retired and/or resigned their certificate of registration with the CRTC can reapply by submitting an online application for registration at www.crtc.on.ca. At the time of reapplying, applicants who had practiced respiratory therapy within the last two (2) years are considered to have met the currency requirements under section 55(5) of the Ontario Regulation 596/94, PART VIII (Registration). The Emergency Registration policy allows the Registrar to re-issue the same class of certificate held prior to retiring/resigning, along with any applicable terms, conditions, or limitations the member previously held.

Applicants who had not practiced within the last two to five (2–5) years will be registered with terms, conditions, or limitations in accordance with the Registration Currency policy.

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

- **Inactive Class of Registration:**

Members in the inactive class applying for a General certificate and who have practiced respiratory therapy within the last two years are considered to have met the currency requirements under Section 55(5) of the Ontario Regulation 596/94. The Registrar will issue the certificate along with any applicable terms, conditions, or limitations the Member previously held prior to going Inactive.

Applicants who have not practiced within the last two to five (2–5) years, the Registration Committee grants the Registrar the authority to register the individual and apply terms, conditions, or limitations on the certificate of registration in accordance with the Registration Currency policy.

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

- **Respiratory Therapy Students:**

Respiratory therapy students enrolled in a CRTC recognized program who are within ten weeks of successful completion of the program may be considered for registration in the Graduate class. This is contingent on confirmation from the educational program that the applicant has completed the program. In addition, during the state of emergency, individuals will be considered eligible to write the CBRC exam as a first-time writer.



- **Out of Province Applicants**

There are no changes to out of province applicants, applicants from other provinces will continue to be registered in accordance with the [Labour Mobility: Applicants from Regulated Canadian Jurisdictions Policy](#) and the [Registration Currency Policy](#).

Describe the impact of the improvements / changes on your organization

The intent of the Emergency Registration policy is to expedite the registration process by eliminating barriers to registration. In terms of impact to the organization, there are no significant impacts beyond an increase in registration. Under the policy, the CRTC have registered nearly 200 additional Respiratory Therapists, mostly from final year students with the remainder from Respiratory Therapists who were recently retired or in the Inactive class of registration. This added nearly five percent to the CRTC's registration numbers, which was a critical buffer when the CRTC was planning for surge capacity in the early stages of the pandemic.

Assessment of qualifications

- i) Describe any improvements/changes implemented in the last year

No changes last year.

- ii) Describe the impact of the improvements/changes on applicants

No changes last year.

- iii) Describe the impact of the improvements/changes on your organization

No changes last year.

- b. Provision of timely decisions, responses, and reasons**

- i) Describe any improvements/changes implemented in the last year

No changes last year.

- ii) Describe the impact of the improvements/changes on applicants

No changes last year.

- iii) Describe the impact of the improvements/changes on your organization

No changes last year.



c. Fees

i) Describe any improvements/changes implemented in the last year

Between March and December 2020, the \$75 application fee was waived for applicants under the Emergency Registration policy. The rationale to waive the application fee was to reduce barriers to registration, allowing applicants to apply for registration without added financial stressor. In addition to waiving application fees, registration fees for successful applicants under the policy were deferred for up to six (6) months. Applicants are not required to submit their registration fees to be registered until after the 6 months grace period.

ii) Describe the impact of the improvements/changes on applicants

The waiver on application and the 6-month deferral of registration fees removed potential financial barriers towards registration so applicants can more readily enter the profession to assist with the pandemic.

iii) Describe the impact of the improvements/changes on your organization

Despite the waiver of application fees for a significant portion of 2020, the resulting increase in membership created an overall surplus for the CRTO in registration fees

d. Timelines

i) Describe any improvements/changes implemented in the last year

No changes last year.

ii) Describe the impact of the improvements/changes on applicants

No changes last year.

iii) Describe the impact of the improvements/changes on your organization

No changes last year.

e. Policies, procedures and/or processes, including by-laws

i) Describe any improvements/changes implemented in the last year

1. Emergency Registration Policy – (detailed above in section a) The Emergency Registration policy allowed the CRTO to expedite the registration process during emergencies or health crises such as COVID-19 by eliminating barriers to registration. The Emergency Registration policy gave the Registrar's discretion to register applicants without having met certain exemptible registration requirements (e.g., currency requirements, and registration-related



fees). The Emergency Registration policy is applicable to individuals who retired or resigned with the CRTO, members who are in the Inactive class of registration, and respiratory therapy students.

- **Retired or Resigned Members:**

Individual who has retired/resigned with the CRTO and meet the currency requirements as outlined in the Currency policy, the Registrar will issue a certificate of registration along with any applicable terms, conditions, or limitations the Member held previously. Individuals who have not practiced within the last two to five (2-5) years, the Registrar will register the individual and apply terms, conditions, or limitations on the certificate of registration in accordance with the Registration Currency policy. Applicants who have a currency gap of more than five (5) years will be referred to the Registration Committee for consideration.

- **Inactive Class of Registration:**

Members who are in the inactive class and who have practiced respiratory therapy within the last two (2) years are considered to have met the currency requirements. The Registrar will issue the certificate of registration along with any applicable terms, conditions, or limitations the Member held prior to going Inactive. Applicants who have not practiced within the last two to five (2-5) year, the Registration Committee grants the Registrar authority to register the individual and apply terms, conditions, or limitations on the certificate of registration in accordance with the Currency policy. Applicants who have a currency gap of more than five (5) years will be referred to the Registration Committee for consideration.

- **Respiratory Therapy Students:**

RT students who are enrolled in a recognized program and who are within ten weeks of successful completion of the program may be considered for registration in the Graduate class. The registration is contingent on the confirmation from the educational program that the applicant has completed the program.

- **Out of Province Applicants:**

Applicants from other provinces wishing to be registered with the CRTO will be registered in accordance with the Labour Mobility: Applicants from Regulated Canadian Jurisdiction policy and the Currency policy.

2. Unauthorized Use of Title and Holding Out Prior to Registration Policy – At the September 14, 2018 Registration Committee meeting, the Registration Committee reviewed the definition of “good standing” and amended the title from the “Determining Good Character of Applicants policy” to the “Determining Applicants’ Suitability to Practice policy. Amendments were also made to the to the [Unauthorized Use of Title and Holding Out Prior to Registration policy](#) to reference “Determining Applicants’ Suitability to Practice policy”. The amendments to the Unauthorized use of Title and Holding Out Prior to Registration Policy was approved by Council on March 6. 2020.



3. Inactive Certificate of Registration Policy – The [Inactive Certificate of Registration policy](#) has been revised and approved by CRTO’s Council on March 6, 2020. Revisions have been made to page two of the policy to add in bolded text: “Inactive Members who have practiced within two years immediately preceding their application for reinstatement will **generally satisfy the requirement referred to in section 62(2)(c), unless the CRTO is aware of information that could reasonably indicate a concern with respect to the Member’s knowledge, skill and/or judgment.**” And remove “by policy satisfy the requirement referred to in *section 62(2)(c)*.”

On page three of the Inactive Certificate of Registration Policy #5 in bolded text is added, the following criteria may be used by the Registration Committee to determine which outcome is most appropriate:

1. time since last practice,
2. nature and intensity of last practice,
3. quality and quantity of efforts to maintain currency while not practising,
4. the applicant’s re-entry plan,
5. **health information that suggests the possibility of impaired judgment.**

The revised Inactive Certificate of Registration Policy allowed the Registration Committee to consider a Member’s judgment under *section 62(2)(c) of the Respiratory Therapy Act*, and possibly place terms, conditions, or limitations, or deny reinstatement to the General class of registration until such time a health inquiry can be concluded.

4. National Competency Framework (NCF) – the National Alliance of Respiratory Regulatory Bodies developed the entry-to-practice competencies for Respiratory Therapists. In January 2020, the National Competency Framework (NCF) replaced the previous [National Competency Profile \(NCP\)](#). The NCF was developed in 2016, the NCF outlines the national standards of competencies required for entry-to-practice and therefore it is the benchmark for credentialing and licensing. Part 1 of the 2016 NCF includes the evaluation criteria required for accreditation purposes, and Part 2 provides guidelines for the Respiratory Therapy profession as they move forward in their career path. Full details with regards to the NCF can be found here: [National Competency Profile/Framework – The National Alliance of Respiratory Therapy Regulatory Bodies \(nartrb.ca\)](#).
5. Registration and Use of Title Professional Practice Guideline (PPG) – The [PPG](#) is designed to assist the CRTO Members with their understanding of the legislative and regulatory parameters that shape their professional practice. PPGs are reviewed every five years (or sooner if necessary) and revised as required. Staff conducted a detailed review of the PPG and amendments were made to the following:
 - the role that PPGs and other CRTO documents play in determining whether the appropriate standards of practice have been met;
 - link provided to Am I Practicing Fact Sheet (page 7);
 - removed information regarding tracheostomy tub changes and prescribed procedures below the dermis (page 7-8);

- updated Standards of Practice link (page 10);
- streamlined information regarding the CRTO Public Register and Duty to Report (page 12); and
- removed glossary (page 15).

The PPG was circulated to the membership, along with a brief consultation survey. After which, it was approved for publication by Council on March 6, 2020.

ii) Describe the impact of the improvements/changes on applicants

1. Emergency Registration Policy – This policy allowed CRTO staff to process applicants in a timely manner to assist with the emerging health emergency. Under this policy, applicants can submit applications without paying the application fee. Applicants that are approved for registration can also have their registration fees deferred for a period of six (6) months. The Emergency Registration policy also gave power to the Registrar to register individuals who do not meet the two (2) year currency requirement. It allowed the Registrar to register individuals who have two to five (2-5) years of currency gap and apply terms, conditions, or limitations on their certificates in accordance with the Currency Policy. Individuals who are applying with more than five (5) years of currency gap are referred to the Registration Committee for consideration.

Respiratory therapy students who are within ten weeks of successful completion of the program can also apply under the Emergency Registration policy to be registered contingent on the CRTO receiving confirmation from the educational program that the student has completed the program.

2. Unauthorized Use of Title and Holding Out Prior to Registration Policy – No impact to applicants, the changes were made to reflect the correct the name of the policy.
3. Inactive Certificate of Registration Policy – The revised policy allows the Registration Committee to consider an applicant's health information that suggests the possibility of impaired judgement and not an automatic approval of a Member's request to be reinstated from Inactive Class to General Glass of Registration as long as they have met criteria (a) and (b) of [section 62\(2\) of the Respiratory Therapy Act](#). The revised policy also aligns better with the intent of the legislation as it also captures section 62(2)(c) of the *Respiratory Therapy Act*.

“(2) A member who holds an inactive certificate of registration may be reissued a general or limited certificate of registration, as the case may be, if the member,

- (a) applies in writing to the Registrar for reinstatement;
- (b) pays the annual fee in respect of the class of certificate of registration which is the subject of the application for reinstatement together with any other outstanding fee, penalty or other amount owed to the College; and
- (c) satisfies a panel of the Registration Committee that he or she possesses the current knowledge, skill and judgment relating to the practice of the profession

that would be expected of a member holding a certificate of registration of the type which is the subject of the application for reinstatement. O. Reg. 17/12, s. 1.”

4. National Competency Framework (NCF) – The NCF was developed in 2016 and was launched in 2020, all CRTO accredited respiratory therapy program utilized the NCF and moved away from the National Competency Profile (NCP). All recent graduates of approved respiratory therapy program are deemed to have the required entry-to-practice competences in the NCF. All applicants for the General Certificate of Registration must successfully pass the Canadian Board for Respiratory Care (CBRC) examination. The respiratory therapy examination is constructed utilizing the National Alliance of Respiratory Therapy Regulatory Bodies 2016 NCF and all applicants are strongly encouraged to review the NCF.

International applicants who are not graduates of approved respiratory therapy programs are referred to the [Entry-to-Practice Assessment process](#). The assessment is based on the NCF. The NCF is a list of competencies considered essential for entering the practice of respiratory therapy in Ontario.

5. The Registration and Use of Title PPG – No significant impact to applicants, updates were made to ensure members understand the role that professional practice guidelines and other CRTO documents play in determining whether the appropriate standards of practice have been met. Links on the PPG were provided for additional resources.

iii) Describe the impact of the improvements/changes on your organization

1. Emergency Registration Policy – The CRTO has always had an Emergency Registration policy, which can be invoked during health emergencies or crises. This policy was amended and approved by Council in March 2020. With the Emergency Registration policy in effect, the CRTO was able to register additional respiratory therapists, who answered our call-out to assist in the pandemic. As such, for the 2020 year, we saw an increased number of applicants applying to be registered with the CRTO, resulting in increased registration revenue for the organization.
2. Unauthorized Use of Title and Holding Out Prior to Registration Policy – No impact to the organization, the policy was amended to reflect the name of the revised policy from Determining Good Conduct Policy to Determining Applicants’ Suitability to Practice Policy.
3. Inactive Certificate of Registration Policy – No significant impact to the CRTO. The CRTO has always considered an applicant’s health information if it was a judgement issue under section 62(2) of the *Respiratory Therapy Act*. The amended policy also allows for transparency and in assisting applicants in understanding why the Registration Committee is considering health statuses of applicants.



4. National Competency Framework (NCF) – National competencies are reviewed every five years by the National Alliance of Respiratory Therapy Regulatory Bodies. The CRTO ensures all references to the NCP have been amended to reference the NCF (e.g., policies, website content, guides, and communication).
5. The Registration and Use of Title PPG – the Registration and Use of Title PPG was due for review as PPGs are reviewed every five years. The PPG was amended to clarify some languages in the document, and there are no substantive content changes, as such it has no impact to the CRTO and the way the organization operates.

f. Resource for applicants

- i) Describe any improvements/changes implemented in the last year

No changes last year.

- ii) Describe the impact of the improvements/changes on applicants

No changes last year.

- iii) Describe the impact of the improvements/changes on your organization

No changes last year.

g. Review or appeal processes

- i) Describe any improvements/changes implemented in the last year

No changes last year.

- ii) Describe the impact of the improvements/changes on applicants

No changes last year.

- iii) Describe the impact of the improvements/changes on your organization

No changes last year.

h. Access to applicants' records

- i) Describe any improvement/changes implemented in the last year

No changes last year.

- ii) Describe the impact of the improvements/changes on applicants



No changes last year.

- iii) Describe the impact of the improvements/changes on your organization

No changes last year.

i. Training and resources for registration staff, Council, and committee members

- i) Describe any improvements/changes implemented in the last year

Members of the Registration Committee and staff attended a training session focused on decision making, dealing with special considerations, and issues related to human rights and anti-discrimination.

Assessors who take part in the assessment process were offered training sessions on conducting behaviour-based interviews and clinical skills assessments.

- ii) Describe the impact of the improvements/changes on applicants

The CRTO takes measures to ensure that those involved in registration decisions have the skills and knowledge necessary for unbiased and objective decision making. These steps include ongoing training for Registration Committee members and assessors.

- iii) Describe the impact of the improvements/changes on your organization

The CRTO takes measures to ensure that those involved in the assessment process have the skills and knowledge necessary for unbiased and objective decision making. Assessors involved with the assessment process receive ongoing training.

j. Mutual recognition agreements

- i) Describe any improvements/changes implemented in the last year

No changes last year.

- ii) Describe the impact of the improvements/changes on applicants

No changes last year.

- iii) Describe the impact of the improvements/changes on your organization

No changes last year.

k. Describing any improvements/changes implemented in the last year

- i) Describe any improvements/changes implemented in the last year

No changes last year.



- ii) Describe the impact of the improvements/changes on applicants

No changes last year.

- iii) Describe the impact of the improvements/changes on your organization

No changes last year.

- I. Describe any registration-related improvements/changes to your enabling legislation and/or regulations in the last year

No changes last year.

Provide any additional information: N/A

Quantitative Information

The following quantitative information is collected for the purpose of observing statistical changes and trends related to application, licensure, appeals and staffing year over year.

a. Languages

Indicate the languages in which application materials and information about the application process are available.

Language	Yes/No
English	Yes
French	Yes

Other (please specify): N/A

b. Gender applications

Indicate the number of applicants in each category as applicable

Gender	Number of applicants
Male	67
Female	173
None of the above	0

Additional comments:

c. Gender of members

Indicate the number of members in each category as applicable. Select the option that best corresponds to the terminology used by your organization.

