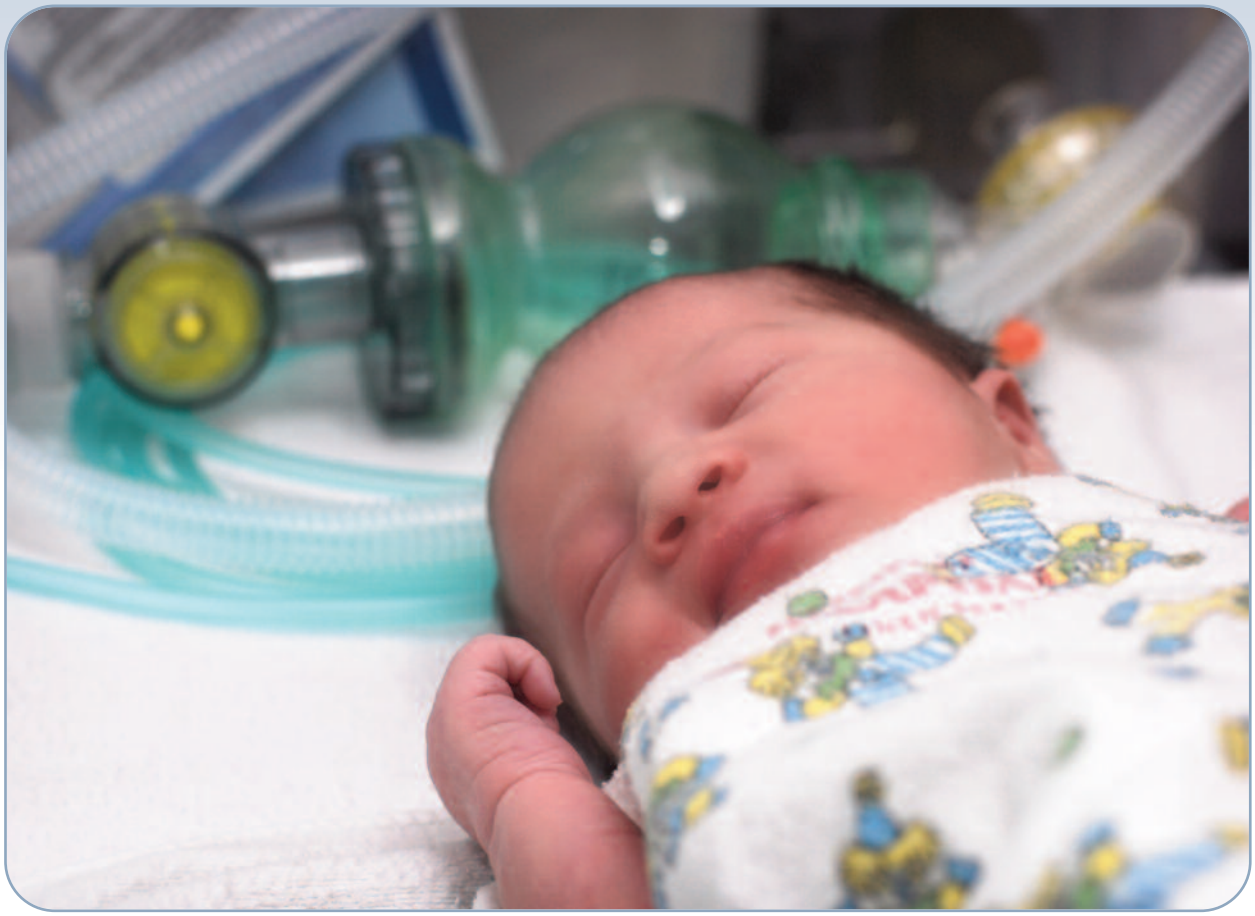
College of Respiratory Therapists of Ontario

2008 - 2009 Annual Report

Excellence for all the right reasons



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CRTO Mission Statement

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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President's Address

Kevin Taylor, RRT
President

"Be the innovation you wish to see."

Like many profound statements these simple words, upon further reflection, contain a greater depth that emerges only when you stop to think them through again. Phrased differently, this could read that change begins right here with each of us, that opportunities surround us and are there for the taking...and I think in all of this there's a metaphor for our profession and the diversity of the opportunities that face us today.

