
NSRRT Policy Manual

Continuing Competency



NOVA SCOTIA REGULATOR OF
RESPIRATORY THERAPY
NSRRT

Revised March 2026

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The role of the Nova Scotia Regulator of Respiratory Therapists (NSRRT) Board of Directors is to collectively govern the affairs of the Regulator consistent with the Nova Scotia Regulated Health Professions Act and Regulations, the Bylaws and Policies of NSRRT, and to uphold the *Objects of the RHPA* to:

- a) *protect the public from harm;*
- b) *serve and promote the public interest;*
- c) *subject to the public interest, preserve the integrity of its profession; and*
- d) *maintain public confidence in the ability of the regulatory body to regulate its profession*

NSRRT committees support the Board in carrying out these responsibilities by performing detailed work, making recommendations, and exercising authority in specific areas of the mandate.

	5.1 Continuing Competency Program
	Category: <i>Continuing Competency Program</i>
	Date of Origin: <i>January 6, 2020</i>
	Approved by the Board of Directors on: <i>June 17, 2025 v.2</i>
	Next Date of Review: <i>June 17, 2028</i>

Policy Statement:

The Nova Scotia Regulator of Respiratory Therapists (NSRRT) regulates the practice of respiratory therapy and governs its registrants in accordance with the Regulated Health Professions Act, the General Regulations, the Respiratory Therapy Regulations, NSRRT Bylaws and policies. Its mandate is to ensure that registrants possess the capacity, competence, capability, and character required to practise respiratory therapy safely and ethically.

The Continuing Competency Program (CCP) is a regulatory tool established by the NSRRT to support registrants in maintaining and enhancing the competencies necessary to provide safe, competent, ethical, and clinically appropriate care. This policy outlines the requirements of the CCP.

Policy/Procedure:


1. All NSRRT registrants must meet the requirements of the Continuing Competency Program (CCP) to remain eligible for licensure.
2. CCP Requirements:
 - 2.1. Practice Hours

Registrants must have completed a minimum of 1,500 hours of respiratory therapy practice within the previous four (4) years. For details on what qualifies as respiratory therapy practice, refer to the **Am I Practising? Fact Sheet**. Registrants must:

 - 2.1.1. Document their estimated practice hours for each year, as well as their total hours over the previous four years, in the designated section of the renewal application;
 - 2.1.2. Maintain a record of hours worked for at least the previous four (4) years; and

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- 2.1.3. Provide employer verification of practice hours for the previous four (4) years if selected for audit.
 - 2.2. E-Volve E Learning Module
 - 2.2.1. Registrants must complete the annual online E-Volve E learning module before the renewal deadline. Refer to the “E-Volve E learning Module” Policy for further details.
 - 2.3. Self-Assessment Tool and Learning objectives
 - 2.3.1. Registrants must complete the online E-Volve Self-Assessment Tool and identify a minimum of two (2) learning objectives.
 - 2.3.1.1. Objectives chosen can be from same framework quality or from two different framework qualities;
 - 2.3.1.2. Registrants may choose to define an area of focus related to the chosen objectives (optional).
 - 2.3.1.3. The E Learning module and self-assessment tool can only be accessed through the registrant’s online NSRRT profile.
 3. Selection of Learning Objectives and Learning Activities
 - 3.1. Registrants must complete the self-assessment tool and select a minimum of two (2) learning objectives from the available options.
 - 3.2. Registrants must self-assess at least one Core Competency for each Quality chosen for assessment.
 - 3.2.1. Competencies rated “developing” or “competent” will be available for selection as learning objectives.
 - 3.2.2. Selected objectives will automatically populate the learning log in the registrant’s online profile.
 - 3.3. During the license year, registrants must complete at least one (1) learning activity for each of at least two (2) identified learning objectives.
 - 3.4. Registrants must record the following information for each learning activity:
 - 3.4.1. The learning objective the activity relates to;
 - 3.4.2. The topic or title and medium of study (e.g., online module, workshop on *specific area*);
 - 3.4.3. Date of completion;
 - 3.4.4. A self-reflection describing how the activity impacted practice.
 4. Registrants must retain documentation and records related to CCP activities for at least the previous four (4) years.
 - 4.1. The Registrar may audit documentation and records at any time. Refer to the “Audit” Policy for further details.
 5. Registrants are responsible for completing learning in the identified areas. If a registrant is unable to locate appropriate learning resources, they must contact the NSRRT Registrar during the licensing year.
 6. CCP Compliance
 - 6.1. To verify compliance with the NSRRT CCP, the Registrar will randomly select a percentage of registrants for an audit of their professional portfolio. See the CCP Audit policy for additional information on the process.
 - 6.2. Professional portfolios must be submitted online through the registrant portal.
 7. CCP and License Renewal Requirements
 - 7.1. Renewal applications will not be approved until completion of the following CCP components:
 - 7.1.1. Annual E-Volve E learning module; and
 - 7.1.2. Self-assessment tool and the identification of learning objectives for the upcoming license year.

