College of Respiratory Therapists of Ontario

Ordre des thérapeutes respiratoires de l'Ontario

A POLICY FRAMEWORK FOR THE COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

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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 (CRTO) develops and maintains a set of policies, fact sheets, and other regulatory documents. As the 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.

Goals and Objectives

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

1. Support the CRTO'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 CRTO in meeting the standards and measures outlined in the *College Performance Measurement Framework (CPMF)*, particularly with respect to "Regulatory Policies."[1]

The following are the key **objectives** of the policy framework:

- Provide clear definitions that distinguish between the CRTO's various regulatory documents and clarify their intended use;
- Include a decision tool to support the classification of the CRTO's regulatory documents; and
- Identify a policy development cycle to set out 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 CRTO'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 CRTO's documents.

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[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 minimize 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.

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 includes a policy development cycle and a decision tool to 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.

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 CRTO 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 CRTO's regulatory documents is outlined in Figure 1, with more details provided below.

Figure 1: CRTO Policy Framework
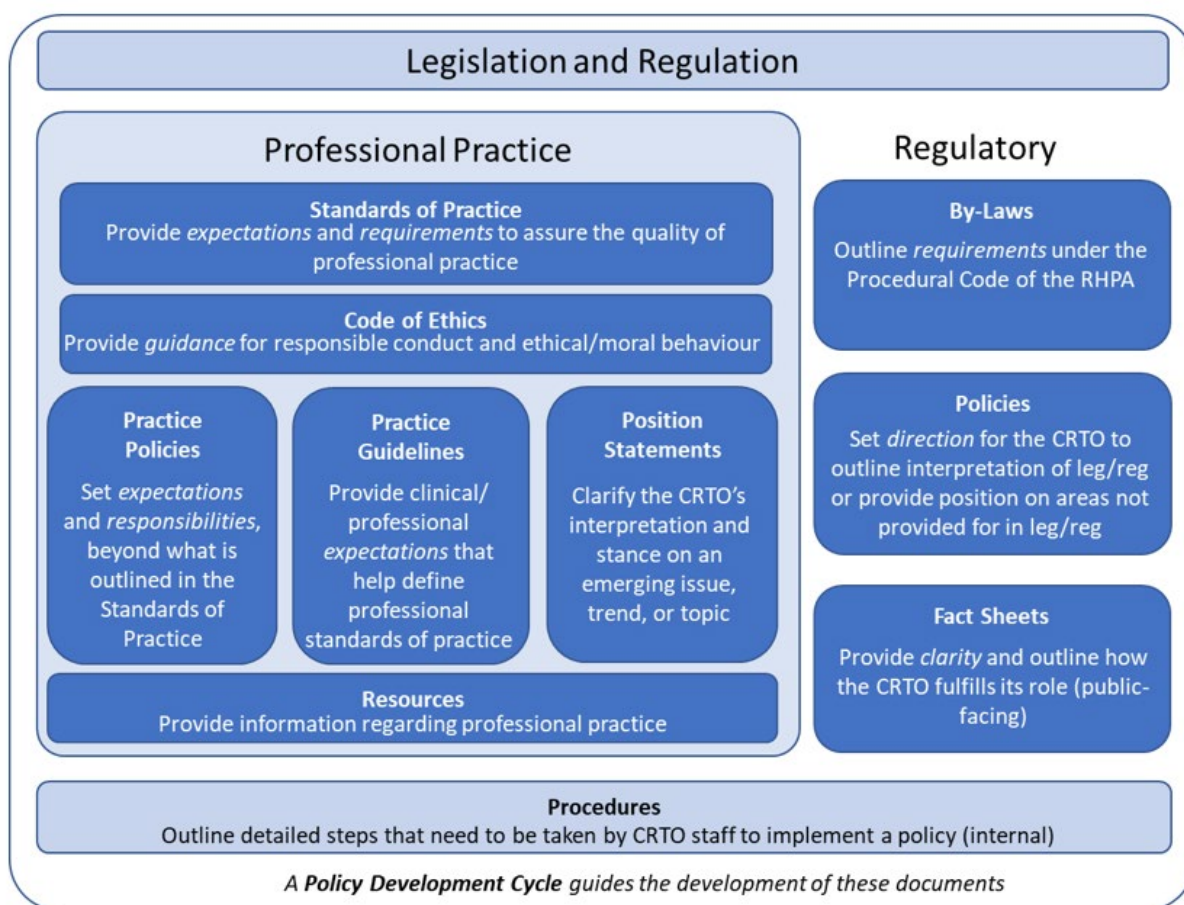
Document Classification