Gender	Number of members
Male	995
Female	2713
None of the above	0

Additional Comments: This is the number of members as of December 31, 2020.

For the following sections d, e & f, the OFC recognizes that the term initial education infers that applicants may receive their education in multiple jurisdictions.

For the purpose of these questions, include only the jurisdiction in which an entry-level degree, diploma or other certification required to practice the profession or trade was obtained.

d. Jurisdiction where applicants obtained their initial education

Indicate the number of applicants by the jurisdiction where they obtained their initial education in the profession or trade

Ontario	Other Canadian Provinces	USA	Other International (list countries and # of applicants)	Unknown	Total
199	21	7	India – 7 Nigeria – 1 Philippines – 4 Syrian Arab Republic - 1	0	240

Additional comments: N/A

e. Jurisdiction where applicants who became registered members obtained their initial education

Indicate the number of applicants who became registered members in the reporting year by the jurisdiction where they obtained their initial education in the profession or trade.

Ontario	Other Canadian Provinces	USA	Other International (list countries and # of applicants)	Unknown	Total
177	17	3	India - 1	0	198

Additional comments: N/A



f. Jurisdiction where members were initially trained

Indicate the total number of registered members by jurisdiction where they obtained their initial education in the profession or trade.

Ontario	Other Canadian Provinces	USA	Other International (list countries and # of applicants)	Unknown	Total
3427	198	68	China – 2 India – 5 Iran – 1 Philippines – 6 Venezuela – 1	0	3708

g. Application processed

Indicate the number of applications your organization processed in the reporting year. Enter the data by jurisdiction where applicants were initially trained in the profession, i.e., before they were granted use of the protected title or professional designation in Ontario.

January 1, 2020 to December 31, 2020	Ontario	Other Canadian Provinces	USA	Other International	Unknown	Total
New applications received	199	21	7	13	0	240
Applicant actively pursuing licensing. Those who had some contact with your organization in the reporting year	20	2	4	12	0	38
Inactive applicants. Those who had no contact with your organization in the reporting year.	0	0	0	0	0	0
Applicants who met all requirements and were authorized to become members <u>but did not</u> become members	1	2	0	0	0	3

Applicants who became <u>fully</u> registered members	160	15	3	1	0	179
Applicants who were authorized to receive an alternative licence <u>but</u> were <u>not</u> issued a licence	1	0	0	0	0	1
Applicants who were issued an alternative class of licence*	17	2	0	0	0	19

- An alternative class of licence enables its holder to practice with limitations, but additional requirements must be met in order for the member to be fully licensed.

Additional comments: N/A

h. Classes of certificate/licence

Provide a description of the classes of certificate/license offered by your organization. You should have at least one class listed.

#	Certification	Description
1	General	A General Certificate of Registration is issued to an individual who has met all academic requirements and has successfully completed the registration examination or evaluation approved by the College. If a Member holds a General Certificate of registration; he/she must use the designation RRT and may use "Registered Respiratory Therapist" or "Respiratory Therapist" as his/her professional title.
2	Graduate	<p>A Graduate Certificate of Registration is issued to an individual who has met all academic requirements but has not yet successfully completed the registration examination approved by the College.</p> <p>If a Member holds a Graduate Certificate of Registration, he / she must use the designation GRT and may use "Graduate Respiratory Therapist" as his/her professional title.</p> <p>The following conditions apply to a Graduate Certificate of Registration: The (Graduate) member shall,</p> <p>(1) at the first reasonable opportunity, advise every employer of any terms, conditions and limitations that apply to the member's graduate</p>

		<p>certificate of registration if their employment is in the field of Respiratory Therapy;</p> <p>(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 CRYPTO 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;</p> <p>(3) not delegate a controlled act;</p> <p>(4) not perform advanced prescribed procedures below the dermis;</p> <p>(5) not perform authorized act #5 administering a prescribed substance by inhalation"; and</p> <p>(6) not perform a tracheostomy tube change for a stoma that is less than 24 hours old.</p> <p>A graduate certificate is deemed to have been revoked 18 months after its initial date of issue.</p>
3	Limited	<p>Limited Certificates of Registration were issued to individuals who had not met all requirements for a General Certificate of Registration but provided sufficient evidence to a Panel of the Registration Committee of their competence to practice in a defined area of the scope of practice of the profession. (CRYPTO stopped issuing Limited Certificates of Registration on February 25, 1999). If a Member holds a Limited Certificate of Registration, he / she must use the designation PRT and may use "Practical Respiratory Therapist" as his/her professional title.</p>
4	Inactive	<p>A Member registered with a General or Limited Certificate of Registration may apply for an Inactive Certificate of Registration provided he/she is not practising the profession in the broadest sense of that phrase.</p> <p>The following conditions apply to an Inactive Certificate of Registration:</p> <p>The (Inactive) member shall not,</p>

		(a) engage in providing direct patient care; (b) use his or her professional title or designation; (c) supervise the practice of the profession; or (d) make any claim or representation to having any competence in the profession.
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Additional comments: N/A

i. Reviews and appeals processed

State the number of reviews and appeals your organization processed in the reporting year. Enter the data by jurisdiction where applicants were initially trained in the profession, i.e., before they were granted use of the protected title or professional designation in Ontario.

January 1, 2020 to December 31, 2020	Ontario	Other Canadian Provinces	USA	Other International	Unknown	Total
Applicants that were subject to an internal review or that were referred to a statutory committee of your governing council, such as Registration Committee	11	1	3	3	0	18
Applicants who initiated an appeal of a registration decision	0	0	1	0	0	1
Appeals hear	0	0	0	0	0	0
Registration decisions changed following an appeal	0	0	0	0	0	0

Additional comments: Appeal withdrawn by the Applicant, and Health Professions Appeal and Review Board closed the file before a hearing was scheduled.

j. Paid Staff

Provide the number of paid staff employed by your organization in the categories shown, as of December 31, 2020.

You may use decimals if you need to count half units. For example, one full-time employee plus one part-time employee will be equivalent to 1.5 employees.

Category	Number of staff
Total number of staff employed by the regulatory body	9
Number of staff involved in the appeals process	2
Number of staff involved in the registration process	3

Additional comments:

Submission

Name of individual with authority to sign on behalf of the organization:

Title: Carole Hamp, Acting Registrar

Date: April 26, 2021



College of Respiratory
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CRTO Council Meeting Minutes

Scheduled on March 5th, 2021 from 9:00 am to 1:00 pm

Location: Virtual meeting via Zoom Videoconference

Attendance:

Board Members:

Allison Chadwick, RRT - **Chair**
Rhonda Contant, RRT - **Vice Chair**
Andriy Kolos, Public Member
Kim Morris, Public Member
Katherine Lalonde, RRT
Jeffrey Schiller, Public Member

Lindsay Martinek, RRT
Brad Bedford, Public Member
Jeff Earnshaw, RRT
Jeff Dionne, RRT
Jody Saarvala, RRT

Staff:

Kevin Taylor, RRT, Registrar & CEO
Carole Hamp, RRT, Deputy Registrar
Amelia Ma, Manager Finance & Office
Janice Carson, Manager of Communications
Temeka Tadesse, IT & Database Specialist
Shaf Rahman, Manager of Professional Conduct

Lisa Ng, Manager of Registration
Sophia Rose, Coordinator of Professional
Conduct
Kelly Arndt, Coordinator of Quality Practice
Denise Steele, Coordinator of Professional
Programs

Guests:

Michelle Causton, Independent Chair

Regrets:

Yvette Wong, Public Member
Kelly Munoz, RRT

1.0: INTRODUCTION AND GUESTS

The meeting was called to order at 9:00am. Allison Chadwick, President welcomed Council and Staff to the meeting.

2.0: APPROVAL OF COUNCIL AGENDA

Council reviewed the agenda for March 5th, 2021.

Motion # 1 MOVED BY Kim Morris, and SECONDED BY, Katherine Lalonde, RRT, to recommend that Council approve the Meeting Agenda for March 5th, 2021.

MOTION # 1 CARRIED.

3.0: STRATEGIC ISSUES

3.1 COLLEGE PERFORMANCE MANAGEMENT FRAMEWORK – DRAFT SUBMISSION TO MOH

Kevin Taylor, Registrar & CEO presented to Council the Draft College Performance Management Framework submission. The MOH developed a framework that is intended to take a comprehensive review of a regulatory body's practices and performance. CROTO staff assisted with the completion of the report and also identified areas that need improvement. The report will be submitted to MOH by the end of March 2021.

3.2 STRATEGIC OBJECTIVES – 2021/2022

Kevin Taylor, Registrar & CEO briefed Council on the updates to the strategic initiatives and the proposed priorities for 2021 to 2022. The top priority for the CROTO this year is the Pandemic Management. Governance, Accountability (CPMF) are still a priority for the CROTO and other regulators. Anti-Discrimination and Member Engagement will remain on the strategic initiatives.

Motion # 2 MOVED BY Rhonda Contant, RRT and SECONDED BY Lindsay Martinek, RRT, that Council approve the Strategic Objectives as presented.

MOTION # 2 CARRIED.

3.3 BUDGET 2021/2022

Kevin Taylor, Registrar & CEO briefed Council on the proposed budget for 2021 to 2022, in support of the approved strategic priorities.

Motion # 3 MOVED BY Jody Saarvala, RRT and SECONDED BY Brad Bedford, that Council approve the budget for 2021 – 2022.

MOTION # 3 CARRIED.

4.0: OPERATIONAL & ADMINISTRATIVE ISSUES

4.1 REGISTRAR + STAFF ACTIVITY REPORT

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

Key Initiatives:

- The CRTO continues to monitor daily stakeholder updates by the Ministry of Health (MOH) Emergency Operations Centre (EOC) and the Critical Care Secretariat of Ontario (CCSO). The role of the CRTO is to be prepared to review our standards and licencing practices in the event of a surge due to the COVID-19 pandemic. The CRTO continues to update the membership on information relevant to RTs in Ontario.
- The CRTO along with all other health professions regulators were asked to assist 34 public health units in Ontario with communicating vaccine-related information to its members. This typically consists of instructions on how to make an appointment and where to get vaccinated.
- The Emergency Registration Policy remains in place although the deferral period is now closed.
- The deadline for Professional PORTfolio completion was extended for RTs, and those that were unable to submit by the deadline were granted a deferral to the following year. Notifications for the 2021 submission have been sent out to the membership.
- The CRTO continues to receive complaints and reports during the pandemic. Although the provincial emergency orders allow the CRTO flexibility with meeting timelines, CRTO staff continue to manage the caseload in a timely fashion.
- Since March 2020, CRTO staff continues to work remotely practicing business continuity while being remote.

4.2 FINANCIAL STATEMENTS

Council reviewed the financial statements as of January 31, 2021.

4.3 INVESTMENT PORTFOLIO

Council reviewed the Investment Portfolio as of January 31, 2021.

4.4 ORAC ANNUAL FEE COMPARISON RESULTS

Kevin Taylor, Registrar & CEO briefed Council on a comparison of Ontario Regulatory Bodies Membership Fees for the 2020 Membership Year. The comparison included Regulated Health Care Professionals and other Regulated Professionals. It compared if the regulator: gave a reduction of membership fees, a one-time credit, a deferral of payment, a payment plan, or other.

The CRTO had a surplus in fees for 2020 in which Council considered and deliberated two options: that the CRTO maintain the surplus in reserve or that the CRTO offer a one-time rebate.

Council moved to allocate the surplus into a reserve as a result of the pandemic and revisit the matter up to no later than the next budgeting cycle.

Motion # 4 MOVED BY Allison Chadwick, RRT and SECONDED BY Jeffrey Schiller, that as a result of the pandemic Council will revisit the reserve no later than the next budget cycle.

MOTION # 4 CARRIED.

4.5 COMMITMENT TO ETHICAL PRACTICE – REVISIONS FOR STAKEHOLDER FEEDBACK

Kelly Arndt, Coordinator of Quality Practice presented to Council the rationale for the revisions of the professional practice guidelines (A Commitment to Ethical Practice PPG). The guideline is designed to assist CRTO Members with their understanding of the legislative and regulatory requirements that shape their professional practice. The PPGs are reviewed every 5 years (or sooner, if necessary) and revised as required. The last review of A Commitment to Ethical Practice was conducted in 2010; the document was due to be reviewed again in 2015. CRTO staff conducted a detailed review and revision of the documents and drafted amendments for Council's consideration.

Motion # 5 MOVED BY Jeff Earnshaw, RRT and SECONDED BY Kim Morris, that Council approve the revised Commitment to Ethical Practice Document for circulation to the membership.

MOTION # 5 CARRIED.

4.6 USE OF SOCIAL MEDIA BY RTS PPG – DRAFT FOR STAKEHOLDER FEEDBACK

Kelly Arndt, Coordinator of Quality Practice presented to Council a draft of the professional practice guideline - Use of Social Media by RTs PPG. It is designed to assist CRTO Members with their

understanding of the professional and ethical standards and guidelines that shape their practice. The PPGs are reviewed every 5 years (or sooner, if necessary) and revised as required. CRTO staff performed a detailed review of relevant literature and resources, in addition to the College's standards of practice, when developing this document.

Motion # 6 MOVED BY Jeff Dionne, RRT and SECONDED BY Rhonda Contant, RRT, that Council approve the Use of Social Media by Respiratory Therapists (PPG) for circulation to the membership.

MOTION # 6 CARRIED.

5.0: CONSENT AGENDA ITEMS

5.1 MINUTES FROM DECEMBER 4TH, 2020

Council reviewed the Minutes from December 4th, 2020 and no changes were made.

5.2 MEMBERSHIP STATISTICS

Lisa Ng, Manager of Registration presented to Council the membership statistics. The total membership reported was **3,747**. The CRTO received **226** applications for registration from March 1, 2020 to February 24, 2021. Out of the total number of applications received, **188** are graduates of an Ontario RT program, **21** are graduates from other provinces, and **17** are graduates from outside of Canada.

5.3 EXECUTIVE COMMITTEE REPORT

(Submitted by Allison Chadwick, RRT, Chair)

The Executive Committee has met 3 times since the December 2020 Council meeting.

The Executive Committee:

- Made a number of committee appointments following the elections last fall as well as in response to the end of Michelle Causton's term as a public appointee;
- Developed a draft Council agenda for the meeting on March 05, 2021;
- Conducted a preliminary review of the CPMF report;
- Reviewed and made recommendations related to the proposed strategic priorities for 2021-2022; and,
- Reviewed the draft budget for fiscal 2021-2022.

5.4 REGISTRATION COMMITTEE REPORT

(Submitted by Christa Krause, RRT, Chair)

Since the last Council meeting, the Registration Committee met twice via video conference on the following dates:

- January 6, 2021
- February 18, 2021

Referral Summary

Reason for Referral	Decision
Five applications were referred due to currency requirements.	<p>One application was reviewed on January 6, 2021, the Panel decided to issue a General Certificate of Registration with terms, conditions, and limitations (including general supervision requirements).</p> <p>Four applications were reviewed on February 18, 2021. In three of the applications, the panel decided to issue a General Certificate of Registration with terms, conditions, and limitations (including direct supervision requirements). On the fourth, the panel decided to refuse to issue a certificate of registration.</p>
One application was referred for a request to change the terms, conditions and limitations imposed on a General Certificate of Registration.	<p>One application was reviewed on February 18, 2021, the panel decided to approve the Member's request to change the terms, conditions and limitations currently imposed on their General Certificate of Registration to allow the Member to perform administration of inhaled medications, and non-invasive positive pressure ventilation without supervision.</p>

February 18, 2021 Meeting Report

- **Annual Registration Committee Training** – Richard Steinecke joined the Registration Committee for the annual orientation and training session, and gave a presentation that focused on decision making, dealing with special considerations, and issues related to human rights and anti-discrimination.
- **Registration Committee Goals and Terms of Reference** – The Registration Committee reviewed the list of Goals and Terms of Reference. No updates were made to the Goals and Terms of Reference.

