



CANADIAN SOCIETY OF RESPIRATORY THERAPISTS
SOCIÉTÉ CANADIENNE DES THÉRAPEUTES RESPIRATOIRES

Accreditation Manual

January 2015

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ACKNOWLEDGEMENTS

The Board of Directors of the Canadian Society of Respiratory Therapists (CSRT) extends sincerest appreciation to all the individuals and organizations that contributed to the development of the CSRT Accreditation Manual. In accordance with the quality management principles underlying the CSRT Accreditation Program, we will strive for continual improvement as our program evolves.

We recognize the contributions made by the CSRT Accreditation Task Force and commend them for all that was accomplished in a short period of time. In particular, we honour Terry Boone, Chair of the Task Force, for his dedication to the project while valiantly battling rapidly progressive multiple sclerosis. Task Force members included John Andruschak, Donald Bartlett, Susan Jones and Ted Yachemetz.

The support provided by Richard Walker, Executive Director of the Committee on Accreditation for Respiratory Care (CoARC) in the United States was truly appreciated. In the interest of advancing the profession of respiratory therapy, he not only shared the resources developed by CoARC, but welcomed us to utilize them freely.

We would like to thank The Standards Council of Canada and their partner, the Information Handling Service Canada, for their support in gaining permission to reproduce sections of the ISO/DIS 9000:2000 document for use in our accreditation program.

Discussions with representatives from the following organizations were a valuable part of the research phase of the project: Canadian Association of Occupational Therapists, Canadian Association of University Schools of Nursing and Canadian Physiotherapists' Association.

The CSRT would also like to acknowledge the contributions of the Council on Naturopathic Medical Education and the Canadian Psychological Association in the development of some of the Accreditation Policy and Procedures.

Last but not least, we thank the individual respiratory therapists and respiratory therapy program administrators who reviewed draft documents and provided feedback to enhance the Accreditation Manual.

GLOSSARY OF KEY TERMINOLOGY WITHIN THE ACCREDITATION MANUAL

The following ISO terminology is used in the Accreditation Manual

ISO: The International Organization for Standardization

Quality: “meeting the appropriate expectations of clients” (Quality Assurance in Services: An ISO 9000 Workbook for Small Professional Service Firms, Industry Canada, 1995)

Management: “coordinated activities to direct and control an organization” (ISO/DIS 9000:2000)

Quality management: “coordinated activities to direct and control an organization with regard to quality” (ISO/DIS 9000:2000)

Quality management principles: see Appendix 2

Quality management system: see Appendix 3

Effectiveness: “measure of the extent to which planned activities are realized and planned results achieved” (ISO/DIS 9000:2000)

Efficiency: “relationship between the result achieved and the resources used” (ISO/DIS 9000:2000)

INTRODUCTION

Background

The Canadian Society of Respiratory Therapists (CSRT) is a national, voluntary organization representing Canada's respiratory therapists. The CSRT is committed to the development of the respiratory therapy profession in Canada, and to promoting a high level of competence for entry-level practitioners. To this end, the CSRT awards its RRT credential (Registered Respiratory Therapist) to candidates who meet the requirements of a CSRT-approved educational program and who successfully complete the CSRT national certification examination.

National Accreditation is a means of assuring the public that the educational programs have met a consistent national standard. The CoARTE accreditation requirements are closely linked to the National Competency Profile (NCP) which reflects current clinical practice and recognizes the evolving scopes of practice across the country, (Appendix 1: Development of the CSRT Occupational Profile and the National Competency Profile). Graduates from programs approved by the CSRT (i.e. programs accredited by CoARTE) are eligible to write the national certification exam administered by the Canadian Board for Respiratory Care. Graduates who successfully complete this examination and are members of the CSRT receive the CSRT RRT credential, a designation highly regarded nationally and internationally.

Regulatory Bodies

In most provinces regulatory bodies have the legislative authority for approving respiratory therapy educational programs. The provincial regulatory bodies and the CSRT (as a representative of the non-regulated provinces and national society) sit on the National Alliance of Respiratory Therapy Regulatory Bodies. This organization developed and owns the NCP. Currently, all provincial regulatory bodies recognize and accept CoARTE accreditation services.