- 7.2. Registrants who complete the license renewal CCP requirements and submit the renewal application after the renewal deadline will be subject to late fees.
- 7.3. Registrants who allow their licence to expire will be subject to reinstatement fees.
- 8. Incomplete CCP Requirements
 - 8.1. Registrants who submit a renewal application but have not completed the required pre-renewal CCP requirements by the end of the licensing year may, at the Registrar’s discretion, be issued a three-month conditional license within which the outstanding requirements must be met.
 - 8.2. Upon completion of the outstanding pre-renewal CCP requirements and notification to the Registrar, the registrant will be issued a practicing licence, provided no other conditions or restrictions apply.
 - 8.3. If the pre-renewal CCP requirements are not met by the expiry of the conditional licence, the registrant’s licence will expire.
 - 8.4. Extensions to these conditional licences may be granted only in extenuating circumstances and at the discretion of the Registrar.
- 9. Non-Compliance
 - 9.1. Registrants who refuse to comply with CCP requirements despite remediation efforts will be referred to the Complaints Committee for investigation of professional misconduct.

	5.2 CCP Audit
	<i>Category: Continuing Competency Program</i>
	<i>Date of Origin: January 6, 2020</i>
	<i>Approved by the Board of Directors on: June 17, 2025 v.2</i>
	<i>Next Date of Review: June 17, 2028</i>

Policy Statement:

The Nova Scotia Regulator of Respiratory Therapists (NSRRT) regulates the practice of respiratory therapy and governs its registrants in accordance with the Regulated Health Professions Act, the General Regulations, the Respiratory Therapy Regulations, NSRRT Bylaws and policies. Its mandate is to ensure that registrants possess the capacity, competence, capability, and character required to practise respiratory therapy safely and ethically.


The Continuing Competency Program (CCP) is a regulatory tool established by the NSRRT to support registrants in maintaining and enhancing the competencies necessary to provide safe, competent, ethical, and clinically appropriate care. This policy outlines the CCP audit process.

Policy/Procedure:

1. The NSRRT audits a percentage of registrant’s professional portfolios annually to verify compliance with the CCP.
2. Registrant professional portfolios are the electronic record of registrant learning objectives, completed learning activities and employer verified currency hours.
3. All NSRRT audits and audit scoring is strictly confidential. All parties involved in reviewing professional portfolios and scoring are bound by the NSRRT’s “Code of Conduct” and “Confidentiality” policies.
4. Audit Selection Process
 - 4.1. Following annual renewal, the audit sample is generated through random selection by the Registrar.