- **Internationally Educated Health Professions** – The Registration Committee conducted a detailed step-by-step review of the assessment process. The Committee continues to monitor the entry-to-practice assessment. Currently, there are 19 open files. To date, the CRTO has conducted 41 interviews and 15 clinical skills assessments (CSAs).
- **2021 Registration Renewal** – Staff provided an update on the 2021/2022 registration renewal. The annual period for renewal of registration starts on the first week of January, and the deadline is on February 28, 2021.
- **Approval of Canadian Respiratory Therapy Programs** – The Committee reviewed the list of approved Respiratory Therapy programs and their accreditation status with Accreditation Canada. The Registration Committee recommends that Council approve the 2021 approved program list based on the listed programs' accreditation status.
- **Certification Programs for Prescribed Procedures Below the Dermis** – The Committee reviewed and subsequently approved an Intraosseous Needle Insertion Certification Package submitted by Mackenzie Health.

5.5 QUALITY ASSURANCE COMMITTEE REPORT

(Submitted by Rhonda Contant, RRT, Chair)

Since the last Council meeting, there was a panel meeting of the Quality Assurance Committee (QAC) on February 4, 2021. The following is a summary of that meeting, as well as the activities related to the QAC that have been ongoing since our last Council meeting:

2021 Relevant elearning Module

The 2021 Relevant elearning module was developed on the new PDKeepr platform and is due to be complete by February 28, 2021. As of the date this report was drafted (Feb. 22nd), 2,179 CRTO Members had completed the Relevant module.

2021 PORTfolio Submissions

819 Members are currently assigned to submit their PORTfolio in 2021. Due to the ongoing pandemic, the deadline has again been extended to June 1st. In addition, the CRTO has notified these Members that if they do not submit their PORTfolio by the extended deadline, they will automatically be deferred to 2022.

2021 Launch RT Jurisprudence Assessment

The 2021 Launch RT Jurisprudence Assessment has been moved to the new PDKeepr platform, with the first batch of Members completing it in February.

Referral to the CRTO Entry to Practice Assessment Process

The CRTO recently registered a Member who had initially graduated from a U.S RT program and applied to become an RT in Ontario in Sept. 2019. At that time, because they did not graduate from an accredited program, they were referred to the IEHP assessment. The Member completed the Program Review and Behavioral Descriptive Interview before withdrawing from the assessment process and

becoming registered with the College and Association of Respiratory Therapists of Alberta (CARTA). Shortly after becoming registered in Alberta, they applied to and was registered with the CRTO. At this point, they were referred to a panel of the Quality Assurance Committee (QAC). Pursuant to the CRTO's [Quality Assurance Regulation \[O.Reg. 379/21 -36\(2\)\(b\)\]](#), a Member may be selected to undergo a practice assessment based on criteria specified by the QAC. One such criterion defined in the CRTO's [Professional Development Policy](#) is that Members who have not graduated from an [approved Canadian program](#) shall be required to complete a Practice Assessment as outlined in the CRTO's [Entry-to-Practice Competency Assessment Policy](#). Therefore, at the February 4th meeting, the QAC panel determined that the Member be required to undergo the final phase of the ETP Assessment, the Clinical Skills Assessment, as soon as it can be arranged.

5.6 PATIENT RELATIONS COMMITTEE REPORT

(Submitted by Michelle Causton, Chair)

Since the last Council meeting, the Patient Relations Committee (PRC) has met twice once via a Zoom meeting (January 21, 2021) and once electronically via email (February 2, 2021). The following is an overview of the key issues that were discussed at that time:

PRC Goals and Terms of Reference

The committee met to review and revise the PRC Goals & Terms of Reference to ensure that sufficient guidance is provided within the document for the committee. A motion from the committee is being brought forward in Item 6.4.1 of the agenda.

5.7 INQUIRES, COMPLAINTS AND REPORTS COMMITTEE (ICRC)

(Submitted by Jeff Earnshaw, RRT, Chair)

ICRC Meetings:

Since the last Council meeting the ICRC has held one meeting. The purpose of the meeting was to hold an annual ICRC orientation for all members of ICRC.

The meeting consisted of a presentation from Julie Maciura, Managing Partner at Steinecke, Maciura LeBlanc (SML). Julie Maciura's presentation consisted of an overview of administrative law principals, the mandate and powers of the ICRC, applicable legislation, and factors to consider when reviewing a matter that is before the ICRC.

In addition, CRTO staff conducted a presentation which included a review of the varying responsibilities of the ICRC, how to review documentation provided to the ICRC, the steps taken prior to when the matter is brought before the ICRC, and an overview of the procedural approaches involved when making a decision on a matter before the ICRC.

New Matters:

Since the last Council meeting, the CRTO received seven new matters. Six of the new matters were Employer Reports, while the remaining item was an anonymous submission from the public.

The specific areas of concern regarding the seven new matter are the following:

- One Employer Report alleged that the member violated the personal boundaries/inappropriate physical contact of a patient. This matter is currently under investigation.
- Two Employer Reports alleged that the members failed to wear appropriate personal protective equipment as required under Facility COVID 19 safety protocols. The matter is currently under review.
- One Employer Report alleged unprofessional behaviour by a Member towards a patient and their family. The matter is currently under review.
- One Employer Report alleged unprofessional behaviour by a Member towards other staff at the Facility. The matter is currently under review.
- One Employer Report alleged fraudulent behaviour by a Member by falsifying ventilator check records. This matter is currently under review.
- The anonymous submission was regarding concerns about a Member making inappropriate social media posts regarding the current government guidelines on COVID 19 measures. This matter was addressed and concluded.

5.8 DISCIPLINE COMMITTEE

(Submitted by Lindsay Martinek, RRT, Chair)

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

5.9 FITNESS TO PRACTISE COMMITTEE

(Submitted by 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.

Motion # 7 MOVED BY BY Lindsay Martinek, RRT and SECONDED BY Jody Saarvala, RRT, to recommend that Council approve all consent agenda items.

MOTION # 2 CARRIED.

6.0 COMMITTEE ITEMS ARISING

6.1 EXECUTIVE COMMITTEE ITEMS

- No items for this meeting.

6.2 REGISTRATION COMMITTEE ITEMS

6.2.1 APPROVAL OF RT EDUCATIONAL PROGRAMS

Kevin Taylor, Registrar & CEO, briefed Council on the Approval of RT Education Programs. The CRTO is responsible for setting Respiratory Therapy entry to practice requirements in Ontario. The Registration Regulation sets out the requirements for registration with the CRTO, including the requirement that an applicant must:

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;

The approval of Respiratory Therapy education programs is one of the mechanisms that assist the CRTO in ensuring that applicants who wish to enter the profession possess the minimum competencies required for the safe and effective practice of the profession. The Approval of Canadian Education Programs Policy sets out the criteria used by the Registration Committee to recommend approval of RT programs for the purpose of clause 55(2) (a) of the Registration Regulation.

Motion # 8 MOVED BY Rhonda Contant, RRT and SECONDED BY Jeff Dionne, RRT, to recommend that Council approve RT Education Programs.

MOTION #8 CARRIED.

6.3 QUALITY ASSURANCE COMMITTEE ITEMS

- No items for this meeting.

6.4 PATIENT RELATIONS COMMITTEE ITEMS

6.4.1 PRC TERMS AND ACTION PLANS

Michelle Causton, Independent Chair presented to Council the changes to the PRC Goals & Terms document. The document was reviewed and revised to more accurately reflect the committee's intention; to align with existing policies, by-laws and operation reality; and to add clarity.

Motion # 9 MOVED BY Kim Morris Kim and SECONDED BY Allison Chadwick, RRT, to recommend that Council approve the changes to the PRC Terms of Reference and Action Plan as presented.

MOTION #9 CARRIED.

6.5 INQUIRES COMPLAINTS AND REPORTS COMMITTEE ITEMS

- No items for this meeting.

6.6 DISCIPLINE & FITNESS TO PRACTISE COMMITTEES ITEMS

- No items for this meeting.

7.0 LEGISLATIVE AND POLICY ISSUES:

- No items for this meeting.

8.0: OTHER BUSINESS

- No items for this meeting.

9.0: NEXT MEETING

Next Council Meeting:

Friday, May 28th , 2021 from 09:00 to 12:00 hrs.

Location:

Virtual meeting held via ZOOM Conference

10: ADJOURNMENT

Adjournment

MOTION # 10 MOVED BY Rhonda Contant, RRT and SECONDED BY Brad Bedford to adjourn the Council Meeting.

MOTION # 10 CARRIED.

The March 5th, 2021 Council Meeting adjourned at 12:30pm.

DRAFT



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CRTO Council Meeting Minutes

Scheduled on April 16th, 2021

Circulated Electronically

Attendance:

Board Members:

Allison Chadwick, RRT - **Chair**
Rhonda Contant, RRT - **Vice Chair**
Andriy Kolos, Public Member
Kim Morris, Public Member
Katherine Lalonde, RRT
Jeffrey Schiller, Public Member

Lindsay Martinek, RRT
Brad Bedford, Public Member
Jeff Earnshaw, RRT
Jeff Dionne, RRT
Jody Saarvala, RRT

Staff:

Carole Hamp, RRT, Acting Registrar

1.0: MOTION

Motion It is recommended that Council approve the Revised Emergency Registration Policy.

MOVED BY Kim Morris, and SECONDED BY, Jeff Dionne, RRT.

MOTION # 1 CARRIED



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CRTO Council Meeting Minutes

Scheduled on May 1, 2021

Circulated Electronically

Attendance:

Board Members:

Allison Chadwick, RRT - **Chair**
Rhonda Contant, RRT - **Vice Chair**
Andriy Kolos, Public Member
Kim Morris, Public Member
Katherine Lalonde, RRT
Jeffrey Schiller, Public Member

Lindsay Martinek, RRT
Brad Bedford, Public Member
Jeff Earnshaw, RRT
Jeff Dionne, RRT
Jody Saarvala, RRT

Staff:

Carole Hamp, RRT, Acting Registrar

1.0: MOTION

Motion It is recommended that Council approve the revised CRTO Supervision Policy.

MOVED BY Lindsay Martinek, RRT and SECONDED BY, Kelly Munoz, RRT.

MOTION # 1 CARRIED



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EXECUTIVE COMMITTEE CHAIR'S REPORT TO COUNCIL

March 5, 2021 to May 27, 2021

The Executive Committee has met two (2) times since the March 5th Council meeting.

Highlights of the Executive Committee's activities are outlined below.

The Executive Committee:

- Appointed Carole Hamp to be Acting Registrar during Kevin Taylor's temporary medical leave of absence.
- Reviewed all financial and investment statements for this period.
- Received a presentation from Lanjun Wang (Hilborn LLP) on the 2020-2021 audit.
- Developed a draft agenda for the May 28, 2021 Council meeting.

Respectfully submitted,

Allison Chadwick RRT, Chair



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**REGISTRATION COMMITTEE
CHAIR'S REPORT TO COUNCIL
March 5, 2021 – May 27, 2021**

Since the last Council meeting on March 5, 2021, the Registration Committee met via video conference on the following dates:

- March 3, 2021 – Registration Committee Orientation
- March 30, 2021 – Panel Meeting
- April 15, 2021 – Panel Meeting

Referral Summary

Reason for Referral	Decision
Four applications were referred due to currency requirements.	<p>One application was reviewed on March 30, 2021, the Panel decided to issue a General Certificate of Registration with terms, conditions, and limitations (including general supervision requirements).</p> <p>Three applications were reviewed on April 15, 2021, in one of the applications, the panel decided to issue a General Certificate of Registration with terms, conditions, and limitations (including general supervision requirements). In two of the applications, the panel decided to issue a General Certificate of Registration with terms, conditions, and limitations (including direct supervision requirements).</p>
Three applications were referred for a request to change the terms, conditions and limitations imposed on a General Certificate of Registration.	Two applications were reviewed on March 30, 2021, the Panel decided to approve the Members' request to change the terms, conditions and limitations currently imposed on their General Certificates of Registration.

	One application was reviewed on April 15, 2021, the panel decided to refuse to vary the terms, conditions and limitations currently imposed on the Member's General Certificate of Registration. The Member did not demonstrate that they had acquired the competency and skills to perform administering inhaled medications and administering a prescribed substance by inhalation without supervision.
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On March 3, 2021 Richard Steinecke provided the Registration Committee another in-depth orientation and training on the use of precedents, special considerations and issues related to human rights, biases, and anti-discrimination.

On April 17, 2021 with the approval of the Registration Committee, the CRTO Council approved its [Emergency Registration Policy](#) re-enactment. This enables the following:

- Waving of application fee
- Deferral of the registration fee for up to 6 months, and
- Streamlining the registration process for the following applicants who wish to register temporarily to assist during the pandemic:
 - o Recently resigned members
 - o Inactive members
 - o Respiratory Therapists registered in another province.

On May 1, 2021, an amendment to the [Supervision Policy](#) was forwarded to Council for its review and approval. An amendment was made to add the following:

*in emergency situations (e.g., pandemics) “personally present” includes by remote/virtual connection.

The revised policy enables Respiratory Therapists with general supervision requirements on their certificate of registration to be supervised remotely/virtually in emergency situations (e.g., pandemics).

Respectfully submitted,

Christa Krause, RRT (Chair)



QUALITY ASSURANCE COMMITTEE CHAIR'S REPORT TO COUNCIL

March 5, 2021-May 27, 2021

Since the last Council meeting, there has been one meeting of the Quality Assurance Committee (QAC), on March 17, 2021. 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 Goals and Terms of Reference

The committee is revising the template for these documents. The Professional Development Program, Launch Jurisprudence, Deferral and Peer Assessor policies have been updated and were brought to the committee for review.

2021 RelevantT elearning Module

The 2021 RelevantT elearning module was developed on the new PDKeepr platform and was due to be completed by February 28, 2021. As of the date of this report, 3467 CRTO Members have completed the RelevantT module. The RelevantT survey results were shared with the committee, with 95% completion by Members. 98% reported that the new module was easy to use. 96% reported that this module increased their understanding of CRTO guidelines and practice standards.

2021 PORTfolio Submissions

819 Members are currently assigned to submit their PORTfolio in 2021. Due to the ongoing pandemic, the deadline has again been extended to June 1st. In addition, the CRTO has notified these Members that if they do not submit their PORTfolio by the extended deadline, they will automatically be deferred to 2022. The orientation for our 43 Peer Assessors has begun.

2021 Launch RT Jurisprudence Assessment

The 2021 Launch RT Jurisprudence Assessment has been moved to the new PDKeepr platform, with 13 new Members completing since the previous report.

Referral to the CRTO Entry to Practice Assessment Process UPDATE

The CRTO recently registered a Member who had initially graduated from a U.S RT program and applied to become an RT in Ontario in Sept. 2019. At that time, because he did not graduate from an accredited program, he was referred to the IEHP assessment. He completed the Program Review and Behavioral Descriptive Interview before withdrawing from the assessment process and becoming registered with the College and Association of Respiratory Therapists of Alberta (CARTA). Shortly after becoming registered in Alberta, he applied to and was registered with the CRTO. At this point, he was referred to a panel of the QAC.

At the February 4th meeting, the QAC panel determined that the Member should undergo the final phase of the ETP Assessment, the Clinical Skills Assessment ASAP, and as a result, the Member underwent the CSA April 7, 2021.

Respectfully submitted,
Rhonda Contant, RRT (Chair)



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PATIENT RELATIONS COMMITTEE CHAIR'S REPORT TO COUNCIL *March 05, 2021 to May 27, 2021*

Since the last Council meeting, the Patient Relations Committee (PRC) has once via a Zoom meeting on April 19, 2021. The following is an overview of the key issues that were discussed at that time:

CRTO Sexual Abuse Program Policies

The committee reviewed the policies related to the sexual abuse program. Both the Funding for Supportive Measures (Patient/Client) policy and the Funding for Supportive Measures (Non-Patient/Client) policy were reviewed, there were no changes required.

Abuse Awareness & Prevention PPG

The committee reviewed the Abuse Awareness & Prevention PPG, there are no changes required at this 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. The committee is recommending that the video be used not just for PRC but also for Council / Non-Council and as an on-boarding tool for new Council/Non-Council members.

A Commitment to Ethical Practice

The committee reviewed the Commitment to Ethical Practice document and provided feedback to staff on some suggested changes.

Use of Social Media by Respiratory Therapists PPG

The committee reviewed the Use of Social Media by Respiratory Therapists PPG and provided feedback to staff on some suggested changes.

Respectfully submitted,
Michelle Causton (*Chair*)



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INQUIRIES, COMPLAINTS & REPORTS COMMITTEE CHAIR'S REPORT TO COUNCIL

March 6th, 2021 to May 28th, 2021

ICRC Deliberations:

Since the last Council meeting, the ICRC held five meetings via Zoom. Three of the meetings were to render decisions on investigations, while the remaining two meetings were to discuss taking interim action on a Member while the investigation into the Member's conducted continued.