A year ago, the CRTO was proud to roll out a series of Clinical Best Practice Guidelines, a collaboration of experts within our field, opinions from without, and based upon the best clinical evidence available. To me, these represent the very essence of self-regulation – a shared desire to provide the highest standard of care for our patients. They represent a quality of care and a patient safety approach – both of which are highly valued by our profession and often a source of pride. With interventions like arterial line or chest needle insertion, they also represent the high degree of skill displayed by RTs in the critical care setting, also a source of pride.

This year, however, there was a notably different aspect of our profession displayed. This year, with support from HealthForceOntario, we engaged our hospital and community partners to seek innovative ways to move ventilated patients into the community. We continued to explore the potential benefits of a Respiratory Therapy degree as entry to practice and discussions on the role of Anaesthesia Assistant took on a greater depth. Improvements to the Quality Assurance program continue to ensure that the process sets a high standard of care while providing our membership with an opportunity to continue to learn and grow. The number of RTs who volunteered to serve as portfolio reviewers rose again this year, once more displaying our profession's commitment to quality and safety. Our Patient Relations Committee continued to assist the general public and the greater health care community in understanding who we are and what we provide; the Joint Communications Working Group, a partnership with our professional association, continued to act as a means of aligning our

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efforts in this regard; and through innovative approaches like our webcast series, continued to engage our membership and involve them in the act of self-governance. Innovation and a diversity of opportunities at every turn.

Internally, the approaching implementation deadline for the *Health Systems Improvement Act*, along with the renewed expectations for transparency and accountability, has provided the opportunity to refine our business practices in order to be more responsive, more service oriented and, in the interests of good governance, to make better decisions. Through the ongoing support of HealthForceOntario, the interprofessional revolution continues to thrive and Respiratory Therapists have played an integral role in many initiatives across the province. As new health care professions emerge and the fabric of our system becomes increasingly interprofessional, there again lies an abundance of opportunities to apply our skills in new ways and to look forward strategically to the roles we'll play in the future. Again, there lies a diversity of opportunities out there for us and I encourage you to pursue them relentlessly. Be the innovation you wish to see. The ongoing health of our public depends on it.

Of course, none of this would be possible without the commitment of so many individuals in every aspect of the work we do. Thank you to our tireless, talented and incredibly dedicated College staff; to our Council and Committee members; to our profession membership; to our many colleagues and peers across the health care system; and to our patients for their ongoing support.

Best wishes to you all in the year ahead.

Kevin Taylor RRT
President, CRTO

Registrar's Report

Christine Robinson
Registrar

In 2008 the CRTO embarked upon two strategic planning sessions. In February 2008 Sharon Saberton of Sharon Saberton Consulting, the former Registrar of the College of Medical Radiology Technologists of Ontario, was engaged by the College to obtain the thoughts of Council and Non-Council members on the focus of the College over the next three years. A second strategic planning day was held in April 2008 to explore some of the strategic themes in more detail and explore implementation issues such as resources, tasks, and time-lines.

Several pre-determined factors were identified as affecting how the College will be devoting its resources including:

- The implementation and policy work associated with amendments to the RHPA during 2008–2009;
- The duties of the College with respect to fair registration practices and the directives of the Office of the Fairness Commissioner; and,
- The MOHLTC's increased emphasis on the need for interprofessional collaboration.

At the end of the strategic planning exercise seven key Strategic Initiatives were identified. In addition, the participants also developed a guiding principle statement to articulate the progress made by the College over recent years, as well as the commitment to continue to strive for improvement

Guiding principle:

The Council, Committees and staff of the College of Respiratory Therapists of Ontario are committed to maintaining a corroborative relationship with its Members. Under the guiding principles of fair, valid and transparent processes the College will utilize its resources effectively to achieve its strategic initiatives.

with these strategies.
To ensure that the strategic plan achieves its purpose of providing overall direction to the CRTO, these seven initiatives were integrated into the Council and Committee's goals and objectives, and the implementation of the strategic initiatives, outcomes, and utilization