MEANING OF ACCREDITATION

Accreditation is a process of quality assurance through which an accreditation status is granted to an educational institution or program of study by responsible authorities. It means that standards of education or criteria established by professional authorities have been met. In Canada, individuals and educational institutions are not accredited. The term applies only to educational programs of study. The process usually includes a self-assessment by the program under review and on-site visits by qualified, external reviewers from government and/or non-government agencies. Degrees, diplomas, or certificates emanating from non-accredited programs do not have the same status as those issued by accredited programs and may not be recognized at all by licensing or certifying authorities. A program's accreditation status is normally subject to periodic review and may be withdrawn by relevant professional authorities if the program ceases to meet the standards. (Source: Association of Accrediting Agencies of Canada)

DEVELOPMENT OF THE ACCREDITATION CRITERIA

Guiding Principle

The CSRT views accreditation as a means of assisting programs to consistently produce competent graduates who will provide quality patient care; and of assuring the public that an educational program maintains national standards. Accreditation validates that the program is in conformity

with predetermined requirements. To this end, the Accreditation Requirements were developed on the ISO 9000:2000 quality management principles, (Appendix 2). The accreditation process was designed to be supportive and the requirements progressive.

GOVERNANCE OF THE ACCREDITATION PROGRAM

Council on Accreditation for Respiratory Therapy Education (CoARTE)

The Canadian Society of Respiratory Therapists (CSRT) National Accreditation Program is provided through the Council on Accreditation for Respiratory Therapy Education (CoARTE). CoARTE accreditation provides a tool to assist respiratory therapy schools and regulatory bodies in assuring the public that the national educational standards for entry-level respiratory therapy have been met. CoARTE is a committee of the CSRT and is a decision-making body that functions within the By-laws and policies established by the CSRT Board of Directors (CSRT Board). This ensures that universities and colleges offering respiratory therapy programs in Canada meet the profession's national competency standards for entry-level respiratory therapists. The accreditation program was developed in 2000 by a consultant and was implemented in January 1, 2001.

The CSRT is the corporate entity under which the accreditation program operates. The CSRT Board is responsible for the program and allocates the funds required to operate the program. Program review teams conduct program assessments on behalf of CoARTE.

Accreditation Staff

The Executive Director of the CSRT oversees the staffing of CoARTE. CoARTE staff provides all administrative support for the program and serves as a resource to council members and program review team members in regard to accreditation processes and policies. Generally, one individual will serve as the accreditation staff member, although, additional support may be provided from the CSRT as required. Currently, CoARTE is supported by the Director of Accreditation Services (hereby referred to as "the director").

Members

CoARTE shall be comprised of a minimum of eight and a maximum of ten voting members, including the Chair and the Vice-Chair. The CSRT Executive Director and the Director of Accreditation Services are ex-officio, non-voting members of CoARTE. They are included in all Council correspondence.

The Council shall be composed of individuals, selected by CoARTE and ratified by the CSRT Board of Directors that work in and/or provide the perspective of the following areas:

- Respiratory therapy education
- Administration of a university or college offering accredited health profession programs
- Respiratory therapy (clinical or industry) administration
- A recent graduate of an accredited respiratory therapy program
- A health profession other than respiratory therapy
- The public (from outside of the profession)

The Council will also include a representative that is selected by the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB), which represents the public interest perspective. The other functions of this voting member are to report to the NARTRB on the

activities of CoARTE, to educate the NARTRB on CoARTE accreditation processes and to report to the NARTRB on issues and challenges in respiratory therapy education noted by CoARTE.

CoARTE members must also possess one or more of the following competencies required to fulfill the requirements of the accreditation processes:

- Comprehends the National Competency Profile
- Demonstrates strategic thinking and risk management and how they relate to education
- Appreciates the roles played by respiratory therapists in a variety of clinical, educational and community settings
- Possesses an understanding of accreditation and how it relates to respiratory therapy education

The working language of CoARTE is English; however, Council composition will reflect the French and English language distribution of its accredited programs.

QUALITY ASSURANCE

CoARTE has an integrated quality assurance process which provides assurance of the quality and standards of the CSRT accreditation program. CoARTE members have committed themselves explicitly to the development of a culture which recognizing the importance of quality, and quality assurance in their work. To achieve this, CoARTE has developed and implemented a process for the continuous enhancement of quality including a mechanism for CSRT members, respiratory therapy programs, students and stakeholders to provide regular feedback and participate in open dialogue with the CSRT on accreditation policies and procedures.