Of the three meetings that took place to discuss and render decisions on investigations, one related to an employer report, and the remaining two related to three public complaints.

Employer Report:

- 1.) The Employer Report alleged that the Member was suspended and asked to engage in mandatory reflective practice stemming from incidents in which it was alleged that the Member had made unprofessional, rude, and homophobic comments towards a colleague. The Panel of the ICRC conducted a very detailed and lengthy consideration of this matter, and decided to provide the Member with a written warning and ordered the Member to complete an essay in which the Member will address the following points:

- Recognizing the elements of professional communication with the healthcare team and its relevance to patient care.
- Why the allegation against the Member may represent breaches of professional communication, according to CRTO's Standards of Practice and legislation related to conduct, professionalism and communication.
- What the Member will do to ensure that similar incidents do not reoccur.

The Panel conclude that the information before it indicated that the Member engaged in rude and unprofessional behaviour, however, there was no information before the Panel to suggest that the Member made homophobic comments.



Public Complaints:

- 2.) The complaint alleged that the Member denied services to the client by refusing to exchange the client's CPAP machine, and that the Member was rude and unprofessional to the client. After a careful review of the information in the investigation report and submissions by both the Complainant and Member, a Panel of the ICRC took no action regarding the concerns brought forward.

The Panel was of the opinion that the Member met the standards of practice by attempting to fix the client's CPAP machine, which would have been required prior to obtaining a replacement machine through the manufacturer. Further, the Panel was of the opinion that the Member acted professionally throughout the interactions with the client.

- 3.) The complaint alleged that the Member, during a home visit, did not elevate their concern level and did not advocate for the patient to be taken to hospital. The patient was then taken to hospital two days later. After considering the investigation report into the allegations and the submissions by the Complainant and Member, a Panel of the ICRC took no action regarding the concerns raised.

The Panel was of the opinion that the Member met the standards of practice in regards to their assessment of the patient during the home visit. The vitals taken of the patient indicated that there was no clinical need to take the patient to the hospital. It appeared to the Panel that the patient's condition started to deteriorate the following day. Further, the Member provided appropriate direction to the patient's family if the patient's condition were to worsen.

- 4.) The complaint alleged that the Member had provided inadequate training to a nurse, who was then assigned to the patient's home. During an evening shift by the nurse at the patient's home, the patient's condition deteriorated, and the patient passed away. After considering the information contained in the investigation report and the submissions made by the Complainant and Member, a Panel of the ICRC took no action regarding the concerns raised.

The Panel was of the opinion that the Member had done their due diligence in obtaining the nurse's prior training history and provided appropriate training and directions to the nurse. The nurse was also offered additional training and observation of client interventions, but declined the offer. The Panel did not comment on the appropriateness of the nurse's interventions during the evening the patient passed away, as it was not within their jurisdiction to do so.



Interim Action:

- 5.) An employer report was received in which it was alleged that the Member lacked core competencies of the profession. A Panel of the ICRC approved an appointment of investigator to investigate the matter. Further, based on the information in the employer report, the Panel was concerned that the Member's alleged lack of competency may place the Member's current patients at risk of harm. As such, the Panel formalized their intent to place interim terms, conditions, or limitations (TCLs) on the Member's certificate of registration and invited the Member to provide submissions.

The Panel reconvened to discuss and finalize their intent to place an interim TCL once the Member had provided their response. After careful review of the Member's response, the Panel concluded that more information was required. As such, the Panel directed staff to obtain more information from the Facility prior to confirming their intent to place TCLs.

New Matters:

Since the last Council meeting, the CRTO received seven new matters, three of which were Employer Reports and four were anonymous reports made by members of the public. Of the three employer reports, one is currently under investigation. The second report was determined to not warrant an investigation, as during the inquiry stage, the Registrar did not have reasonable and probable grounds to believe that the Member had committed an act of professional misconduct or was incompetent. The third report is currently in the inquiry stage.

Of the four anonymous reports, one is currently under investigation, while three remain at the inquiry stage.

Respectfully submitted,
Jeff Earnshaw, RRT - Chair



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DISCIPLINE COMMITTEE CHAIR'S REPORT TO COUNCIL

March 6th, 2021 to May 28th, 2021

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

Respectfully submitted,

Lindsay Martinek, RRT, Chair
Discipline Committee



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FITNESS TO PRACTISE COMMITTEE CHAIR'S REPORT TO COUNCIL

March 6th, 2021 to May 28th, 2021

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

Respectfully submitted,

Lindsay Martinek, RRT, Chair
Fitness to Practise Committee



To: Council
From: Executive
Date: May 28, 2021
Subject: Ratification of Carole Hamp's appointment to Acting Registrar.

RECOMMENDATION:

It is recommended that Council approve the ratification of Carole Hamp's appointment to Acting Registrar.

Background / Rationale		
<p>Kevin Taylor, the current CRTO CEO & Registrar was required to take a medical leave from his duties effective April 14, 2021.</p> <p>S.5.01 of the CRTO Bylaws (25 – 2019) states that "A person who has been appointed by the Council as Acting Registrar during the prolonged absence or disability of the Registrar, shall discharge all the duties of the Registrar."</p> <p>S21.02 of the Bylaws also states that "As set out in the RHPA, the Executive Committee has, between Council meetings, all the powers of Council with respect to any matter that, in the Committee's opinion, requires immediate attention, other than the power to make or amend the By-Law, or revoke a Regulation."</p> <p>Advice from our legal counsel, Julie Maciura was that Council should ratify the appointment by Executive at the next Council meeting.</p>		
Key Questions / Discussion (please provide a summary of discussion where applicable)	Yes	No
<p>1. Problem Identification</p> <p>a) Do we fully understand the context of the problem?</p> <p>b) Is the proposed activity related to the profession of respiratory therapy?</p> <p>c) Is the proposed activity plan aligned with the CRTO's strategic directions and statutory mandate?</p> <p>Discussion:</p>		

2. Outcome Focused a) Is the proposed activity in the public interest? b) Is the proposed activity consistent with current policies / positions? c) Will the solution be clearly understood and transparent to stakeholders? Discussion:		
3. Risk Management a) Does the proposed activity address new risk not currently being managed by other means? b) Are there risks to intervening? <i>Consider impact on public, profession, CRTO's reputation</i> c) Are there risks to not intervening? <i>Consider impact on public, profession, CRTO's reputation</i> Discussion:		
4. Impact Assessment a) Will the proposed activity have an impact on the CRTO's resources (positive or negative)? <i>Consider costs vs benefit</i> Discussion:		



To: CRTO Council

From: Quality Assurance Committee

Date: May 28, 2021

Subject: Approval of Quality Assurance Committee (QAC) Terms of Reference and Action Plan

RECOMMENDATION:

It is recommended that Council approve the new Quality Assurance Committee Terms of Reference and Action Plan.

Background / Rationale		
<p>At the March 17, 2021 meeting of the Quality Assurance Committee, the members reviewed the Goals and Terms of Reference document. It was recommended at that time to revise the document into the new Terms of Reference and Action Plan. The QAC members felt it was important to have consistency across the CRTO committees and adapted the document, with permission, from the Patient Relations Committee. The new document was drafted by CRTO staff for QAC committee approval. Motions received April 27, 2021 to bring to Council for approval.</p> <p>Attachments: QAC Goal and Terms of Reference Draft new QAC Terms of Reference and Action Plan</p>		
Key Questions / Discussion (please provide a summary of discussion where applicable)	Yes	No
<p>1. Problem Identification</p> <p>a) Do we fully understand the context of the problem?</p> <p>b) Is the proposed activity related to the profession of respiratory therapy?</p> <p>c) Is the proposed activity plan aligned with the CRTO's strategic directions and statutory mandate?</p> <p>Discussion:</p>		
<p>2. Outcome Focused</p> <p>a) Is the proposed activity in the public interest?</p> <p>b) Is the proposed activity consistent with current policies / positions?</p>		

<p>c) Will the solution be clearly understood and transparent to stakeholders?</p> <p>Discussion:</p>		
<p>3. Risk Management</p> <p>a) Does the proposed activity address new risk not currently being managed by other means?</p> <p>b) Are there risks to intervening? <i>Consider impact on public, profession, CRTO's reputation</i></p> <p>c) Are there risks to not intervening? <i>Consider impact on public, profession, CRTO's reputation</i></p> <p>Discussion:</p>		
<p>4. Impact Assessment</p> <p>a) Will the proposed activity have an impact on the CRTO's resources (positive or negative)? <i>Consider costs vs benefit</i></p> <p>Discussion:</p>		

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:

Date last revision approved:

TERMS OF REFERENCE

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

RESPONSIBILITIES AND OPPORTUNITIES:

1. Develop, implement, and maintain a Professional Development Program which encourages the continuous quality improvement of Members.
2. Ensure CRTO compliance with the Regulated Health Professions Act.
3. Evaluate the knowledge, skills, and judgement of Members to promote competency through the CRTO Professional Development Program.
4. Remediate Members whose knowledge, skills or judgement have been assessed and found to be unsatisfactory.
5. Monitor 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 Members regarding Professional Development Program initiatives and/or activities of Committee on an ongoing basis. Communication may include the solicitation of input from 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 Members

10. Appoint & evaluate Peer Assessors to the Professional Development Program every year, as needed.
11. Provide a French translation to ensure that Members who prefer to receive communications from the CROTO 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 – CROTO
- PDP policy 103 Peer Assessors, Working Groups, Mentors – CROTO
- PDP policy 104 Deferrals – CROTO
- PDP policy 115 Launch Jurisprudence - CROTO

MEMBERSHIP:

As per paragraph 28.01 of the CROTO 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 CROTO;
- at least one (1) public Council Member; and
- at least two (2) Non-Council Committee Members.

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

REPORTING RELATIONSHIP:

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

CHAIR:

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

FREQUENCY OF MEETINGS:

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

QUORUM:

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

TERMS OF APPOINTMENT:

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

CIRCULATION OF MINUTES:

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

RECORDS RETENTION:

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

TRAINING:

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

ACTION PLAN FOR THE PERIOD ENDING (MONTH – YEAR)

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

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

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

Action	How	When	Status
1. Conduct an evaluation of the Professional Development Program (PDP).			
a. Member satisfaction	Relevant/Launch survey	Yearly	Completed for 2021
b. Does it provide opportunity to increase knowledge?	Relevant/Launch survey	Yearly	Completed for 2021
c. Is communication effective?	Relevant/Launch survey	Yearly	Completed for 2021
2. Conduct a review of the policies 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	
a. Review PDP policy 104 Deferrals	Committee will review documents and recommend changes if necessary.	Every five years or as needed	
b. Review PDP policy 115 Launch Jurisprudence	Committee will review documents and recommend changes if necessary.	Every five years or as needed	

TITLE: Terms of Reference & Action Plan: Quality Assurance

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Title: **Goals and Terms of Reference
Quality Assurance Committee**

NUMBER: **CP-QA.GOALS&TERMS-
166**

Date originally approved:
January 8, 1996

Date last revision approved:
December 6, 2019

GOALS		Start Date	Completion Date	Frequency
1.	Conduct an evaluation of the Professional Development Program (PDP).	Jan. 2018	June 2023	Every 5 years, or as required by Council.

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.

RESPONSIBILITIES:

1. Develop, implement and maintain a Professional Development Program which encourages the continuous quality improvement of Members.
2. Ensure CRTO compliance with the *Regulated Health Professions Act*.
3. Evaluate the knowledge, skills and judgement of Members to promote competency through the CRTO Professional Development Program.
4. Remediate Members whose knowledge, skills or judgement have been assessed and found to be unsatisfactory.
5. Monitor 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 Members regarding Professional Development Program initiatives and/or activities of Committee on an ongoing basis. Communication may include the solicitation of input from 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 Members.

10. Appoint & evaluate Peer Assessors to the Professional Development Program every year, as needed.
11. Provide a French translation to ensure that Members who prefer to receive communications from the CRTO in French have equal access to all PDP components.
12. Monitor the online Relevant 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, Relevant Launch RT Jurisprudence Assessment and SCERP/Practice Assessment where necessary (e.g., Review and revise the Launch RT Blueprint).

MEMBERSHIP:

The Committee shall consist of at least five (5) voting members with:

- at least one (1) member of the Council who is a member of the CRTO;
- at least one (1) member of the Council appointed to the Council by the Lieutenant Governor in Council; and
- at least two (2) Non-Council members.

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 appointed to the Council by Lieutenant Governor in Council.

REPORTING RELATIONSHIP:

The Committee is responsible to Council and shall provide a report to Council at each Council meeting which outlines all Committee activities that have been undertaken since the last report. The Chair shall submit to Council an Annual Report of the Committee's activities to the close of each fiscal year. Panels of the committee have independent authority as laid out in the RHPA. They are responsible to the Committee and Council in broad terms but not in relation to specific cases being heard by a panel.

WORKING GROUPS:

The standing committee as a whole may establish working/sub groups for the assignment of specific tasks based on identified need and topic area. The working/sub groups will report back to the Quality Assurance Committee.

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 two (2) meetings each year. Additional meetings of the Committee may be called by the Chair as required, subject to budget approval.

QUORUM:

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

TERMS OF APPOINTMENT:

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

CIRCULATION OF MINUTES:

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



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Establishing a Policy Framework for the CRTO

Council meeting
May 28, 2021

www.crto.on.ca

Background

As part of its mandate, the CRTO develops and maintains a set of policies, fact sheets, and other regulatory documents.

As CRTO continues to adapt and evolve, a **Policy Framework** has been developed to:

- Classify its regulatory documents into clear definitions; and
- Help guide the CRTO's processes for establishing and revising these documents

The **goals** of the Policy Framework are to:

1. Enable operational processes that are public-focused, transparent, objective, and adaptive;
2. Build on best practice examples from other health regulators; and
3. Support CRTO in meeting the standards and measures outlined in the ministry's *College Performance Measurement Framework*



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Guiding Principles

A set of principles guided the development of the policy framework, aligned with those of *Right Touch Regulation*:

1. **Proportionate:** Only intervene when necessary. Policy should be appropriate to the risk posed.
2. **Consistent:** Policies and standards should be joined up and implemented fairly.
3. **Targeted:** Policies should be focused on the problem, and minimize side-effects.
4. **Transparent:** Policy development should be open, and policies kept simple and user-friendly.
5. **Accountable:** The CRTO must be able to justify decisions, and be subject to public scrutiny.
6. **Agile:** Policy development must look forward and be able to adapt to and anticipate change.



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Framework Development Process

Recall: All CRTO staff have recently completed a policy course that established a foundation for this work.

An independent consultant was procured to conduct the initial research and development of the Policy Framework.