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of human and financial resources are being monitored and evaluated over the next three years. Some of the key activities initiated in the 2008-2009 fiscal year, and linked to the strategic initiatives, as follows:

Embrace collaborative interprofessional care with integrity while highlighting the unique contribution of Respiratory Therapists to the health care system

Optimizing competencies project	The CRTO, partnering with ProResp, received funding under this HealthForceOntario initiative for its proposed project entitled "Optimizing Respiratory Therapy Services: A Continuum of Care from Hospital to Community". The project is a model for the provision of care for clients requiring long-term ventilation and/or artificial airway management in the community.
Interprofessional collaboration at regulatory level	Participation on joint health profession initiatives through the Federation of Health Regulatory Colleges of Ontario, e.g., consultation on standards and guidelines;
Promoting and encouraging IPC to members and advocating for their participation	CRTO staff have been invited to interprofessional rounds at a number of hospitals to discuss the scope of practice of an RT and the role that they can play in this collaborative setting.

Ensure that entry to practice requirements are based on needs assessment and in the public interest, and collaborate with government and other stakeholders to ensure that an adequate number of qualified Respiratory Therapists are available to meet anticipated demand

Degree as entry to practice project	Completion of three year study and request to government that baccalaureate degree be considered as entry to practice requirement for Respiratory Therapy.
Various initiatives related to Internationally Educated Healthcare Professionals	Compliance with Ontario Fairness Commissioner directives; Exploration of bridging programs with RT programs; Application for funding through MCI for situational and gap analysis related to prior learning assessment; Participation in CIITE and HRSDC funded foreign credential recognition project with National Alliance
Collaboration with government	Health Professions Database

Examine the role of RT-Anesthesia Assistants (AAs) in the health care team and affect policy decisions regarding education, entry to practice, and regulation in the public interest

Collaborate with stakeholders, including the RTSO, the National Alliance, CAS and the CSRT	Work with stakeholders to determine national practice parameters for AAs that best meet the needs of the patients/public. Investigate the implications of adding an advanced/expanded class of registration.

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Influence changes in legislation and regulation in the public interest

Individual College submissions on regulatory amendments and joint submissions with organizations such as the Federation of Health Regulatory Colleges of Ontario and the National Alliance of Respiratory Therapy Regulatory Bodies	Quality Assurance regulation amendments, Registration Regulation amendments, Implementation of RHPA amendments, and Consultation on labour mobility legislation.

Educate the public, including employers, on the role of RTs – who they are, what they do and how they are regulated

Develop Communications strategy Educate and leverage partnerships with employers and others regarding the role of the RT	Development of Communications Plan by Joint (RTSO/CRTO) Communications Working Group to: • build name recognition for the regulated profession of Respiratory Therapy in Ontario • foster awareness about when and where the services of Respiratory Therapists are used • promote an understanding about how RRTs function as part of Ontario's health care team • raise awareness about the role of the CRTO and the RTSO • promote health management • build and promote interest in the profession • highlight emerging roles/responsibilities within the profession

Create, nurture and leverage partnerships with Members and external stakeholders

Relationship building Member outreach	Relationship building and ongoing stakeholder consultation with organizations such as: CSRT, National Alliance, RTSO, CBRC, Federation, CCACs, LHINs, CAS, OHA, other regulators and government; Member webinars, monthly e-bulletins, in-person presentations.

Develop a succession planning process that is transparent and incorporates a democratic process

Succession planning for Council/Committees Succession planning for staff	• Develop and advance communication strategy to Membership regarding elections; • create a FAQ document for Members to encourage running for elected positions; • Presidential communiqué regarding Council/Non-Council Members; and • Cross-training and Risk Management Plan.

Committee Reports

Executive Committee

Mandate

One of seven statutory committees established under the *Regulated Health Professions Act,* the Executive Committee oversees the administration of the College in consultation with the Registrar. In between Council meetings the Executive Committee is authorized to act on behalf of Council on matters that require immediate attention, except for making, amending or revoking regulations or by-laws. During the course of the year the Executive Committee reviews and makes recommendations to Council on policies, by-laws and regulations. The Executive Committee also receives a monthly report from the Registrar which includes the College's financial statements. In addition, and in consultation with the Registrar, the Executive Committee looks at needs related to strategic planning, budget, committee appointments and a number of other governance related issues.