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- 4.2. Registrants will be notified by email, no later than June 1, advising they have been selected for audit of their professional portfolio.
 - 4.3. The Registrar may at any time conduct an audit outside of the random selection process if deemed appropriate. Such reasons may include:
 - 4.3.1.Registrant submission of a non-compliant professional portfolio in the previous audit year;
 - 4.3.2.Declaration of non-compliance with the CCP in disclosure statement during online renewal; or
 - 4.3.3.As part of an ongoing investigation and/or disciplinary decision;
 - 4.3.4.Late submission of a registrant’s audited professional portfolio in the previous audit year; and
 - 4.3.5.Any other reason deemed appropriate by the Registrar.
 5. Professional Portfolio Submission Process
 - 5.1. Requirements of the CCP include the following:
 - 5.1.1.Completion of the E-Volve E learning module prior to renewal;
 - 5.1.2.Completion of the E-Volve Self-Assessment Tool and selection of a minimum of 2 learning objectives prior to renewal;
 - 5.1.3.Completion of the online learning log; and
 - 5.1.4.Employer verified record of hours that the registrant has worked in the immediate previous 4-year period.
 - 5.2. Audited registrants must submit professional portfolios by July 1. Failure to submit a professional portfolio on time will result in an automatic audit the following license year.
 - 5.3. Registrants must upload all requirements to their NSRRT online registrant profile.
 - 5.4. No registrant shall be audited 2 consecutive years, except for the reasons stated in section 4.3 or 5.2.
 6. Audit Review Process
 - 6.1. All audited professional portfolios are reviewed and scored by the Registrar, or delegate, using the Audit Assessment Criteria Rubric (AACR), as detailed in the NSRRT “Audit Assessment Criteria Rubric” Policy.
 - 6.2. The Registration and Licensing Committee is responsible for reviewing the audited professional portfolio of the Registrar should they be randomly selected or selected for the reasons stated in section 4.
 - 6.3. Professional portfolios deemed non-compliant with the CCP will be referred to the Registration and Licensing Committee for review and final decision and determination of any required remediation.
 7. Registrants will be notified via email of compliance or non-compliance with the CCP by September 1.
 8. Notification emails will contain the following information
 - 8.1. Compliant submissions
 - 8.1.1.Notification letter of compliance
 - 8.1.2.Copy of signed AACR.
 - 8.2. Non-compliant submissions
 - 8.2.1.Notification letter of non-compliance detailing: deficiencies, remediation process, and timelines; and
 - 8.2.2.Copy of signed AACR.
 9. Noncompliant or In-complete Professional Portfolio
 - 9.1. Following a non-compliant AACR score by the Registrar, the portfolio will be referred to the Registration and Licensing Committee for review.
 - 9.2. For transparency, the Registration and Licensing Committee will independently score the professional portfolio using the AACR.

- 9.3. No registrant names will be submitted on professional portfolios that are referred to the Registration and Licensing Committee. Only the non-identifying learning log will be provided with a briefing note from the Registrar providing any pertinent details.
- 9.4. The Registration and Licensing Committee is responsible for the final decision regarding compliance.
- 9.5. In collaboration with the Registrar, the Registration and Licensing Committee will detail steps the registrant must take to achieve compliance.
- 9.6. The Registrar will communicate the remediation process to the registrant.
- 9.7. The remediation process may include, but is not limited to, the following:
 - 9.7.1. Late submission penalty - Automatic inclusion in the audit process the following audit year;
 - 9.7.2. Assigned learning activities;
 - 9.7.3. Counselling on self-assessment, development of learning plans, and/or self-reflection; or
 - 9.7.4. Any other supportive measure deemed necessary by the Registration and Licensing Committee.
- 9.8. The Registrar will score the updated professional portfolio within 7 days of receiving it.
- 9.9. Following a non-compliant AACR score of the updated professional portfolio by the Registrar, the portfolio will again be referred to the Registration and Licensing Committee for independent scoring and consideration of referral to the Complaints Committee.
- 9.10. The Registration and Licensing Committee is responsible for the final decision regarding compliance.
- 9.11. Based on the results of the scoring, the Registration and licensing Committee will:
 - 9.11.1 Issue a letter of compliance to the registrant, including a copy of the signed AACR; or
 - 9.11.2 Issue a letter of non-compliance to the registrant, including a copy of the signed AACR, notifying them of next steps.
- 9.10. Continued non-compliance with the NSRRT CCP, despite remediation efforts by the Registration and Licensing Committee, may result in progressive disciplinary action, including referral to the NSRRT Complaints Committee for professional misconduct.