ACCREDITED RESPIRATORY THERAPY PROGRAMS

A full list of CoARTE accredited programs is available to the public through the CSRT website.

ACCREDITATION PROCEDURES

Accreditation Cycle

The CoARTE accreditation cycle is a six year cycle. This means that each accredited program submits preliminary documentation and receives a site visit approximately every six years. Annual reports are required during the years that a visit is not scheduled to occur. If necessary to ensure ongoing conformity with accreditation requirements, CoARTE will also request interim progress reports.

Before the Accreditation Visit

Twelve months before the accreditation status is due to expire, the Director of Accreditation contacts the program and establishes a mutually agreed upon date for the next site visit. The Director sends the *Self-Study* templates to the program by e-mail, specifying the date for submission and the number of copies required.

Approximately nine months before the site visit the Director selects the program review team from the roster approved by CoARTE. A confirmation letter together with the *Conflict of Interest Form*

and *Declaration of Non-Disclosure* are sent by e-mail to the participants. Program reviewers are advised of travel and accommodation policies. Once team members are confirmed, the Director will forward an *Analysis of Self-Study (ASSR)* template to the team and will confirm any dietary preferences or allergies. (Please note that a more detailed review of the Program Reviewer role is provided in the *CoARTE Program Reviewer Handbook*.)

The program submits its completed Self-Study and supporting documentation six months prior to the site visit. The Director will determine program reviewers' preference for hard versus electronic copy of this document and will forward this information to the program. Failure to submit the complete Self-Study within a calendar month is grounds for Probationary Accreditation. An extension may be requested for extenuating circumstances.

The team reviews the program's submission and each team member completes a draft *ASSR*. The Director arranges a teleconference for the team to discuss findings, reach consensus on the *ASSR* and determine whether the site visit should proceed. The team's recommendation is forwarded to CoARTE members who make the final decision whether or not to proceed with the accreditation visit.

To be eligible for a site visit, a program must be in conformity or partial conformity with all the critical criteria. In the event that a program does not meet the eligibility requirements for a site visit, the council's decision may be contested following the documented appeal procedure.

Once the council decides to proceed with a visit, the Director sends the completed *ASSR* to the institution. This report indicates which areas have been clearly answered and any areas that may need attention before the site visit.

As soon as the site visit is confirmed, the Director makes all travel arrangements, in consultation with the team members. The contract with the hotel is finalized and signed.

Prior to the visit, the Director sends the site visit itinerary, hotel room confirmation number, and other required documentation to the program review team members.

During the Accreditation Visit

All participants travel on Saturday. The team meets on Sunday morning to review additional program documentation, discuss findings, review the on-site agenda and prepare interviews which commence at the hotel on Sunday afternoon.

For the next two to three days, depending on the size of program, the team interviews key program personnel, students, graduates and employers to validate the information in the Self-Study. The team will also visit one or more clinical sites, and will complete telephone interviews with other sites. The team may split into two groups to complete some of the interviews. The Director will be an active participant in the visit, and will ensure consistency between visits. Throughout the process there are opportunities for dialogue between the team and program personnel to verify findings.

Based on its findings, the team completes the preliminary *Program Review Report (PRR)* and delivers an oral report on the last day of the visit.

After the Accreditation Visit

The program review team will finalize the *PRR* within the two weeks of the visit. The Director sends the finalized *PRR* to the program contact person together to determine whether or not the program is in agreement/disagreement with the report and whether the program wishes to submit additional information for consideration. If the program agrees with the report, the Director immediately forwards it to CoARTE. If program personnel are not in agreement with the report, they may submit information within two weeks to demonstrate conformity with the areas of concern cited by the team. If the additional information addresses the team's concerns, the *PRR* may then be adjusted by the program review team and sent to CoARTE.

CoARTE confers an accreditation status based on the report submitted by the team, and the Chair of CoARTE signs the final Program Review Report. In the case of a potential conflict of interest or unavailability of the CoARTE Chair, the Vice-Chair signs the report. The Certificate of Accreditation is signed by the Chair or Vice Chair of CoARTE, as applicable. It is also signed by the President of the CSRT.

A copy of the *PRR* and an accreditation certificate are sent to the program within ten weeks of the site visit, unless there are extenuating circumstances. The accreditation status is effective from the date of mailing the final report.

- The accreditation status is accorded for the academic year following the visit.
- The accreditation status from the year prior to the visit is extended until the new one is granted, if the situation requires.