The Executive Committee is also responsible for certain regulatory functions related to investigations, and is authorized to consider referrals and reports from the Registrar, the Complaints Committee and the Quality Assurance Committee, and authorizes the appointment of investigators to conduct investigations. The Executive Committee can also appoint a Board of Inquiry to determine if a Member is incapacitated and refer matters to the Discipline and Fitness to Practice Committees. Under rare circumstances the Committee may make an interim order directing the Registrar to impose restrictions on a Member's certificate of registration if the Member has been referred to the Discipline Committee or Fitness to Practice Committee and the Executive Committee it is of the opinion that the conduct, physical or mental state of the Member respectively, exposes or is likely to expose the Member's patients to harm or injury.

Meetings

In November 2008, President, Kevin Taylor RRT, Vice-President, Dorothy Angel and the other three members of the Executive Committee, Jim McCormick RRT, Lorella Piirik RRT and Jim Ferrie, were elected by the Council. In December 2008 the Executive Committee appointed the Council and Non-Council committee members to the remaining six statutory committees.

The Executive Committee met a total of nine times in the 2008-2009 fiscal year; six in-person meetings and three by teleconference.

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Committee Reports

Executive Committee Continued...

Highlights

Throughout the year the Executive Committee submitted a number of recommendations to Council regarding succession planning for both the Executive Committee and Council. The Executive Committee approved response papers to HPRAC related to Interprofessional Collaboration and HPRAC's review of regulations related to Drug Prescribing and Administration. Specifically, the CRTO staff requested direction and approval from the Executive Committee, because of the short deadline for response, related to a submission requesting that CRTO members to be able to prescribe oxygen.

In February 2009, the Executive Committee approved the draft revised National Competency Profile (NCP) prior to the validation process. The Committee also reviewed the CRTO submission on labour mobility. The completed *Ministry Survey of Occupational Regulatory Authorities regarding Labour Mobility* approved by the Committee, included the position that the CRTO will not be requesting any exceptions to labour mobility under Chapter 7 of the Agreement on Internal Trade (AIT).

The Committee, with the assistance of staff, organized a Chairs' dinner and orientation evening on February 26, 2009. This was the first offering of this event, the purpose of which was to facilitate the understanding of the role of Chair/Vice-Chair, provide an opportunity for enhancement of skills and sharing of experiences, and establish a peer group for support in their role. The event was a success and the Executive Committee has agreed to make this an annual event.

In addition to receiving the Registrar's monthly reports, the Committee members also provided direction for the implementation of the Strategic Initiatives that resulted from the successful Strategic Planning sessions held during the year.

The Executive Committee also considered the following referrals in the 2008/2009 fiscal year:

- Four **termination reports** from employers. Of these 4 mandatory reports:
  - In one matter the Executive Committee took no action;
  - One matter is under investigation;
  - One matter was referred to a *Board of Inquiry* from the Executive Committee because of suspected incapacity; and
  - In one matter the Executive committee negotiated an Agreement and Undertaking with the Member.
- **Registrar's Report.** The Registrar made one report to the Executive Committee (the Registrar must report any

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Committee Reports

Executive Committee Continued...

information that she receives if she has reasonable grounds to believe that a Member is incompetent, incapacitated or has committed professional misconduct):
    - This matter was under investigation during the fiscal year 08/09 and has since been referred to the Discipline Committee for specified allegations of professional misconduct.
- The College received a **Member self-report** for a criminal conviction (made under the registration renewal obligations). This matter was considered by the Executive Committee:
- The Executive Committee took no action.
- The Quality Assurance Committee referred two matters (allegations of non-compliance with the QA program) to the Executive Committee:
    - In one matter the Executive Committee took no action;
    - In the other matter, the Member resigned from the College and therefore the Committee put their deliberations on hold indinitely until such time as the Member reapplies to the College.