 <p>NOVA SCOTIA REGULATOR OF RESPIRATORY THERAPY NSRRT</p>	5.3 Audit Assessment Criteria Rubric
	<i>Category: Continuing Competency Program</i>
	<i>Date of Origin: January 6, 2020</i>
	<i>Approved by the Board of Directors on: June 17, 2025 v.2</i>
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The Continuing Competency Program (CCP) is a regulatory tool established by the NSRRT to support registrants in maintaining and enhancing the competencies necessary to provide safe, competent, ethical, and clinically appropriate care. Through an annual audit of randomly selected registrant professional portfolios, the NSRRT verifies registrants’ compliance with this mandatory program. An audit assessment criteria rubric (AACR) is used to score audited professional portfolios and determine compliance. This policy outlines the AACR.

Policy/Procedure:

1. The Registrar, or delegate, is responsible for the scoring of each professional portfolio submission.
2. To be considered compliant, a registrant’s professional portfolio must meet all CCP requirements and include all documents required under the NSRRT’s CCP. Refer to the NSRRT “Continuing Competency Program” Policy for further information.
3. The audit assessment criteria rubric (AACR) is the approved method for audit scoring and is a checklist inclusive of all CCP requirements (Appendix A), including:
 - 3.1. Receipt of professional portfolio by the submission deadline;
 - 3.1.1.Registrants who miss the professional portfolio submission deadline without an approved extension are automatically selected for audit in the following licensing year.
 - 3.1.2.Late submission of a professional portfolio does not contribute to scoring and will not be considered when determining a registrant’s compliance with the CCP;
 - 3.2. Completion of the online E-Volve E learning module with license renewal;
 - 3.3. Completion of the E-Volve Self-Assessment Tool and identification of learning objectives via the self-assessment tool with license renewal;
 - 3.4. Completion of learning log with audit submission, including:
 - 3.4.1.Objective Correlation: Indicate what learning objective the activity corresponds with;
 - 3.4.2.Resource Description: Learning activities identified;
 - 3.4.3.Date of completion: Activity completion date within audit year; and
 - 3.4.4. Self-reflection: Brief description demonstrating impact of learning on registrant’s practice.
 - 3.5. Registrants are responsible for achieving learning in the areas identified in the learning objectives and must contact the Registrar before the end of the license year if they are unable to find applicable resources.
4. Submissions deemed non-compliant with the above criteria by the Registrar are referred to the Registration and Licensing Committee for review and remediation.
5. Remediation plan for non-compliant submission:
 - 5.1. Communication of non-compliance to registrant;
 - 5.2. Remediation plan discussion and adoption; and
 - 5.3. Target date for completion set.
6. Unsuccessful Remediation Process:
 - 6.1. Registration and Licensing Committee notified;
 - 6.2. Communication of non-compliance post remediation to registrant;
 - 6.3. Submission of registrant’s portfolio with supporting documentation referred to Complaints Committee.

	5.4 Mandatory E-Volve E-learning Module
	Category: <i>Continuing Competency Program</i>
	Date of Origin: <i>January 6, 2020</i>
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The Continuing Competency Program (CCP) is a regulatory tool established by the NSRRT to support registrants in maintaining and enhancing the competencies necessary to provide safe, competent, ethical, and clinically appropriate care. The E-Volve e-learning module is a mandatory learning activity of the CCP. It used to provide registrants with an educational review of current and new legislation, regulation, standards, guidelines, and information on any evolving issues related to health care and the provision of safe and ethical care.