Development of the Framework included:

1. An **Inventory** was established for the types of documents the CRTO currently uses
2. An **Environmental scan** was conducted to explore the ways other regulatory colleges manage their policy documents → *Findings:* lack of consistency across the province!!
3. All CRTO's **Documents were reviewed**, and domains were established
4. **Definitions** were established, including intended use for each type of document
5. A **Decision tool** was developed to support classifying documents according to the policy framework
6. A **Policy development cycle** was established, including a **public consultation process**

Document review and establishing domains

- As part of the process of developing a policy framework, a review of the CRTO's regulatory documents was conducted, to confirm each type of document and its intended use.
- These documents were grouped into two domains, based on the intended audience:

Professional Practice

- Documents that set expectations for the **practice** of Respiratory Therapy
- Examples include Standards of Practice, Practice Guidelines, and Position Statements

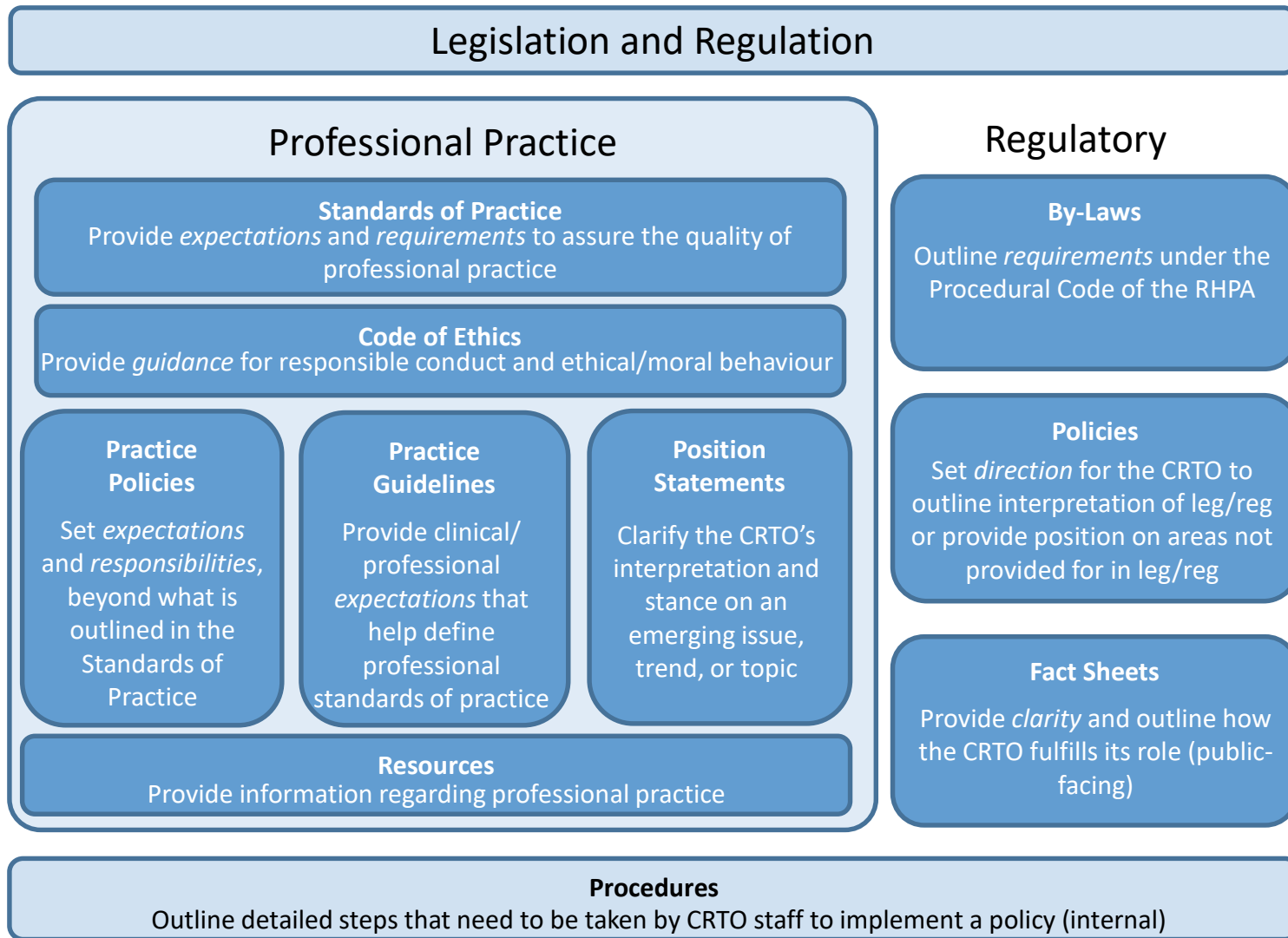
Regulatory

- Documents that set direction for the **CRTO** in how it conducts its regulatory role
- Examples include By-laws, Policies, and Fact Sheets

Documents included in the Policy Framework

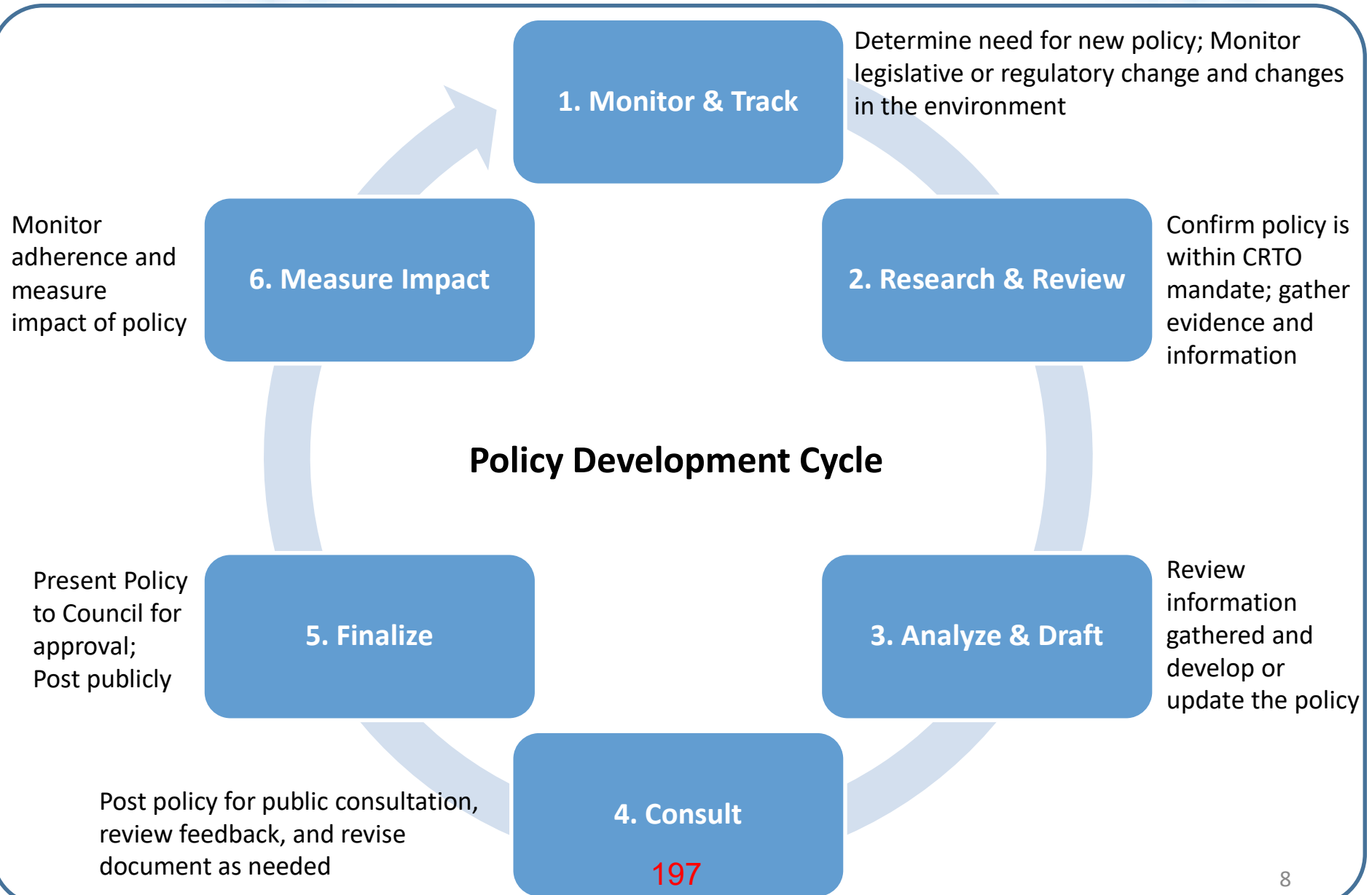
	Document type	Purpose
Professional Practice	Standard of Practice	Provide expectations and requirements to assure the quality of professional practice
	Practice Guideline	Provide clinical or professional expectations that helps define professional standards of practice
	Practice Policy	Set out expectations and responsibilities for the profession, <u>beyond</u> what is outlined in the standards of practice
	Position Statement	Clarify the CRTO's interpretation and stance on an emerging issue, trend, or topic
	Resources	Provide <u>information</u> regarding professional practice
Regulatory	By-Law	Outlines requirements within the legislative authority of the "by-laws" section of the Health Professions Procedural Code in the RHPA
	Policy	Sets the <u>direction</u> for the CRTO to outline its interpretation of leg/reg OR provides a <u>position</u> on areas that are <u>not outlined in existing leg/reg</u>
	Fact Sheet	<u>Interprets</u> leg/reg to provide clarity, and outlines <u>how</u> the CRTO fulfills its role (intended to be a <u>public</u> -facing document)
	Procedure	Outline detailed steps that need to be taken by CRTO staff to implement a policy (intended to be an <u>internal</u> document, for staff)

Policy Framework



A **Policy Development Cycle** ¹⁹⁶ guides the development of these documents

Policy Development Cycle



Public Consultation Process

- Levelled approach to determine the critical audience and mechanism for consultation:
 1. **Post consultation online:** For all proposed changes, the CRTO will post a consultation on its website, using a web-based survey to gather feedback.
 2. **Share consultation with specific stakeholders:** Targeted communications for relevant feedback.
 3. **Engage through dialogue:** Focused discussions (such as the Citizen Advisory Group) for topics with a large degree of perceived or actual risk or to inform implementation.
- Consultation will be open for 30-60 days
- Feedback will be gathered anonymously, with a summary posted online to support transparent and accountable decision-making
- Summary of the feedback will be shared with Council for consideration, focusing on that which is most relevant to fulfilling the CRTO's mandate to serve and protect in the public interest.



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Policy Framework: Next steps and implications

- Policy Framework will be posted on the CRTO's website
- All existing CRTO documents will be reviewed and classified according to the Policy Framework:
 - All situations involving a reduction in oversight (i.e. from Policy to Fact Sheet) will be provided to Council for approval
 - First set of high priority documents is complete:
 - 2 Motions for approval at today's meeting
 - Several revised policies will be posted for public consultation and brought to Council for approval in September
 - Remaining documents will be reviewed over the coming months



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A POLICY FRAMEWORK FOR THE COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

May 2021

ESTABLISHING A POLICY FRAMEWORK FOR THE CRTO

Contents

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Overview

As part of its mandate to regulate and govern the practice of Respiratory Therapy, the College of Respiratory Therapists of Ontario (CROTO) develops and maintains a set of policies, fact sheets, and other regulatory documents. As the CROTO continues to adapt and evolve, a Policy Framework has been developed that will classify its regulatory documents into clear definitions and help guide the CROTO's processes for establishing and revising these documents.

Goals and Objectives

The policy framework was developed with the following **goals** in mind:

1. Support CROTO's aim to be a strong regulator, by enabling operational processes that are public-focused, transparent, objective, and adaptive;
2. Support standardization of approaches by building on best practice examples from other health regulators; and
3. Support the CROTO in meeting the standards and measures outlined in the *College Performance Measurement Framework (CPMF)*, particularly with respect to "Regulatory Policies."¹

It was anticipated that the policy framework would meet the following **objectives**:

- Provide clear definitions that distinguish between the CROTO's various regulatory documents and clarify their intended use;
- Include a decision tool to support the classification of the CROTO's regulatory documents; and
- Identify a policy development cycle to establish clear processes for establishing and renewing policies.

Guiding Principles

A set of principles guided the development of the policy framework. These principles mirrored those of "[Right touch regulation](#)", outlined by Harry Cayton of the Professional Standards Authority, and include the following:

1. **Proportionate:** Only intervene when necessary. Policy should be appropriate to the risk posed.
➔ In keeping with the principle of proportionality, a critical review of the CROTO's documents was undertaken to ensure only the necessary documents would be defined as Policies.
2. **Consistent:** Policies and standards should be joined up and implemented fairly.
➔ With consistency in mind, a standard set of definitions was established for each set of the CROTO's documents.

¹ The CPMF was developed by the Ministry of Health with the aim of answering the question "How well are Colleges executing their mandate which is to act in the public interest?" One of the measurement domains identified in this framework is "Regulatory Policies," including the goal that College policies are based on the best available evidence, reflect current best practices, are aligned with changing publications and where appropriate aligned with other Colleges.

3. **Targeted:** Policies should be focused on the problem, and minimise side-effects.
➔ The policy framework was established to ensure a targeted approach - only using policies when necessary, while still providing all the necessary resources and direction to members.
4. **Transparent:** Policy development should be open, and policies kept simple and user-friendly.
➔ In the interest of transparency, it was ensured that no document that is currently posted publicly would be removed from the public domain (unless it was confirmed to be irrelevant or redundant).
5. **Accountable:** The CRTO must be able to justify decisions, and be subject to public scrutiny.
➔ The policy framework included the development of a policy development cycle and a decision tool, which will ensure accountability to the public in how the CRTO develops its documents and enforces them.
6. **Agile:** Policy development must look forward and be able to adapt to and anticipate change.
➔ It is expected that the needs and objectives of the CRTO's policy framework will change over time. It will be important to continue to review the environment to ensure the policy framework continues to meet the needs of the CRTO in protecting the public.

Development Process

The following process was undertaken to develop the CRTO's Policy Framework:

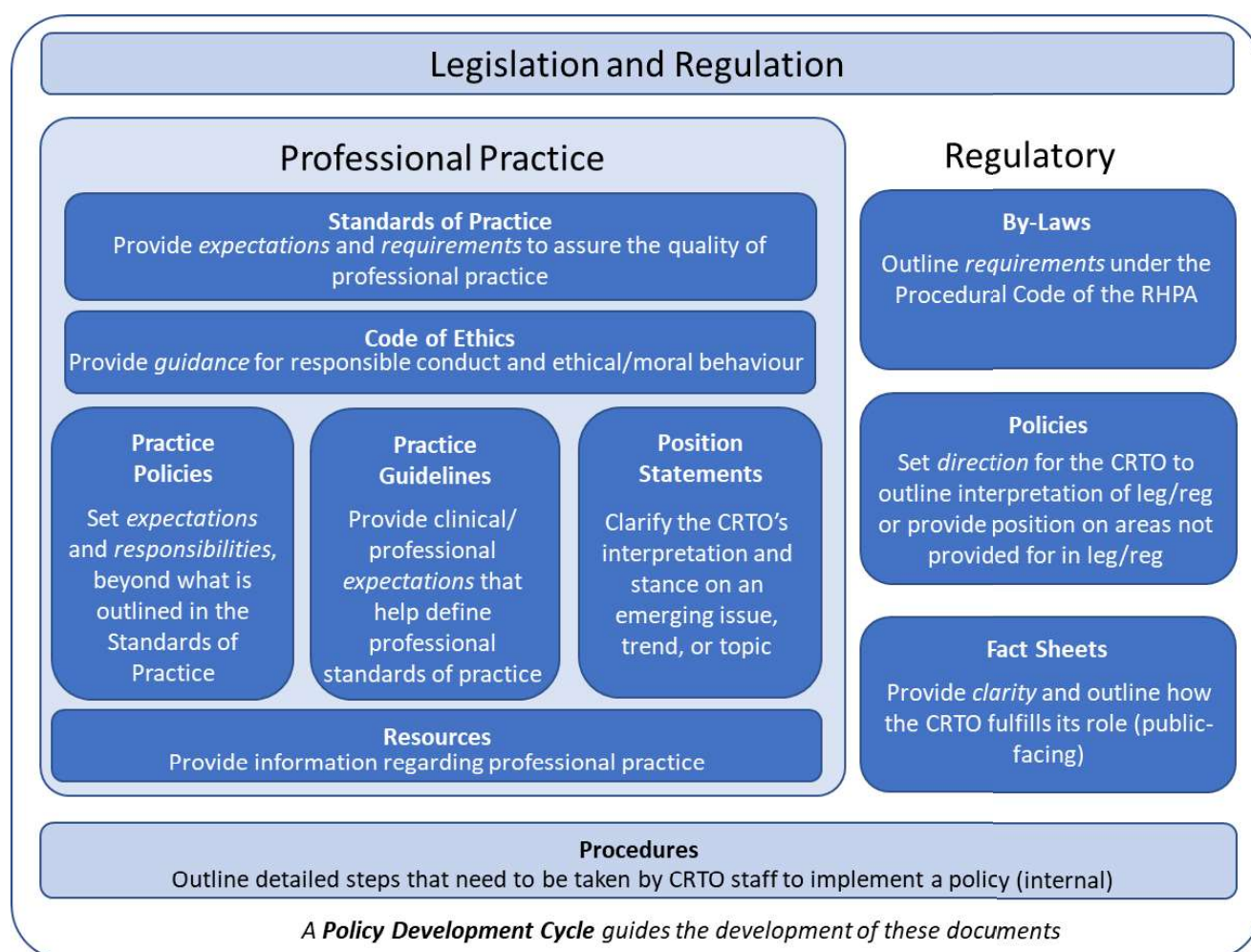
1. **Inventory:** An inventory of the CRTO's existing regulatory documents (policies, fact sheets, position statements, and communiqués) was created, to gain an understanding of the types of documents the CRTO currently used to fulfill its regulatory role. Although the CRTO's Standards of Practice, Guidelines, and Code of Ethics were not included in the inventory, their role was considered within the broader policy framework.
2. **Jurisdictional Scan:** A brief jurisdictional and environmental scan was conducted to explore the way other regulatory colleges manage their policy documents. The search was conducted in December 2020, based on information available on the websites of a sample of Regulatory Colleges in Ontario and other provinces. The findings of the scan are provided in a separate document.
3. **Document Review:** As part of the process of developing a policy framework, a critical review of the CRTO's regulatory documents was conducted to confirm each type of document and its intended use. The [guiding principles](#) were used to confirm the following:
 - Are all of the types of documents needed?
 - Do some need to be redefined?
 - Are any types of documents missing?
 - Who is the intended audience of the documents?
4. **Development of Definitions:** After reviewing the definitions other Regulatory Colleges use for their various documents, it was clear that there is a lack of consistency across the province. Based on the guiding principles, best practice examples, and the findings from the document review, a re-classification of documents took place.