Patient Relations Committee

Mandate

The Patient Relations Committee (PRC) is responsible for developing, establishing and maintaining a Patient Relations Program that includes Member education, public awareness information, as well as setting guidelines for Members' overall conduct vis a vis our patient public. This Committee also advises Council on a Communications Plan, and recommends the development of, and if necessary amendments to, existing CRTO Professional Practice Guidelines (PPG). The Committee is mandated by the government to administer the College's program for funding therapy and counseling for eligible persons who were sexually abused by a Respiratory Therapist.

Meetings

The Patient Relations Committee has met three times over the past year. The Communication Strategy for 2008–2013 that was finalized by the PRC, and later approved by Council, involves various means of raising the publics awareness of the profession. This includes planned speaking engagements and career fair opportunities, media placements, RT week promotions and the annual photo contest. Work on these initiatives is currently underway through the PRC's CRTO/RTSO Joint Communication Working Group (CWG).

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Committee Reports

Patient Relations Committee Continued...

Highlights

The PRC has begun development of an **Emergency Operational Plan** that will clarify how the College will function during a sudden and usually unforeseen event. Examples include pandemic planning and/or an interruption in essential services due to a power grid or infrastructure failure. Advance emergency preparedness planning is vital to ensure that the essential services of the College, such as the provision of information and support to the Membership, can continue. Plans that have already been developed by other Colleges are currently being reviewed by the committee. The **CRTO 2008-2011 Strategic Plan** was approved at the November 2008 Council meeting and work is now underway through the PRC to address a number of the issues that where identified as priorities. These are as follows:

- **Interprofessional collaboration** is an essential part of contemporary RT practice, both in clinical practice and in the regulatory realm. Once completed, the PRC plans to review the revised National Competency Profile (NCP) in order to ensure that the ability to function fully in an interprofessional environment continues to be embedded as an entry to practice competency for RTs. On the regulatory front, the PRC will investigate the potential for interprofessional, collaborative projects, such as shared standards and guidelines on matters of mutual concern (e.g., documentation, consent).
- Another strategic initiative of the College is to examine the role of **RT-Anesthesia Assistant (AA)** in the health care team and, where appropriate, affect policy decisions regarding education, scope of practice and regulation of AAs. The PRC will be working with the Registration Committee to examine and monitor the AA role as it evolves, in conjunction with stakeholders such as the Canadian Anesthesiologists' Society, the Canadian Society of Respiratory Therapists, educators, the National Alliance of Respiratory Therapy Regulatory Bodies, other health professions, and the AA community.
- **Educating the public, including employers, on the role of Respiratory Therapists,** already fits in with the work in progress through the CRTO/RTSO Joint CWG. More information on the work of this group is found later in this report.

As mentioned previously, it is part of the mandate of the PRC to facilitate the provision of a program for sexual abuse prevention. Patient relations are not just a function of this committee but an activity that involves every aspect of the College. Hence, awareness of boundary issues is viewed as essential across the organization. To this end, the **CRTO's Education Day** on November 27, 2008 was entitled **"Behind Close Doors –**

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Committee Reports

Patient Relations Committee Continued...

The Hidden Impact of Insensitive or Dysfunctional Behavior". A variety of speakers addressed topics regarding unprofessional behaviors, adult survivors of child sexual abuse and managing cultural differences. Council feedback suggests this provided an excellent venue for information sharing and discussion.

Two of the College's Professional Practice Guidelines (PPG) are due for revision, a process which takes places for all PPGs every five years or as necessary. These are the ***Interpretation of Authorized Acts*** and ***Responsibilities under Consent Legislation***. There are likely to be several revisions to the Interpretation PPG in order to ensure it is in keeping with current clinical practice and the document is under review by the PRC at this time. There have been no changes to provincial legislation regarding consent and so it is anticipated that the modification to the Consent PPG will be minimal.

The PRC is also working on drafts for two Position Statements that the College may release in the near future; **Scope of Practice & Maintenance of Competency** and **Narcotics Administration**. The number of professional practice queries that the College has been receiving regarding these subjects indicate that further clarification is required. Both areas of concern are increasing, at least in part, due to the evolution of the RTs clinical practice. The CRTO would like to do everything possible to ensure best practices among its Members.