Policy/Procedure:

1. The E-Volve E learning module (module) is an annual mandatory learning activity.
2. The module is accessible solely via the NSRRT website through the registrant portal.
3. The module:
 - 3.1. Is not a pass/fail examination. If an incorrect answer is chosen in any section, the registrant will be required to repeat the section until all questions are answered correctly. Once the correct answer(s) is chosen, the registrant will be provided with the rationale for the answer;
 - 3.2. Will contain up to 25 multiple choice questions;
 - 3.3. Is presented as an open book format. Each section will provide written or video content necessary to answer the question, followed by the question(s); and
 - 3.4. Has a comment section after each question where the registrant can provide feedback.
4. The module must be completed annually prior to submission of a license renewal application and will be accessible upon the opening of the license renewal period.
5. All registrants applying for a license renewal must complete the module within the license renewal window to have their application approved.
6. Deferrals will be allowed in extenuating circumstances only following submission of a written request to the Registrar. The decision of the Registrar is final.

DEFINITIONS

Assessor – The person who evaluates the compliance of a registrant’s professional portfolio with the requirements of the continuing competency program.

Audit – An official review by the NSRRT of registrant’s practice and/or practice areas, generally performed via review of professional portfolios.

Audit Assessment Criteria Rubric (AACR) – An audit scoring system, listing all components of the continuing competency program, used in the review of professional portfolios to determine compliance.

Competence – The ability to integrate and apply the knowledge, skills and judgement required to practise safely and ethically in a designated role and practice setting and includes both entry-level and continuing competencies.

Compliant – Having all components of a professional portfolio be in accordance with the standards of the continuing competency program.

Continuing Competency Program (CCP) – is a regulatory program and quality assurance mechanism that ensures ongoing education is taking place for all registrants of the NSRRT.

E-Volve E learning module – A mandatory, online learning activity developed by the NSRRT to assist registrants in acquiring information relevant to practice and to maintain currency.

E-Volve Self-Assessment Tool – A mandatory, online assessment tool developed by the NSRRT to assist registrants in self-identifying areas of professional development.

Learning Log – An online record, located on the NSRRT registrants’ portal, where identification of learning objectives and learning activities are recorded, including resource description, dates of completion, and self-reflection.

Non-compliant – Failing to have any component of a professional portfolio be in accordance with the standards of the continuing competency program.

Professional Portfolio – A record of a registrant’s completed learning activities and verified practice hours practice hours for the last four years.

Random Selection – A defensible, transparent method of choosing registrants for professional portfolio review, where all individuals have an equal chance of being selected.

Appendix A

Audit Assessment Criteria Rubric

Rev June 2025

Audit Assessment Criteria Rubric (AACR) – Audit Scoring Sheet

Registrant Name:			Registrant #:	
PROFESSIONAL PORTFOLIO REVIEW DATE	ON TIME	EXCUSED LATE	LATE	REGISTRANT TO BE AUDITED NEXT YEAR

CURRENCY HOURS VERIFIED	YES	NO

E-LEARNING MODULE COMPLETE	YES	NO

E-VOLVE SELF ASSESSMENT TOOL	YES	NO
Self-assessment Tool completed with renewal		
Learning objectives identified (minimum of 2)		

PROFILE AND LEARNING LOG	YES	NO
Learning objectives directly related to practice or anticipation of a change in practice.		
Learning activity/CEC resources identified and <u>DIRECTLY RELATE</u> to each objective		
Resource completion date identified and within audit year		
Profile current and complete		

SELF REFLECTION	YES	NO
Self-Reflection completed		
Self-Reflection related to objectives chosen, learning activities used, and learning plan		
Self-reflection demonstrates incorporation into registrant’s day to day practice		

Notes:

PORTFOLIO SUBMISSION COMPLIANT	YES	YES, WITH CAUTIONS/CONDITIONS (SEE NOTES SECTION)	NO

PORTFOLIO REFERRED TO CREDENTIALS COMMITTEE (NON-COMPLIANT)	Date

Assessor's signature _____

Date: _____

REMEDIATION PLAN FOR REGISTRANT

REMEDIATION PLAN	YES	NO
Communication with registrant: Date -		
Remediation Plan discussed and agreed upon		
Target date for completion: Date -		
Remediation plan successful and submission deemed compliant		

REMEDIATION UNSUCCESSFUL	YES	NO
Communication with Registrant: Date		
Registrant's Portfolio and Audit submission file referred to Complaints Committee		

Assessor's signature _____

Date: _____