5. **Decision Tool:** To support the CRTC in implementing the policy framework, a decision tool was created (see Appendix 1). This tool will be used as a guide to support classifying documents according to the policy framework.
6. **Policy Development Process:** As part of the framework, a [policy development cycle](#) was established, including consultation, review, and approvals.

Policy framework

A framework that outlines the classification and intended use of the CRTC's regulatory documents is outlined in Figure 1, with more details provided below.

FIGURE 1: CRTC POLICY FRAMEWORK



Document Classification

As part of the process of developing a policy framework, a review of the CRTC's regulatory documents was conducted, to confirm each type of document and its intended use. There were various types of documents, including policies, fact sheets, professional practice guidelines, position statements, and communiqués. These documents could be grouped into two domains, based on the intended audience:

- A. Professional Practice: Documents that set expectations for the **practice** of Respiratory Therapy; and
- B. Regulatory: Documents that set direction for the **CRTO** in how it conducts its regulatory role.

Using the guiding principles described above, the CRTO's documents were re-classified according to the framework below.

Professional Practice

Definition: Collectively, along with legislation and regulations, these documents set expectations for the **practice** of Respiratory Therapy in Ontario.

STANDARDS OF PRACTICE

- **Definition:** Describes the requirements for professional practice. Members are professionally accountable to practice in accordance with these Standards.
- **Why needed:** Assures the quality of the practice of the profession and provides a basis to evaluate if professional responsibilities have been maintained.
- **Key words:**
 - Must, expected
 - Minimum mandatory requirement
 - Professional responsibilities
 - Legal and professional expected level of performance
- **Compliance:** Members are professionally accountable to meet expectations and failure to comply may result in a finding of professional misconduct.

PRACTICE GUIDELINES

- **Definition:** The *guidance* and *expectations* provided to members of the CRTO, providing direction regarding adherence to Standards of Practice and their clinical practice expectations.
- **Why needed:** Although Practice Guidelines are not legislation, they are used by the CRTO as a benchmark to help define appropriate professional practice.
- **Key words:**
 - Expectations, guidance, parameters
 - Help professionals understand their responsibilities
 - Evidence-based clinical resources
- **Compliance:** Adhering to guidelines is best practice (and expected), and could be used as a benchmark against which the conduct of an individual is evaluated.

PRACTICE POLICIES

- **Definition:** Set out expectations and responsibilities for the profession, beyond what is outlined in the Standards of Practice.
- **Why needed:** This category of documents is newly established, driven by the findings of the jurisdictional scan and the guiding principles outlined for the framework. Many Colleges have established Practice Policies that set out expectations for the profession in situations where Standards of Practice are not available or appropriate. Some of the CRTO's documents that had been labelled as "Position Statements" contained policy direction that set out expectations and responsibilities for the profession and could be used as a

benchmark against which the conduct of an individual is evaluated. Documents such as these were reclassified as Practice Policies in order to ensure accountability and consistency.

- **Key words:**
 - professional expectations/obligations/responsibilities (must/should)
 - how to interpret legislation
- **Compliance:** Although not “hard law”, [precedent](#) indicates these policies could be used as a benchmark against which the conduct of an individual is evaluated.

POSITION STATEMENTS

- **Definition:** Position statements clarify the CROTO’s interpretation and stance on an emerging issue, trend, or topic.
- **Why needed:** Professional standards and expectations vary based on societal and practice changes, thus creating ambiguity around practice expectations. Position Statements allow the CROTO to clarify its stance, in an environment where this may not be straightforward. These time-sensitive documents allow the CROTO to be nimble and responsive, so that the profession has the direction it needs to move forward.
- **Key words:**
 - Position, stance, expectations, emerging issues
- **Compliance:** Position statements provide direction to the profession, and may be used as a benchmark against which the conduct of an individual is evaluated.

RESOURCES

- **Definition:** Provide information to members regarding their professional practice.
- **Why needed:** This category of documents is newly established, in the interest of consistency. In addition to Communiqués (such as the *Scope of Practice* document), the CROTO holds information on the Professional Practice section of its website that provides information to members regarding professional practice. This information has been brought into the policy framework, and re-labelled as “Resources,” to ensure they are built into the policy development and review cycle and complement the more enforceable documents.
- **Compliance:** These documents are informational in nature and are not intended to be used to assess conduct.

CODE OF ETHICS

- **Definition:** Provide guidance to members for responsible conduct, and ethical/moral behaviour in professional practice.
- **Why needed:** Under the Regulated Health Professions Act (RHPA), every College is required to establish a Code of Ethics. The CROTO’s Code of Ethics, [A Commitment to Ethical Practice](#), provides guidance for ethical decisions and sets expectations for ethical and moral behaviour. This document is considered part of the policy framework, as it is an important element of professional practice.
- **Compliance:** This may be considered by the CROTO and its Committees in determining whether professional obligations and responsibilities have been maintained.

Regulatory

Definition: Together with the legislation and regulations, the following documents set direction for the **CRTO** in how it conducts its regulatory role:

BY-LAW:

- **Definition:** A rule adopted by the CRTO for the government of its members and the regulation of its affairs.
- **Why needed:** The Health Professions Procedural Code of the RHPA provides the CRTO Council with authority to make by-laws relating to the administrative and internal affairs of the CRTO.

POLICY:

- **Definition:** Outlines the CRTO's direction or interpretation of legislation and regulations; OR provides a position or direction in areas that are not outlined in existing regulatory documents.
- **Why needed:** Policies set the direction for the CRTO to outline its interpretation of legislation and regulations when the interpretation is not clear. Policies are also required to provide clear direction on WHAT needs to be done in situations where no other direction exists.
- **Key words:**
 - "Will" or "must"
 - Expected, responsibility
- **Compliance:** Policies are a form of law and outline expectations that need to be met.

FACT SHEET:

- **Definition:** Interprets legislation/regulation to provide clarity, and outlines how the CRTO fulfills its role.
- **Why needed:** These public-facing documents provide information and resources, to describe HOW things are done, without providing a position on an issue. It should be noted that the framework considers "Fact Sheets" as separate from "Resources." Fact Sheets provide information about how the CRTO fulfills its regulatory role, whereas Resources are informational sources directed at professional practice. Having this distinction is important, in order to support a targeted and consistent approach.
- **Key words:**
 - The "how"
 - Process, steps
 - Information
- **Compliance:** These documents are informational in nature and are not intended to be used to enforce conduct or actions.

PROCEDURE:

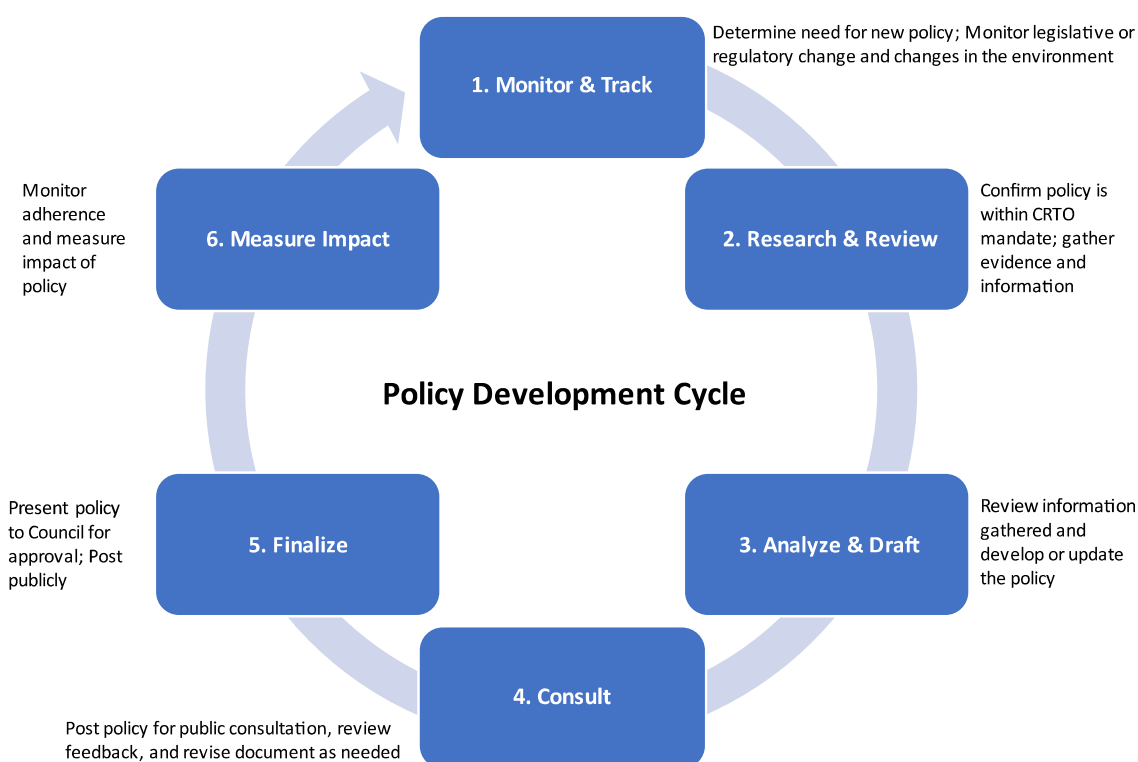
- **Definition:** Outlines detailed steps that need to be taken by CRTO staff to implement a policy.
- **Why needed:** This internal (i.e. not public-facing) document provides instructions for staff to ensure consistency, accountability, and fairness in how policies are operationalized.

Policy Development Cycle

The process the CRTO will use to guide the development of policies and other regulatory documents is outlined in

Figure 2, with more details provided in Appendix 2. In addition, a public consultation process has been articulated for the CRTO, and is summarized in Appendix 3. Note that the CRTO also develops Practice Standards and Guidelines. The development of these [Practice Standards](#) and [Practice Guidelines](#) follows a distinct and separate process. Appendix 5 provides a summary of the various documents that are included in the CRTO's policy framework, including their respective approvals process.

FIGURE 2: POLICY DEVELOPMENT PROCESS



Implementation and Next Steps

To support the CRTO in implementing the policy framework, a decision tool was created (see Appendix 1). This tool will be used to support classifying documents according to the policy framework. Using this tool and the Policy Development Cycle as a guide, the CRTO's existing documents will be reviewed and re-classified (where necessary). Any changes with substantive implications to the CRTO's risk profile will be brought to Council.

APPENDIX 1: POLICY FRAMEWORK DECISION TOOL

To support the CRTO in implementing the policy framework, a decision tool was created. This tool will be used to support classifying documents according to the policy framework.

To determine which type of policy document is required, the following considerations should be made:

1. Who is the direction for?

- a. Professional Practice: Documents that set expectations for the **practice** of Respiratory Therapy; OR
- b. Regulatory: Documents that set direction for the **CRTO** in how it conducts its regulatory role.

2. What does the document accomplish?

For documents that are aimed at Professional Practice:

What does it do?	Goal	Enforceability	Document type
Provide <i>expectations</i> and <i>requirements</i> to assure the quality of professional practice	Require	Members are professionally accountable to meet expectations and failure to comply could result in a finding of professional misconduct.	STANDARD OF PRACTICE
Provide clinical or professional <i>expectations</i> that helps define professional standards of practice	Explain	Compliance is best practice (and expected) and <i>could</i> be used as a benchmark against which the conduct of an individual is evaluated.	PROFESSIONAL PRACTICE GUIDELINE (PPG) & CLINICAL BEST PRACTICE GUIDELINE (CBPG)
Set out expectations and <i>responsibilities</i> for the profession, <u>beyond</u> what is outlined in the standards of practice	Direct	Although not “hard law”, precedent indicates these policies could be used as a benchmark against which the conduct of an individual is evaluated.	PRACTICE POLICY
Clarify the CRTO’s interpretation and stance on an emerging issue, trend, or topic	Clarify	The documents provide direction to the profession, and may be used as a benchmark against which the conduct of an individual is evaluated.	POSITION STATEMENT
Provide <u>information</u> regarding professional practice	Inform	These documents are informational in nature and are not intended to be used to assess conduct.	RESOURCE
Provide guidance for ethical decisions and sets expectations for ethical and moral behaviour	Guide	This may be considered by the CRTO and its Committees in determining whether professional obligations and responsibilities have been maintained.	CODE OF ETHICS

For documents that support other Regulatory matters:

What does it do?	Goal	How is it used or enforced by CRTO?	Document type
Outlines requirements within the legislative authority of the “by-laws” section of the Health Professions Procedural Code in the RHPA	Dictate	Law – Compliance is mandatory.	BY-LAW
Sets the <u>direction</u> for the CRTO to outline its interpretation of leg/reg OR provides a <u>position</u> on areas that are <u>not outlined in existing leg/reg</u>	Position or Direct	A form of law that outlines expectations that need to be met.	POLICY
<u>Interprets</u> legislation/regulation to provide clarity, and outlines <u>how</u> the CRTO fulfills its role (intended to be a <u>public</u> -facing document)	Interpret or clarify	Guidance - informational in nature and are not intended to be used to enforce behaviour.	FACT SHEET
Outline detailed steps that need to be taken by CRTO staff to implement a policy (intended to be an <u>internal</u> document, for staff)	Implement	Guidance - informational and procedural in nature.	PROCEDURE

A visual of the decision tool is outlined below.

The presentation of the information above was inspired by the College of Dietitians of Ontario’s [Framework for Standards of Professional Practice](#) (2013).