The Director provides the review team with feedback from the program. Feedback from the team, CoARTE and the Director is sent to the program to complete the loop for quality assurance. The Director also sends a performance appraisal to the program reviewers and the information is shared with CoARTE during its Annual Meeting.

The Director provides CoARTE and the CSRT Board of Directors with a report on the process including feedback from team members and the program during their Annual Meetings, respectively.

Maintaining accreditation

To maintain accreditation status, programs are required to submit an annual report to CoARTE by March 1 of each year. If the program appears to be in conformity with the requirements, the accreditation status is maintained. Progress reports may be required to ensure continuing conformity with accreditation requirements. Where there is a clear record of ongoing conformity, CoARTE in consultation with the CSRT Board of Directors may consider extending accreditation for an additional year, i.e. for a seven year period.

It is recognized that there may be times when some programs experience serious problems. If major concerns are identified on the annual report, CoARTE may accord Probationary Accreditation until concerns are addressed, in the interests of students and for credibility of the accreditation process. If the quality of the students' education is in jeopardy, a revisit at the program's cost may be conducted.

Appeals

An appeal process provides for fair and equitable adjudication of accreditation processes that have been contested. Appeals can be made on processes that led to the following decisions:

1. The *Analysis of Self-Study* indicated that a site visit will not proceed.
2. In the event that Probationary Accreditation is accorded or a program on probation receives the status “Accreditation Withdrawn”.

Please contact CoARTE or refer to the Appeals Policy on the CSRT website for more details.

ACCREDITATION FEES

CoARTE aims to operate on a cost-recovery model. To cover the administrative costs and the costs associated with an accreditation visit, an annual program accreditation fee is levied by the Canadian Society of Respiratory Therapists. Programs have their own policies and procedures as to whether the cost of accreditation is shared with their affiliated clinical sites.

CoARTE has established fee categories with recognition of the variables that can affect the amount of time a team is required on site and the ongoing administrative time dedicated to each program. To simplify budgeting for programs, all costs are included in the annual fee. No further fee is required when submitting an application for accreditation. The CoARTE financial year is September to August. The fee categories are based on the size of the program as this is the greatest determinant of the time involved and number of program reviewers required to conduct the site visit. Fees are calculated on a combination of a base fee (dependent upon program size) and per-head cost (as determined from the *Annual Report*). For the current fee structure, please contact CoARTE.

Programs applying for Provisional Accreditation status must pay a non-refundable application fee of \$1500.00 + HST. Upon review of the application, if the council accords a provisional accreditation status, the program will be required to pay full accreditation fees once it begins accepting students. Programs which have accepted students prior to applying for, or receiving, provisional accreditation status may not have paid sufficient fees to cover the costs of the first accreditation visit, and will be subject to pay accreditation fees backdated to the date of acceptance of the first student cohort.

The Board of Directors of the Canadian Society of Respiratory Therapists reviews the fee categories and accreditation fees on an annual basis.

An invoice, including applicable GST or HST, is sent to each program in July and is payable within 60 days. If payment is not received, a second invoice with 2% interest is issued and the provincial regulatory body (if applicable) is notified. If payment is outstanding after 90 days, Probationary Accreditation is accorded.

CoARTE is committed to containing costs through streamlined procedures. Programs can also play a key role in containing the administrative costs of accreditation. This can be achieved by paying fees on time, and by submitting well-organized reports within the specified time frames.

PROVISIONAL ACCREDITATION APPLICATION PROCESS

Programs wishing to be accredited for the first time or to be re-accredited after a period without an accreditation status must make an application for Provisional Accreditation Status. Please contact CoARTE for more information.

POLICIES AND PROCEDURES

CoARTE reviews all accreditation policies and procedures on an annual basis at their Annual meeting. Schools are informed immediately of any policy changes made.

Current versions of the CoARTE policies and procedures can be found on the CoARTE website or by contacting the Director of Accreditation Services.

Policies and procedures are developed by CoARTE and ratified by the CSRT Board of Directors.

ACCREDITATION REQUIREMENTS

Overview of Accreditation Requirements

CoARTE accreditation requirements are divided into broad categories:

1. Part 1: Administration
2. Part 2: Didactic Component
3. Part 3: Clinical Component
4. Part 4: Clinical Submissions
5. Part 5: Evaluation Evidence

Each part has a general component that is a critical requirement (i.e. a requirement that must be met in order for full accreditation status). Parts 1-3 also have specific requirements which relate to students' rights and services, attainment of the competencies in the National Competency Profile, human resources and environmental and learning resources. The Accreditation Requirements are available through the Director of Accreditation Services or through the CoARTE website.