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. 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 CRTO'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 CRTO to clarify its stance, in an environment where this may not be straightforward. These time-sensitive documents allow the CRTO 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 CRTO 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 CRTO'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 CRTO 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.
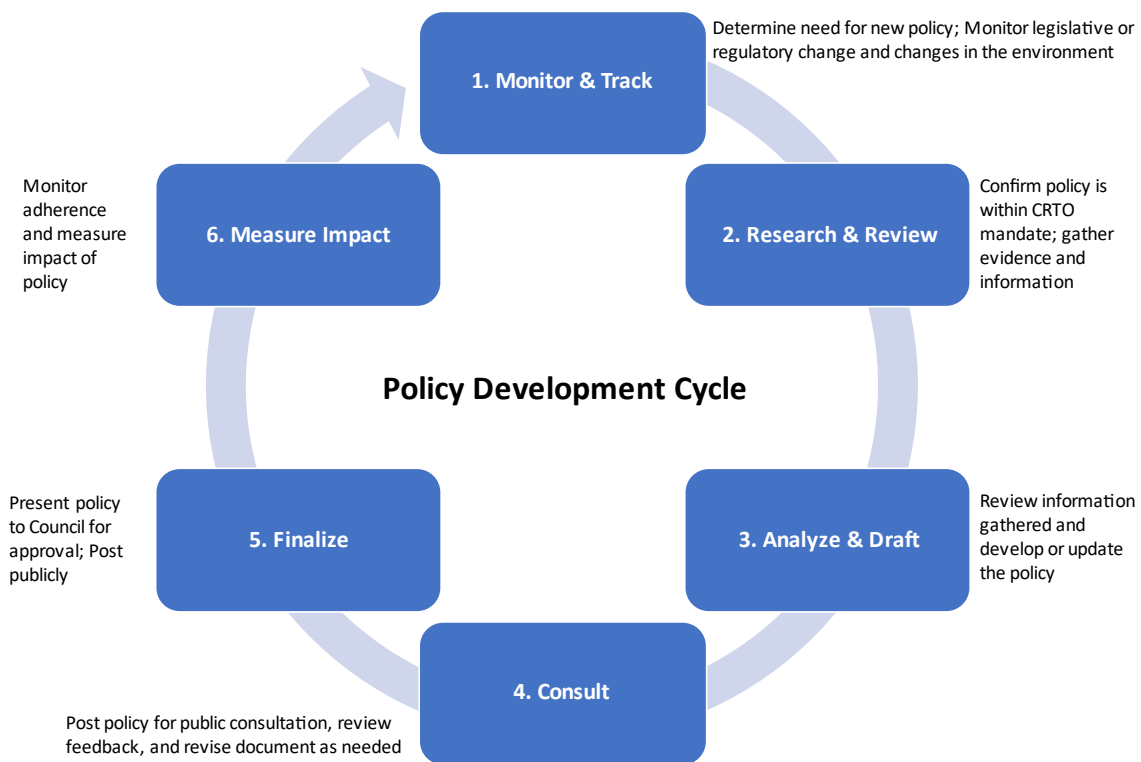
PROCEDURE:

- **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. 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

Determine need for new policy; Monitor legislative or regulatory change and changes in the environment

1. Monitor & Track

2. Research & Review — Confirm policy is within CRTO mandate; gather evidence and information

3. Analyze & Draft — Review information gathered and develop or update the policy

4. Consult — Post policy for public consultation, review feedback, and revise document as needed

5. Finalize — Present policy to Council for approval; Post publicly

6. Measure Impact — Monitor adherence and measure impact of policy

Policy Development Cycle

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).

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 *expectations* and *requirements* 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 *expectations* that helps define professional standards of practice	Explain	Compliance is best practice (and expected) and *could* 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 *responsibilities* for the profession, **beyond** 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 *information* 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 <u>Regulatory</u> 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 *direction* for the CRTO to outline its interpretation of leg/reg OR provides a *position* on areas that are *not* outlined in existing leg/reg	Position or Direct	A form of law that outlines expectations that need to be met.	POLICY
Interprets legislation/regulation to provide clarity, and outlines how the CRTO fulfills its role (intended to be a *public*-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 *internal* 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 Dieticians of Ontario's <u>Framework for Standards of Professional Practice</u> (2013).