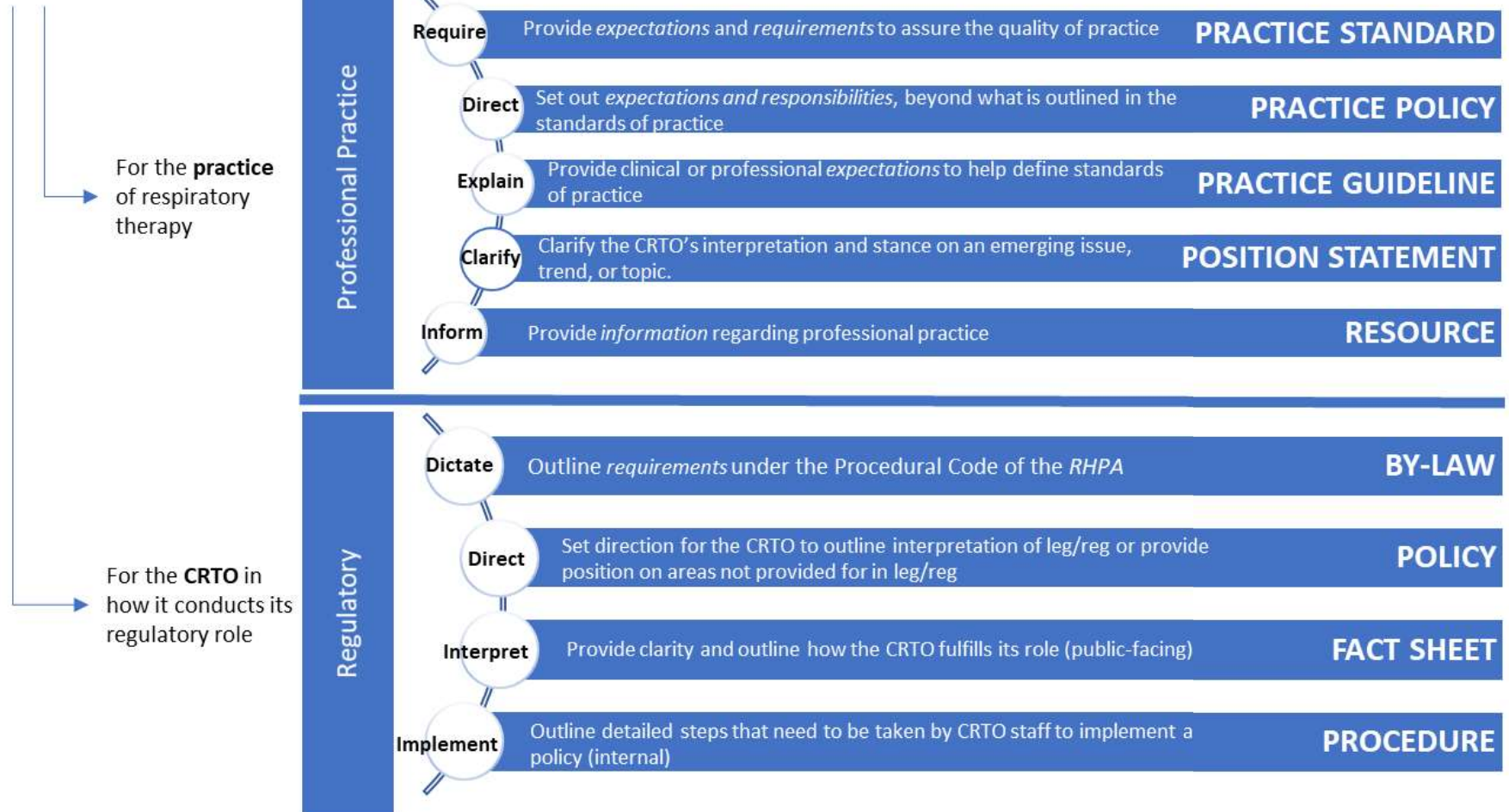
Policy Framework Decision tool

To determine which type of policy document is required:

Who is the direction for?

What is the goal and purpose?

→ Document type



APPENDIX 2: POLICY DEVELOPMENT CYCLE

The process below outlines the steps the College of Respiratory Therapists of Ontario (CRTC) will take to develop its policies and other related documents. Note that the CRTC also develops [Practice Standards](#) and [Guidelines](#), and the development of these documents follows a separate process.

1. Monitor and track

The CRTC will monitor the environment to determine the need to update or create policies. This will include monitoring for:

- Legislative or regulatory change
- Changes in the healthcare environment that need to be addressed (changes in practice, patient experience, current affairs, and other trends)

The CRTC will ensure existing policies are reviewed and updated every five years. More time-sensitive documents such as Position Statements will be reviewed on a shorter, 2-year interval.

2. Research and Review

Once it has been determined that a policy or other regulatory document needs to be developed or revised, the CRTC will:

1. Confirm the policy is within the CRTC's mandate, and that development of the policy is warranted, based on the guiding principles of the CRTC's Policy Framework;
2. Review the Policy Framework to determine which type of document is needed (i.e. Policy, Fact Sheet, Professional Practice Guideline, Practice Policy, Resource, etc.);
3. Conduct a literature review to gather the most current evidence on the topic;*
4. Conduct a jurisdictional and environmental scan to determine the approach and position taken by the profession as well as any other relevant regulated health colleges, both in Ontario and abroad;*
5. Review the current patient experience on the issue (for example, existing or foreseeable risks, complaints and experiences that relate to the need of the policy being created or reviewed)*

* In some cases, this could be supported through forming a working group including external subject matter experts, patients and the public.

3. Analyze and Draft

The information gathered above will be analyzed by the CRTC and used to develop or update the policy or related document.

4. Consult

Once the policy or related document is drafted, it will be posted for a 30 - 60 day public consultation period. This time range allows for flexibility depending on the urgency or depth of the topic. The CRTC will encourage participation in the consultation through various methods such as its existing

communication channels, social media, focus groups and citizen advisory groups, using its Public Consultation Process to guide the level of involvement (see Appendix 3). To ensure transparency and encourage open dialogue, feedback will be posted publicly and anonymously, and will remain on the CRTO's website after the consultation has closed.

Once the consultation period has ended, the CRTO will review the feedback and, as appropriate, make relevant changes to the draft policy (or related document). This may require additional research and analysis to be conducted.

5. Finalize

A finalized version of the document will be developed. All Policies, Position Statements, Professional Practice Guidelines, and Practice Policies will be presented to Council for approval (along with a summary of the consultation results) (see Appendix 4).

Once approved and finalized, the new or revised document will be communicated via the channels mentioned above.

6. Measure Impact

Monitoring adherence to the policy and measuring its outcomes is an important part of the policy process. The CRTO will continually assess whether the policy is accomplishing the goal it was intended to meet and where relevant, determine indicators that measure outcomes related to the policy.

Acknowledgements: This policy development cycle was adapted from the [Policy Cycle](#) developed by the Ontario College of Pharmacists.

APPENDIX 3: PUBLIC CONSULTATION PROCESS

Overview:

Considering the views of the public, profession, and other stakeholders allows the College of Respiratory Therapists of Ontario (CROTO) to develop policies, guidelines, and other documents that reflect best practice and the public interest. When establishing a public consultation process, it is important that this process be transparent and clearly articulated.

Background

Public consultation is an important part of the policy development process. As outlined in the [Regulated Health Professions Act \(RHPA\)](#), the CROTO has a duty to serve and protect the public interest, as well as to promote and enhance relations between the CROTO and its members, other health profession colleges, key stakeholders, and the public. With this in mind, the CROTO is strengthening its processes to formally build public consultation into its Policy Development Process.

Consultation is a part of the broader public engagement framework outlined by the Ontario Government. Ontario's [Public Engagement Framework \(2019\)](#) identifies a continuum (Share, Consult, Deliberate, and Collaborate), with increasing involvement of the public in policy development. Although the CROTO is currently focusing on consultation, all forms of engagement play an important role and will be aspired to in the future.

The CROTO's public consultation process is outlined below. The existing process has been modified slightly to reflect best practice and the public interest and is consistent with processes of other health regulatory Colleges in Ontario.

CROTO's Consultation Process

The CROTO is committed to developing policy that is transparent, accountable, and aligned with public expectations. Public consultation is an important way of doing this and is a critical element of the CROTO's Policy Development Process. The CROTO uses public consultation whenever a Policy, Practice Policy, Practice Guideline, or Practice Standard is developed or revised. Consultation includes reaching out to various stakeholders (including patients and the public, health care professionals, their employers, and other system partners), and can take place both within the province and at a broader, national level.

The method of consultation also varies depending on the topic. In many cases, a survey can gather the relevant information needed to obtain feedback on a topic. In other cases, a deeper dive is required, involving focus groups or interviews. The CROTO takes a risk-based approach in determining the level of engagement required when a proposed change is posted for consultation.

To help guide the CROTO in determining the critical audience and mechanism for a consultation topic, the following leveled approach has been developed:

1. **Post consultation online:** For all proposed changes, the CROTO will post a consultation on its website, using a web-based survey to gather feedback.

2. **Share consultation with specific stakeholders:** If specific groups will be directly impacted by the proposed change, the CROTO will share the consultation directly with them for feedback and circulation to their respective members/registrants.
3. **Engage through dialogue:** If there is a large degree of perceived or actual risk to the public, professionals, or other stakeholders, or if information is required to inform implementation of the proposed change, the CROTO will conduct focused discussions with the appropriate group (such as the [Citizen Advisory Group](#)).

The consultation will be open for 30-60 days, during which time feedback will be gathered anonymously. This time range allows for flexibility depending on the urgency or depth of the topic. Once the consultation closes, a summary of the feedback will be shared with Council. Council will consider all feedback, focusing on that which is most relevant to fulfilling the CROTO's mandate to serve and protect in the public interest. Once a decision is made, a summary of the feedback will be posted online, to support transparent and accountable decision-making.

APPENDIX 4: POLICY APPROVALS PROCESS

The College of Respiratory Therapists of Ontario (CRTC) has established a Policy Framework that classifies its regulatory documents into clear definitions and helps guide the CRTC's processes for establishing and revising these documents. A Policy Development Cycle (see Appendix 2) has been articulated as part of this framework, that describes the steps the CRTC will take to develop its policies and other related documents. The approvals process is an important part of finalizing new and revised policies, and this process is outlined below. Note that the process below has been outlined for the approval of Policies. The development and approval of Standards and Guidelines is conducted according to a separate process and is not included here.

Analyze & Draft:

1. New or revised policies are researched, reviewed, analyzed, and drafted according to the Policy Development Cycle;
2. If required, the document is shared with external legal counsel for review;
3. The document is then shared with the Deputy Registrar and Registrar for review and approval;
4. Upon receipt of confirmed approval from the Deputy Registrar and Registrar, the document is shared with the appropriate statutory committee for review and feedback.

Consult:

5. Any new or revised Policy, Position Statement, or Practice Policy is then posted on the CRTC website for consultation, according to the CRTC's Public Consultation Process (see Appendix 3).

Finalize:

6. The results of the consultation are analyzed and a consultation summary is developed;
7. The Policy, Position Statement, or Practice Policy (including the consultation summary) is then shared with Council for approval.
8. The document is finalized based on Council feedback, posted on the CRTC website and shared with Members.

APPENDIX 5: POLICY FRAMEWORK SUMMARY TABLE

Documents included in CROTO's Policy Framework and consultation and approval process

Document type	Purpose	Consultation?	Approval mechanism
Standard of Practice	Provide <i>expectations</i> and <i>requirements</i> to assure the quality of professional practice	Yes	Council
Practice Guideline	Provide clinical or professional <i>expectations</i> that helps define professional standards of practice	Yes	Council
Practice Policy	Set out expectations and <i>responsibilities</i> for the profession, <u>beyond</u> what is outlined in the standards of practice	Yes	Council
Position Statement	Clarify the CROTO's interpretation and stance on an emerging issue, trend, or topic	No	Council
Resources	Provide <u>information</u> regarding professional practice	No	Registrar
By-Law	Outlines requirements within the legislative authority of the "by-laws" section of the Health Professions Procedural Code in the RHPA	No	Council
Policy	Sets the <u>direction</u> for the CROTO to outline its interpretation of leg/reg OR provides a <u>position</u> on areas that are <u>not outlined in existing leg/reg</u>	Yes	Council
Fact Sheet	<u>Interprets</u> legislation/regulation to provide clarity, and outlines <u>how</u> the CROTO fulfills its role (intended to be a <u>public-facing</u> document)	No	Registrar
Procedure	Outline detailed steps that need to be taken by CROTO staff to implement a policy (intended to be an <u>internal</u> document, for staff)	No	Registrar



To: Council

From: Janice Carson, Manager of Communications

Date: May 28, 2021

Subject: Accessibility Standards Policy (AD-205)

RECOMMENDATION:

It is recommended that Council approve the Accessibility Standards Policy (AD-205).

Background / Rationale		
<p>This document was originally approved by Council on April 30, 2012 and last revised on August 22, 2018. As part of the Policy Framework this policy was reviewed and the policy was broken up into a policy and a procedure to reflect the CRTO Policy Framework and the policies intended use.</p> <p>This policy was posted for public consultation on the CRTO website and on the Ontario Health Regulators website.</p> <p>Date consultation posted for feedback: April 21, 2021 Period posted for: 30-days Date consultation closed: May 21, 2021</p> <p>Consultation Views: 29 Survey Completions: 1 Percent Completed (views vs. completions): 3.45%</p> <p>Attachments:</p> <ul style="list-style-type: none">• Accessibility Standards Policy Consultation Feedback• Accessibility Standards Policy (AD-205)• Accessibility Standards Procedure (AD-205P)		
Key Questions / Discussion (please provide a summary of discussion where applicable)	Yes	No
1. Problem Identification a) Do we fully understand the context of the problem? b) Is the proposed activity related to the profession of respiratory therapy? c) Is the proposed activity plan aligned with the CRTO's strategic directions and statutory mandate?		

Discussion:		
2. Outcome Focused a) Is the proposed activity in the public interest? b) Is the proposed activity consistent with current policies / positions? c) Will the solution be clearly understood and transparent to stakeholders? Discussion:		
3. Risk Management a) Does the proposed activity address new risk not currently being managed by other means? b) Are there risks to intervening? <i>Consider impact on public, profession, CRTO's reputation</i> c) Are there risks to not intervening? <i>Consider impact on public, profession, CRTO's reputation</i> Discussion:		
4. Impact Assessment a) Will the proposed activity have an impact on the CRTO's resources (positive or negative)? <i>Consider costs vs benefit</i> Discussion:		

Page Summary Report Accessibility Policy Consultation 2021 As of: 5/20/2021 11:15:05 PM

Drill down to the answers by clicking on View Results for the entire survey or a given page.

Survey Pages	Viewed	Completed	Percent Completed	Avg. Completion Time (hh:mm:ss)
Entire Survey	29	1	3.45%	00:04:56
About You	1	1	100.00%	00:00:06
Accessibility Standards Policy Background	29	1	3.45%	00:04:30
Question 1	1	1	100.00%	00:00:11
Additional Comments	1	1	100.00%	00:00:09

Answers to Questions Accessibility Policy Consultation 2021 As of: 5/20/2021 11:12:59 PM

Page: About You

Question: Are you a...

Number Who Answered: 1

Respiratory Therapist (including retired)	1	100 %
Graduate Respiratory Therapist	0	0 %
Student Respiratory Therapist	0	0 %
Member of the Public	0	0 %
Other Health Care Professional (including retired)	0	0 %
Other Health Care Regulator or Association	0	0 %
Prefer Not to Say	0	0 %

Page: Accessibility Standards Policy Background

Question: Accessibility Standards Overview

Page: Question 1

Question: Accessibility Standards Policy

Number Who Answered: 0

Question: Do you agree that the Accessibility Standards Policy is clear and understandable?

Number Who Answered: 1

Yes	No
1	0
100 %	0 %

Question: Is it free from omissions and/or errors?

Number Who Answered: 1

Yes	No
1	0
100 %	0 %

Question: Does this Accessibility Standards Policy provide you with sufficient understanding of the expectations?

Number Who Answered: 1

Yes	No
1	0
100 %	0 %

Page: Additional Comments

Question: We would like to hear from you! Please provide us with any additional feedback you feel might be helpful.

Number Who Answered: 0

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Accessibility Standards Policy

Type: Policy

Origin Date: April 30, 2012

Section: AD

Approved By Council on: May 28, 2021

Document Number: AD-205

Next Revision Date: May 2026

1.0 PURPOSE

The purpose of this policy is to identify access barriers, improve opportunities and provide accessibility for people with disabilities.

2.0 POLICY

The College of Respiratory Therapists of Ontario (CRTO) is committed to serving all its stakeholders with a professionally recognized disability (including special needs, disorders, conditions or impairments) and to meeting accessibility requirements in CRTO dealings under the *Accessibility for Ontarians with Disabilities Act* (AODA).

3.0 APPLICABILITY

This policy applies to all **employees** of the CRTO, as well as its agents, volunteers and contracted service staff.

4.0 SCOPE

4.1 GENERAL REQUIREMENTS - TRAINING

- The CRTO is committed to providing training on Ontario's accessibility laws and on accessibility related obligations under the *Ontario Human Rights Code* (the Code).
- Training will be provided in a way that best suits the duties of employees, volunteers and other staff members.

4.2 ACCESSIBILITY STANDARD FOR CUSTOMER SERVICE

- The CRTO is committed to providing services in a manner that respects the dignity and independence of all customers.
- The provision of services to persons with disabilities will be integrated in an accessible way wherever possible and to the best of the CRTO's abilities.
- The CRTO will endeavour to ensure that all of our customers are given equal opportunity to obtain, use or benefit from the services provided by and on behalf of the CRTO.
- The CRTO is committed to encouraging public engagement to help us meet the AODA customer service standards. Please see Appendix A for Accessible Customer Service Plan details.