Assessment of Compliance with Accreditation Requirements

During the preparation of the *Program Review Report*, the Program Review Team will note whether the program is in *Conformity*, *Partial Conformity*, or *Non-Conformity* with each accreditation requirement.

- *Conformity* indicates that the response and documents provided by the program indicate that the program is in complete conformity with the requirement.
- *Partial conformity* indicates that the evidence submitted and/ or the interviews conducted by the team show conformity, but not to full extent (E.g., when the procedures are in place, but not efficiently used; or when the process is there [for example, communication between various stakeholders], but it is not formalized (i.e. there is no policy to support it).
- *Non-conformity* indicates that the response from the program, the documents examined and the interviews confirm that the program is lacking the mechanisms to fulfill a certain requirement, and that the aforementioned requirement is not fulfilled in an informal fashion either.

A program must be in conformity with all of the critical requirements in order to gain full accreditation status.

CATEGORIES OF ACCREDITATION

The following categories of accreditation will be awarded by the Council on Accreditation for Respiratory Therapy Education (CoARTE):

Accreditation

Accreditation is accorded to an existing program when the accreditation review process verifies that the program is in conformity with the requirements of accreditation.

Accreditation with Progress Report

Accreditation with Progress Report is accorded when programs are required to submit one or more progress reports to address recommendations in the Program Review Report. Progress Reports must be submitted with the next annual report or sooner at the discretion of council.

Accreditation with Progress Report may be deemed necessary at other times by council to ensure continuing conformity with the requirements of accreditation.

Satisfactory reporting that demonstrates conformity will progress to the Accreditation category. Failure to submit a satisfactory Progress Report that demonstrates conformity is grounds for Probationary Accreditation.

Provisional Accreditation

Provisional Accreditation is accorded to programs that do not have CoARTE accreditation status but are working towards accreditation. These programs must subscribe to CoARTE requirements and must update the council on their progress through annual reports until a site visit has occurred. For new programs, a site visit must occur prior to the first graduating class.

Probationary Accreditation

Probationary Accreditation is accorded to a program after the accreditation visit when deficiencies are so serious that the capability of the program to provide acceptable education is threatened. The program must address the identified deficiencies within one year. Failure to address the deficiencies in a sufficient manner may result in a follow-up visit at the expense of the program.

Alternatively, Probationary Accreditation is accorded when a program fails to submit a Self-study Report, Progress Report, or Annual Report of Current Status as required by council.

Finally, Probationary Accreditation is accorded when a program fails to pay accreditation fees within a reasonable time as determined by council.

Accreditation Withdrawn

The council will withdraw a program's Probationary Accreditation if the program has failed to correct deficiencies within a reasonable time. Once accreditation is withdrawn, a program must reapply for Provisional Accreditation to re-enter CoARTE's accreditation process.

REFERENCES USED IN THE DEVELOPMENT OF THE COARTE ACCREDITATION PROGRAM

ISO Draft International Standards:

ISO/DIS 9000:2000

ISO/DIS 9001:2000

ISO/DIS 9004:2000

Quality Management for Associations: A Practical Guide to ISO 9000, Industry Canada, 2000

Respiratory Care Accreditation Handbook, Committee on Accreditation for Respiratory Care, 1999 and 2000

Site Visitor Policies and Procedures Manual, Committee on Accreditation for Respiratory Care, 1998 and 2000

Canadian Association of Occupational Therapists' Academic Accreditation Standards and Self Study Guide, 1998

Accreditation Program, Canadian Association of University Schools of Nursing, 1995

Standards and Requirements for Accrediting Colleges of Podiatric Medicine, Council on Podiatric Medicine Accreditation, Bethesda, Maryland. January 1998

Procedures for Accrediting Colleges of Podiatric Medicine, January 1998

Requirements for Accreditation of Acupuncture and Oriental Medicine, Accreditation Commission for Acupuncture and Oriental Medicine, Silver Spring, Maryland

Requirements for Accreditation and Program Assessment Report and Procedures, Canadian Medical Association, 1998

APPENDICES

Appendix 1: Development of the CSRT Occupational Profile and the National Competency Profile

In 1993, the CSRT and Human Resources Development Canada entered into a partnership to define the scope of practice of respiratory therapy in Canada. In 1994, this project involved a detailed job analysis of the occupation as practiced in every province and all current aspects of the scope of respiratory therapy. The skills required to be a competent respiratory therapist were then documented.