The PRC's **CRTO/RTSO Joint Communication Working Group** (CWG) met three times during the year. The Strategic Initiative of educating the public, including employers, on the role of Respiratory Therapists already compliments the work in progress through this working group. The overall goal of the CWG is to raise awareness of the profession in the interest of the general public. It is comprised of representatives from both the CRTO PRC and board members of the RTSO. It is chaired between the two groups on a rotating basis.

The CWG revised the **CRTO's Communication Strategy** which outlines the objective in the current CRTO Strategic Plan. This serves as a reference document for the **Communication Ideas Table**, which lists the various initiatives that stem from the strategy and helps guide the CWG when determining its plans of action.

The yearly **Poster Contest** was completed, and thanks to **Larry Teeple RRT** for his photo contribution which helped form the basis of the 2008 CRTO poster. 3,000 posters were distributed to RT departments throughout the province. Unfortunately, due to the low rate of involvement of Members

in the Poster Contest the CWG has decided to put the contest on hold for a year and then reevaluate it.

An **RT Week Contest** was undertaken this year and the prize was a CSRT 2009 Conference

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Committee Reports

Patient Relations Committee Continued...

package (travel expenses, hotel and registration). The award went to the winning submission for a media placement that highlighted the profession during RT week. Congratulations to **Jeff Dionne RRT, Alison Jones RRT** and **Cynthia Welton RRT** who won first, second and third prize, respectively. Also for RT Week, the **Backgrounder** and **Press Release** was reviewed and a few changes were made to ensure that the pertinent points came across, and these are available on our web site. Representatives from the CWG participated in the **Ontario School Counsellors' Association Conference** on November 1 and 2, 2008. Julie Brown RRT (RTSO), Jim McCormick RRT (CRTO) and Carrie-Lynn Meyer RRT (CRTO) graciously donated their time for this event. The group was assisted by three students from Fanshawe College, Katherine Scrimgeour, Dorota Onufer and Stephanie Rotella, and we thank them for their time and enthusiasm. This is the second time that the CWG has manned a booth at this conference in order to inform high school guidance counsellors about Respiratory Therapy as a possible profession for their students.

Jim McCormick, RRT, Chair

Registration Committee

Mandate

The Registration Committee carries out the duties related to the registration of Respiratory Therapists in accordance with the *Regulated Health Professions Act 1991,* the *Respiratory Therapy Act 1991*, the Registration Regulation, the
By-laws, and Policies of the College. The Committee reviews the eligibility of applicants for registration and establishes the criteria by which the College issues Certificates of Registration.

Panels of the Registration Committee consider:

1. referrals from the Registrar of applications that do not appear to meet all of the registration requirements;
2. requests from current Members to remove or modify terms, conditions or limitations.

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Committee Reports

Registration Committee Continued...

Meetings

There were seven meetings of the Registration Committee over the course of last year. In addition, 28 Panels were convened to consider registration referrals from the Registrar and requests from Members to have terms, conditions and limitations on their certificates lifted or revised.

Following review of information related to each applicant/member, the Committee directed the Registrar to:

- issue (5) General Certificates of Registration with terms, conditions and limitations;
- issue (7) Graduate Certificates of Registration with terms, conditions and limitations;
- refuse to issue (3) Certificates of Registration;
- waive the "immigration status" requirement for the purpose of exam completion only;
- extend the PLA completion deadline (10);
- remove terms, conditions and limitations imposed on a General Certificate of Registration; and
- ratify offer made by the Registrar, to register with terms conditions and limitations.

Highlights

There were seven meetings of the Registration Committee over the course of last year. In addition, 28 Panels were convened to consider registration referrals from the Registrar and requests from Members to have terms, conditions and limitations on their certificates lifted or revised.

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- refuse to issue (3) Certificates of Registration;
- waive the "immigration status" requirement for the purpose of exam completion only;
- extend the PLA completion deadline (10);
- remove terms, conditions and limitations imposed on a General Certificate of Registration; and
- ratify offer made by the Registrar, to register with terms conditions and limitations.

Five international programs have been reviewed by the Registration Committee to determine whether they are equivalent to an approved program.

- **Registration Regulation:** The Committee conducted a review of the Registration Regulation. Draft revisions to the regulation were circulated to the membership in

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Committee Reports

Registration Committee Continued...