4.3 ACCESSIBILITY STANDARD FOR EMPLOYMENT

- The CRTO will notify the public and staff that, when requested, we will accommodate disabilities during recruitment, assessment processes and when hired.
- If needed, the CRTO will provide customized workplace emergency information to employees who have a disability.
- If using performance management, career development and redeployment processes, we will take into account the accessibility needs of employees with disabilities.

4.4 INFORMATION AND COMMUNICATIONS STANDARD

- The CRTO is committed to meeting the communication needs of people with disabilities.
- When requested, we will provide information and communications materials in accessible formats or with communication supports.
- This includes publicly available information about our services and facilities, as well as publicly available emergency information.

5.0 EVALUATION

This policy is reviewed every five years and will be revised as needed. Any changes made to this policy will consider the impact on persons with disabilities. Any policy of the CRTO that does not respect and promote the dignity and independence of people with disabilities will be modified or removed.

6.0 RELATED DOCUMENTS

[Accessibility for Ontarians with Disabilities Act, 2001 \(AODA\)](#)
[CRTO Communications Policy](#)
[Human Rights Code R.S.O. 1990, Chapter H. 19](#)
[Human Rights Commission. The Duty to Accommodate](#)
[O. Reg. 191/11: Integrated Accessibility Standards Regulation](#)

7.0 CONTACT INFORMATION

For clarification on this policy or related appendices please contact the Manager of Communications at 416-591-7800 ext. 27 or by email at communications@crtto.on.ca.

8.0 DEFINITIONS

ASSISTIVE DEVICE: Any piece of equipment a person with a disability uses to help them with daily living. Some examples include: a wheelchair, screen reader, listening device or cane.

CUSTOMER: Any individual, such as an applicant, Member, member of the public or other person who may communicate or seek to communicate with the CRTO.

DISABILITY:

- a) Any degree of physical infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impairment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal, or on a wheelchair or other remedial appliance or device,



- b) A condition of mental impairment or a developmental disability,
- c) A learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
- d) A mental disorder,
- e) An injury or disability for which benefits were claimed or received under the insurance plan established under the *Workplace Safety and Insurance Act, 1997*.

EMPLOYEE: Refers to paid employees but does not include volunteers or any other unpaid individuals.

GUIDE DOG: A dog trained as a guide for a blind person and having the qualifications prescribed by the [Blind Persons' Rights Act](#) R.S.O. 1990, c. B.7, s. 1 (1).

SERVICE ANIMAL: An animal that provides assistance for a person with a disability. It may be readily apparent that the animal is used by the person for reasons relating to their disability; or a person may be asked to provide a letter from a physician or nurse confirming that the person requires the animal for reasons relating to the disability.

SUPPORT PERSON: A person who helps someone with a disability perform daily tasks. Often people who have a support person are not able to do things by themselves, such as eat meals, use the washroom or change their clothes. Without support that person may be unable to access goods and or services provided by the CRTC.



APPENDIX A

Accessible Customer Service Plan

The CRTO is committed to making all services accessible to people with disabilities.

Assistive Devices

The CRTO is committed to train staff to be familiar with various assistive devices that may be used by customers with disabilities while accessing our services. The CRTO will endeavour to accommodate people with assistive devices to the best of our abilities by making our premises as accessible as possible. In the case where people with disabilities may not access the services of the CRTO from our location, the CRTO will investigate and suggest alternative solutions to meeting with our customers, in person.

Service Animals

If a person with a disability is accompanied by a guide dog or other service animal, the CRTO will permit the person to enter any area of the office where public or members are ordinarily allowed.

Support Persons

A person with a disability who is accompanied by a support person, will be welcomed and permitted to have that person accompany them on our premises. A person with disabilities will not be prevented from having access to their support person(s). Where a support person is present and confidential information will be discussed, consent will be obtained prior to discussions in the presence of support persons.

Communication

The CRTO will communicate using alternative methods to provide services to people with disabilities or communication challenges. Upon request the CRTO will communicate with the most appropriate method such as in-person, by telephone, email or video call.

Notice of Service Disruption

In the event of a planned or unexpected disruption to CRTO services or facilities, the CRTO will notify the public of the disruption promptly. The notice will include information about the reason for the disruption, its anticipated length of time and a description of alternative facilities or services if available. The notice will be posted at the main entrance to the CRTO office, a notice on the telephone system and on the CRTO's website.

Feedback

Questions and feedback regarding how the CRTO provides services to people with disabilities or about this policy can be made by contacting the Manager of Communications at 416-591-7800 / 800-261-0528 ext. 27 or by email at communications@crto.on.ca.

Modifications to This or Other Policies

Any policy of the CRTO that does not respect and promote the dignity and independence of people with disabilities will be modified or removed.



Education and Training

The CRTO will provide education and training to all employees, volunteers and others who deal with the public or other third parties on behalf of the CRTO. Training and educations will include:

- The purpose of the [Accessibility for Ontarians with Disabilities Act, \(2005\)](#) and the requirements of the customer service standard.
- Completion of the Ministry of Community and Social Services approved training program, such as the:
 - [AccessForward: Customer Service Standard](#) e-learning module.
 - [AccessForward: Training for an Accessible Ontario](#)
 - General Requirements Training
 - Information and Communication Standards Training
 - Employment Standard Training
- Guidance on what to do if a person with a disability is having difficulty in accessing the CRTO's goods and services including.
- How to interact and communicate with people with various types of disabilities.
- How to interact with people with disabilities who use an assistive device or require the assistance of a service animal or support person.

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



AD-Accessibility Standards

Type: Procedure

Origin Date: May 28, 2021

Section: AD

Approved On: May 28, 2021

Document Number: AD-205P

Next Revision Date: May 2026

OBJECTIVE

The objective of this procedure is to outline specific details for staff as it relates to the CRTO's Accessibility Standards policy.

KEY CONCEPTS

The Accessibility Standards policy applies to all employees of the CRTO, as well as Council / Non-Council Members, its agents, volunteers and contracted service staff.

PREREQUISITES

None

STEPS

1.0 TRAINING

1. Training related to accessibility legislation will be provided to all:
 - a. Employees, Council, Non-Council and volunteers;
 - b. persons who participate in developing the organization's policies; and
 - c. other persons who provide services on behalf of the organization.
2. The Manager of Communications for the CRTO will maintain a record of the training provided and date completed.

2.0 ACCESSIBILITY STANDARD FOR CUSTOMER SERVICE

1. All groups (noted above) are required to complete the [AccessForward: Customer Service Standard](#) e-learning module as soon as possible after hiring, or start of term, and provide proof of completion to the Manager of Communications at the CRTO.
2. A copy of the Accessibility Standards policy needs to be placed on an [AODA page](#) of the CRTO website and be updated as the policy changes.



3. The following message will be placed on the CRTO website, in staff email signatures and all relevant communiques to CRTO stakeholders it serves:

“The College of Respiratory Therapists of Ontario is committed to accommodating the people we serve to the best of our abilities. If there are any accessibility services that you may require, please let us know in advance.”

3.0 ACCESSIBILITY STANDARD FOR EMPLOYMENT

1. The CRTO will let job applicants know that it will accommodate disabilities during the selection process. If a job applicant requests accommodation, the CRTO will consult with them and make adjustments that best suit their needs.
2. The CRTO will notify successful applicants of its policies for accommodating employees with disabilities.
3. If the CRTO hires an employee with a known disability who might need help in an emergency, the CRTO will:
 - develop individualized emergency response information;
 - obtain the employee’s consent and then share this information with anyone designated to help them in an emergency; and
 - review the emergency response information if and when:
 - the employee changes work locations;
 - the CRTO staff reviews the employee’s overall accommodation needs;
 - the CRTO staff reviews its emergency response policies.
4. The CRTO will let its staff know about its policies for supporting employees with disabilities.
5. The CRTO will have performance management mechanisms in place to assess and improve an employee’s performance, productivity, effectiveness and overall success.

In addition, all accessible employment practices will be integrated into the CRTO’s existing Employment policy, as required.

4.0 INFORMATION AND COMMUNICATIONS STANDARD

1. The CRTO will ensure that it has mechanisms in place to receive and respond to feedback from its members, employees and members of the public who have a disability.
2. The CRTO will let the public know that it will make information accessible upon request. The CRTO will consult with people with disabilities to determine their information and communication needs.
3. Any surveys that go out to the public/members should allow for an alternative method of communication (e.g., allow survey to be completed verbally if individual has low vision) upon request.



Format for information we provide to the public will be integrated into the CRTO's existing [*General Communication policy*](#).

APPROVALS/AUTHORITY

Final procedure review/approval by the CRTO Registrar.

CONTACT INFORMATION

For clarification this procedure or related policy please contact the Manager of Communications at 416-591-7800 ext. 27 or by email at carson@crto.on.ca.

RELATED DOCUMENTS

[CRTO Accessibility Standard Policy \(AD-205\)](#)



To: CRTO Council

From: Shaf Rahman, Manager, Professional Conduct
Sophia Rose, Coordinator, Professional Conduct

Date: May 14, 2021

Subject: Policy Framework – Reinstatement Fact Sheet

RECOMMENDATION:

It is recommended that Council:

- Rescind and archive the policy Reinstatement of Former Members Found Guilty of Sexual Abuse, and replace with a Fact Sheet.

Background / Rationale		
<p>This document was originally approved February 26, 1999 and last revised on June 13, 2003, therefore recent review and revision was required. We are proposing to rescind and archive this policy, as Reinstatement of Former Members Found Guilty of Sexual Abuse is explicitly stated in the Code therefore the Policy is not needed. However we want to keep this information available to members of the public and CRTO members, therefore a Fact Sheet has been created.</p> <p>Attachments:</p> <ul style="list-style-type: none">• Reinstatement of Former Members Found Guilty of Sexual Abuse Policy, dated June 13, 2003• Reinstatement of Former Members Found Guilty of Sexual Abuse Fact Sheet, dated May 28, 2021		
Key Questions / Discussion (please provide a summary of discussion where applicable)	Yes	No
<p>1. Problem Identification</p> <p>a) Do we fully understand the context of the problem?</p> <p>b) Is the proposed activity related to the profession of respiratory therapy?</p> <p>c) Is the proposed activity plan aligned with the CRTO's strategic directions and statutory mandate?</p> <p>Discussion:</p>		

2. Outcome Focused a) Is the proposed activity in the public interest? b) Is the proposed activity consistent with current policies / positions? c) Will the solution be clearly understood and transparent to stakeholders? Discussion:		
3. Risk Management a) Does the proposed activity address new risk not currently being managed by other means? b) Are there risks to intervening? <i>Consider impact on public, profession, CRTO's reputation</i> c) Are there risks to not intervening? <i>Consider impact on public, profession, CRTO's reputation</i> Discussion:		
4. Impact Assessment a) Will the proposed activity have an impact on the CRTO's resources (positive or negative)? <i>Consider costs vs benefit</i> Discussion:		

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



Title: **Reinstatement of Former Members Found Guilty of Sexual Abuse**

Number: **CP-Reinstatement-153**

Date originally approved:
February 26, 1999

Date(s) revision approved:
June 13, 2003

POLICY

1. The College of Respiratory Therapists of Ontario (Certo) has a policy of zero tolerance for sexual abuse of patients/clients.
2. The *Health Professions Procedural Code* provides for former members found guilty of sexual abuse to apply in writing to have a new certificate of registration issued. [Section 72(1)].
3. The *Health Professions Procedural Code* specifies that applications for reinstatement in relation to a revocation for sexual abuse of a patient, shall not be made less than five years from the date of the revocation. Applications submitted after an application for reinstatement is denied must be at least six months after the previous application for reinstatement. [Section 72(3)].
4. The College recognizes that some persons whose certificates were revoked for sexual abuse may be rehabilitated and therefore an opportunity should be made available to consider individual former members for re-entry into the profession.
5. This policy and procedure provides guidance to Council and non-Council members, members, non-members and staff as the panel hearing the application for reinstatement is independent of Council.

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Background

Under section 72(1) of the *Regulated Health Professions Act, 1991, (RHPA)* being Schedule 2 of the *Health Professions Procedural Code (the Code)*, a person whose certificate of registration has been revoked or suspended as a result of disciplinary or incapacity proceedings may apply in writing to the Registrar to have a new certificate issued or the suspension removed.

Overview

A former Member of the CROTO whose license was revoked or suspended as a result of a decision rendered by the Discipline Committee or Fitness to Practice Committee of the CROTO seeking reinstatement to practice Respiratory Therapy in the Province of Ontario must apply to the College of Respiratory Therapists of Ontario (CROTO) in order to have their license reinstated.

Applying for Reinstatement

Under subsection 72(5) the person making the application under subsection 72(1) shall provide reasons why the certificate should be issued or the suspension be removed.

These submissions can include whatever the person believes to be relevant in order for the Registrar to assess the information before them and consider the persons application for reinstatement.

Timelines

Time of Application

Under section 72(2) of the RHPA an application made under subsection 72(1) shall not be made earlier than,

- (a) One year after the date on which the certificate of registration was revoked or suspended; or
- (b) Six months after a decision has been made in a previous application under subsection (1).

Time of application, sexual abuse cases

Under section 72(3) an application under subsection (1), in relation to a revocation for sexual abuse of a patient, shall not be made earlier than,

- (a) Five years after the date on which the certificate of registration was revoked; or
- (b) Six months after a decision has been made in a previous application under subsection (1).



Reinstatement of Former Members Revoked or Suspended by the Discipline or Fitness to Practice Committee [Fact Sheet](#)

Notice where complainant

Under section 72(4) the Registrar shall give the complainant in the original proceeding notice of an application under subsection (1).

Referral to Committee

Under section 73 (1) The Registrar shall refer the application, if the revocation or suspension was on the grounds of,

- (a) Professional misconduct or incompetence, to the Discipline Committee; or
- (b) Incapacity, to the Fitness to Practise Committee.

Hearings

Under section 73 (2) the chair of the committee to which an application is referred shall select a panel from among the members of the committee to hold a hearing of the application.

Procedural Provisions

Under section 73 (3) the following provisions apply with necessary modifications to a hearing of an application by a panel of the Discipline Committee: findings of fact, composition, quorum, no communication by panel members, legal advice, hearings open, sexual misconduct witnesses, transcript of hearings, members of panel who participate, release of evidence.

Idem

Under section 73 (4) the following provisions apply with necessary modifications to a hearing of an application by a panel of the Fitness to Practise Committee: findings of fact, no communication by panel members, legal advice, sexual misconduct witnesses, transcript of hearings, members of panel who participate, release of evidence, composition, quorum, hearings closed.

Order

Under section 73 (5) a panel may, after a hearing, make an order doing any one or more of the following:

1. Directing the Registrar to issue a certificate of registration to the applicant.
2. Directing the Registrar to remove the suspension of the applicant's certificate of registration.
3. Directing the Registrar to impose specified terms, conditions and limitations on the applicant's certificate of registration.

Reinstatement of Former Members Revoked or Suspended by the Discipline or Fitness to Practice Committee [Fact Sheet](#)

Limitation for sexual abuse cases

Under section 73 (5.1) a panel may not make an order directing that the Registrar issue a new certificate of registration to an applicant whose certificate had been revoked for sexual abuse of a patient unless the prescribed conditions are met. 1993, c. 37, s. 19.

Decision

(6) A panel that held a hearing of an application shall give its decision and reasons in writing to the applicant and the Registrar. 1991, c. 18, Sched. 2, s. 73 (6).

Orders without hearing

Under section 74 (1) The Council or Executive Committee may, without a hearing, with respect to a person whose certificate of registration has been revoked or suspended as a result of disciplinary or incapacity proceedings, make an order doing any one or more of the following:

1. Directing the Registrar to issue a new certificate of registration to the applicant.
2. Directing the Registrar to remove the suspension of the applicant's certificate of registration.
3. Directing the Registrar to impose specified terms, conditions and limitations on the applicant's certificate of registration if an order is made under paragraph 1 or 2. 1991, c. 18, Sched. 2, s. 74.

Limitation

- (2) This section does not apply with respect to a revocation for sexual abuse of a patient.

[Contact Information](#)

College of Respiratory Therapists of Ontario

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Toronto, ON M5G 1Z8

Telephone: 416-591-7800

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

General Email: questions@crto.on.ca



College of Respiratory
Therapists of Ontario

Ordre des thérapeutes
respiratoires de l'Ontario