The CSRT Education Committee comprised of educators and clinicians from all provinces used this competency profile to determine the academic background required for each of the clinical competencies. The product of the compilation of competencies and academic background was the *CSRT Occupational Profile*, first published in 1995. The national job analysis was repeated in 1998-99 to provide the statistical basis for the next edition of the *Occupational Profile* which, in response to feedback from educational programs, will be in effect for a five year cycle, from 2000-2005.

In 2003, the National Alliance of Respiratory Therapy Regulating Bodies developed the first National Competency Profile (NCP). The profile represented the skills, attitudes and abilities required for entry to practice (*Source: National Competency Profile, Nov. 2003 – Preamble*)¹ and replaced the Occupational Profile as an accreditation standard.

Currently, schools are accredited to the 2011 Respiratory Therapy National Competency Profile. This profile was developed by surveying clinicians and educators to determine the skills, attitudes and abilities required for entry-to-practice and the assessment conditions respectively. “The 18 Statements of Competence represent the broad competencies defined as the required competencies that an entry-level Respiratory Therapist is expected to be able to perform in the workplace and identifies the outcomes that must be achieved by the conclusion of the educational program.” (*Source: 2011 Respiratory Therapy National Competency Profile – Preamble*).

¹ National Alliance of Respiratory Therapy Regulatory Bodies. (2003). *Publications*. Retrieved from National Alliance of Respiratory Therapy Regulatory Bodies: <http://www.nartrb.ca/eng/documents/2003DatedNCP2.pdf>

²National Alliance of Respiratory Therapy Regulatory Bodies. (2011). *2011 Respiratory Therapy National Competency Profile*. Retrieved from National Alliance of Respiratory Therapy Regulatory Bodies: <http://www.nartrb.ca/eng/documents/2011NCPfinal.pdf>

Appendix 2: Quality Management Principles (ISO/DIS 9000:2000)

To lead and operate an organization successfully requires that it be managed in a systematic and transparent manner. Success can result from implementing and maintaining a management system that is designed to continually improve performance by addressing the needs of all interested parties. Managing an organization encompasses quality management amongst other management disciplines. Eight quality management principles have been identified to facilitate the achievement of quality objectives.

- a) Customer focus: organizations depend on their customers and therefore should understand current and future customer needs, should meet customer requirements and should strive to exceed customer expectations.
- b) Leadership: leaders establish unity of purpose, direction, and the internal environment of the organization. They create the environment in which people can become fully involved in achieving the organization's objectives.
- c) Involvement of people: people at all levels are the essence of an organization and their full involvement enables their abilities to be used for the organization's maximum benefit.
- d) Process approach: a desired result is achieved more efficiently when related resources and activities are managed as a process.
- e) System approach to management: identifying, understanding and managing a system of interrelated processes for a given objective contributes to the effectiveness and efficiency of the organization.
- f) Continual improvement: a permanent objective of the organization is continual improvement.
- g) Factual approach to decision-making: effective decisions are based on the logical or intuitive analysis of data and information.
- h) Mutually beneficial supplier relationships: the ability of the organization and its suppliers to create value is enhanced by mutually beneficial relationships.

Appendix 3: Quality Management Systems Approach (ISO/DIS 9000:2000)

An approach to developing and implementing a quality management system consists of several steps including the following:

- a) determining the needs and expectations of the customer;
- b) establishing the quality policy and quality objectives of the organization;
- c) determining the processes and responsibilities necessary to attain the quality objectives;
- d) establishing measures for the effectiveness of each process towards attaining the quality objectives;
- e) applying the measures to determine the current effectiveness of each process;
- f) determining means of preventing non-conformities and eliminating their causes;
- g) looking for opportunities to improve the effectiveness and efficiencies of processes;
- h) determining and prioritizing those improvements which can provide optimum results;
- i) planning strategies, processes and resources to deliver the identified improvements;
- j) implementing the plan;
- k) monitoring the effects of the improvements;
- l) assessing the results against the expected outcomes;
- m) reviewing the improvement activities to determine appropriate follow-up actions.