February 2008. Following a review of the feedback received, members of the Registration Committee made a recommendation that Council approve the proposed amendments. The revised regulation was submitted to the Ministry of Health and Long-Term Care on Friday, February 13, 2009.

- **Prescribed Procedures Regulation:** The Committee continues to discuss the possibility of amending the Prescribed Procedures Regulation in order to better reflect evolving clinical practice. Meetings with the Ministry were held to discuss the options and ask for guidance in the regulation amendment process.

  A new process was developed in order to streamline the approval of certification programs under the Prescribed Procedures Regulation. The process utilizes the College's approved **Clinical Best Practice Guidelines** (CBPGs) and authorizes the Professional Practice Advisor to approve programs that meet the Registration Committee requirements. Four CBPGs were approved and are now available on the CRTO web site:
  - Peripheral & Femoral Vein Cannulation
  - Radial & Femoral Artery Cannulation
  - Umbilical Artery and Vein Cannulation
  - Chest Needle & Chest Tube Insertion.

  Following a review of the *Certification for Advanced Prescribed Procedures Below the Dermis PPG* a number of amendments were drafted and subsequently approved by Council. The Committee reviewed and approved seven certification programs for advanced prescribed procedures below the dermis.

- **Prior Learning Assessment - Internationally Educated Health Care Professionals**: The Committee continues to monitor the College's Prior Learning Assessment process. Changes to the Self Assessment Form and the Clinical Competencies Checklist have been reviewed and subsequently accepted by the Committee. We are pleased to report that a Respiratory Therapy Bridging Program has been developed by the Michener Institute. The program enables PLA applicants to access classroom and lab learning environments and will provide opportunities for the applicants to work with students in the full-time program during the clinical section to begin their integration into the Canadian healthcare culture.

- **Policy Development and Review:**

  - **Entry to Practice Exam Policy Review**: A number of changes were recommended and approved, including: the name of the Policy has been changed from *Exam Re-write* to *Entry to Practice Exam Policy*; changes to the upgrading study plan submission process were made.

  - **Equivalency Status of Education Programs Offered Outside Canada Policy Review:** The policy applies to all

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Committee Reports

Registration Committee Continued...

international Respiratory Therapy programs, including US programs. In order to determine equivalency of an international Respiratory Therapy program the Registration Committee would review, on the request of an applicant for registration, documentary evidence provided to the College by the education program.

- **Currency Policy**: The policy was developed to assist the Registration Committee when reviewing applications that do not meet the "currency requirement" under section 54(4) or 55(3) of the Registration Regulation and to ensure that those individuals who have been away from practice for a period of time are competent (including undertaking refresher/ retraining where appropriate), familiar with the College's current standards and guidelines, and are supervised when performing high risk procedures.

- **Inactive to Active Policy Review**: The policy, which ensures that Members returning to active status meet certain competency requirements, was amended to clarify Quality Assurance Committee referral process and to use language consistent with the Registration *Currency Requirement* Policy.

- **Evidence of Successful Completion of Education Program Policy:** Members of the Committee reviewed and subsequently approved a Memorandum of Understanding between World Education Services (WES) and the College. WES will provide course-by-course evaluation reports for candidates applying to the CRTO and provide an attestation to the CRTO as to the authenticity of the documents reviewed, the legitimacy of the institution attended, the program of study undertaken, and the level of education, credits and grades received (if applicable). Based on the agreement with WES a new policy was developed. Under this policy applicants who obtained their education in Respiratory Therapy (or a related field) outside of Canada are required to have their academic qualifications assessed and verified by WES.

- **Baccalaureate Degree as Entry to Practice in Respiratory Therapy Project:** Staff continue to update the Committee on this project. A letter of intent regarding the College's request to be referred to the Pan-Canadian Process for consideration of a change in entry to practice education was submitted to the Deputy Minister of Health and Long-Term Care and the Deputy Minister of Training Colleges and Universities in August 2008. To date no response has been received to the request.

- **Register By-law:** The Registration Committee conducted a detailed review of proposed Register By-law amendments related to the public register and duty to report as a result of the *Health System Improvements Act.* These amendments will take effect in June 2009.