Policy Framework Decision tool

<u>To determine which type of policy document is required:</u>

Who is the direction for? **What is the goal and purpose?** **→ Document type**

Professional Practice

Require	Provide *expectations* and *requirements* to assure the quality of practice	**PRACTICE STANDARD**
Direct	Set out *expectations and responsibilities*, beyond what is outlined in the standards of practice	**PRACTICE POLICY**
Explain	Provide clinical or professional *expectations* to help define standards of practice	**PRACTICE GUIDELINE**
Clarify	Clarify the CRTO's interpretation and stance on an emerging issue, trend, or topic.	**POSITION STATEMENT**
Inform	Provide *information* regarding professional practice	**RESOURCE**

For the **practice** of respiratory therapy

Regulatory

Dictate	Outline *requirements* under the Procedural Code of the *RHPA*	**BY-LAW**
Direct	Set direction for the CRTO to outline interpretation of leg/reg or provide position on areas not provided for in leg/reg	**POLICY**
Interpret	Provide clarity and outline how the CRTO fulfills its role (public-facing)	**FACT SHEET**
Implement	Outline detailed steps that need to be taken by CRTO staff to implement a policy (internal)	**PROCEDURE**

For the **CRTO** in how it conducts its regulatory role

APPENDIX 2: POLICY DEVELOPMENT CYCLE

The process below outlines the steps the College of Respiratory Therapists of Ontario (CRTO) will take to develop its policies and other related documents.

1. **Monitor and Track**

   The CRTO 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 CRTO 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 CRTO will:

   1. Confirm the policy is within the CRTO's mandate and that development of the policy is warranted, based on the guiding principles of the CRTO'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 in other jurisdictions;*

   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 CRTO and used to develop or update the policy or related document. When drafting the documents, the CRTO will also address the following key considerations:

- **Public Interest** – clearly identified public interest rationale for developing or amending the policy.

- **Risk** – referencing the CRTO's Risk Management Framework, asses whether the policy addresses an existing risk/opportunity. Is the policy document appropriate to the identified risk?

- **Diversity, Equity and Inclusion** – consistent with the CRTO's Equity Impact Assessment Framework, ensure that the policy is not discriminatory and explore opportunities for reducing barriers to equity, diversity, and inclusion.

4. Consult

Once the policy or related document is drafted, the CRTO will determine if public consultation is required, consistent with its Public Consultation Process outlined in APPENDIX 3.

The CRTO 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).

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.

After the new or revised policy has been approved, the CRTO will post a consultation summary on its website.

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 consultation report and the comments received (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.

APPENDIX 3: PUBLIC CONSULTATION PROCESS

Overview

Considering the views of the public, profession, and other system partners allows the College of Respiratory Therapists of Ontario (CRTO) 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 CRTO has a duty to serve and protect the public interest, as well as to promote and enhance relations between the CRTO and its Members, other health profession Colleges, key system partners, and the public. With this in mind, the CRTO is strengthening its processes to formally build public consultation into its Policy Development Process.

The CRTO'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.

CRTO's Consultation Process

The CRTO is committed to developing policies that are transparent, accountable, and aligned with public expectations. Public consultation is an important way of doing this and is a critical element of the CRTO's Policy Development Process.

In general, the CRTO will use public consultation whenever a new or revised policy document:

- addresses an issue directly related to patient or public safety;
- is expected to have an impact on RT practice; or
- has the potential to significantly impact its system partners.

Consultation includes reaching out to various system partners (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 CRTO takes a risk-based approach in determining the level of engagement required when a proposed change is posted for consultation.

To help guide the CRTO 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 CRTO will post a consultation on its website to gather feedback.

2. **Share consultation with specific system partners**: If specific groups will be directly impacted by the proposed change, the CRTO 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 system partners, or if information is required to inform implementation of the proposed change, the CRTO 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, the feedback received will be shared with Council. Council will consider all feedback, focusing on that which is most relevant to fulfilling the CRTO's mandate to serve and protect the public interest. Once a decision is made, a consultation summary will be posted online to support the CRTO's commitment to transparent and accountable decision-making.

APPENDIX 4: POLICY APPROVALS PROCESS

The College of Respiratory Therapists of Ontario (CRTO) has established a Policy Framework that classifies its regulatory documents into clear definitions and helps guide the CRTO'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 CRTO 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.

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 Registrar and/or Deputy Registrar for review and approval;
4. Upon receipt of confirmed approval from the Registrar and/or Deputy Registrar, the document is shared with the appropriate statutory committee for review and feedback*.

Consult:

5. Where applicable, the new or revised policy document, is then posted on the CRTO website for consultation, according to the CRTO'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 (including, where applicable the feedback received) is shared for review by the appropriate statutory committee* (if required) and, then submitted to Council for approval.
8. The document is finalized based on Council feedback, posted on the CRTO website and shared with Members.

* With the exception of Practice Policies, which report directly to Council.

APPENDIX 5: POLICY FRAMEWORK SUMMARY TABLE

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

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