Dorothy Angel, Chair

Committee Reports

Quality Assurance Committee

Mandate

The Quality Assurance Committee is responsible for developing, implementing and maintaining a Quality Assurance Program which encourages the continuous quality improvement of CRTO Members. In addition to monitoring Members' compliance with the Program, the QA Committee is also responsible for evaluating the knowledge, skills and judgement of Members to ensure competency, and remediating those Members who have been assessed and found to be unsatisfactory.

Meetings

The Quality Assurance Committee met six times during the 2008-2009 fiscal year in their continuing efforts to assess and support the knowledge, skills and abilities of Members.

Highlights

During the first half of the year the Committee focused on the development and implementation of the QA Program Evaluation Plan for the period 2004 to 2007. The Evaluation of the Program was intended to determine whether the existing tools – the Professional Portfolio and Professional Standards Assessment – are meeting the needs of Members and, by extension, the College's regulatory mandate.

The College wants to meet not only its legislative/regulatory mandate, but to ensure "that respiratory care services provided to the public by its members are delivered in a safe and ethical manner".
Philosophically, the Council and QA Committee believe that compliance with the Quality Assurance Program will assist in the achievement of this mission.

The main data collection method for the Evaluation was a Member survey. A random sampling of the Members who had been selected to complete the Program requirements in the years 2004-2007, totaling 679, were sent notification of the survey. In addition, a random sampling of Members who had not been selected during that time period was also conducted, totaling 573. Of the Members who were invited to complete the Evaluation survey, 70.7% responded.

The latter part of the year the Committee reviewed the results of the Evaluation and concluded that: CRTO Members are participating in learning activities on a regular basis, Members are reflecting on their practices in order to identify appropriate learning goals, and that as a result of their learning, Members' practices are being enhanced. In addition, respondents to the Evaluation verified that completion of the Professional Standards Assessment increased their knowledge of CRTO standards, guidelines and legislation.

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Committee Reports

Quality Assurance Committee Continued...

As a result of the Evaluation, nine recommendations were made for improving the QA Program and include, in part, developing a web-based Professional Portfolio, reviewing the random selection process and ensuring compliance with the *Regulated Health Professions Act* amendments.
In an effort to achieve the recommendation considering the revisions to *RHPA*, the Committee also spent considerable time reviewing the QA regulation. Proposed changes to O.Reg 596/94 Part VI were put forward to ensure consistency with the amended RHPA, define more clearly what is meant by peer and practice assessments, and to clearly describe when a Member may be selected for an assessment.

Following circulation to all Members, the proposed changes to the QA regulation were approved by Council and will be submitted to the Ministry of Health and Long-Term Care. In anticipation that additional practice assessment tools may be required of the CRTO by the Ministry, the Committee will begin to investigate options in the coming year.

Throughout the year the Committee continued to review the results of Members Professional Portfolio audits and Professional Standards Assessment (PSA) scores. In total, 221 Members were randomly selected. The average score on the PSA was 80%, and 90% of Members met or exceeded the overall expectations of the QA process.

The Committee welcomed new members following the Council/Non-Council elections in the autumn, and looks forward to a productive and interesting year ahead.

Kathleen Keating, Chair

Fitness to Practice Committee

The Fitness to Practice Committee holds hearings related to members' mental or physical capacity referred to the Committee by the Executive Committee.

There were no referrals to the Fitness to Practice Committee in 2008-2009.

Dave Jones RRT, Chair

Committee Reports

Complaints Committee Continued...

Mandate

The Complaints Committee deals with complaints regarding the conduct or actions of members in accordance with the *Regulated Health Professions Act, 1991*, the *Respiratory Therapy Act 1991*, the By-laws and the policies of the College.

Highlights

The College received three complaints during the period of March 1, 2008 – February 28, 2009.

1. The first complaint involved allegations of unprofessional conduct. A panel of the complaints committee negotiated an agreement and undertaking with the Member and administered a verbal caution.
2. The second complaint also involved allegations of unprofessional conduct. In this matter a panel of the Complaints Committee took no action.
3. The third complaint remains under consideration.

Brent Dionne, RRT, Chair (March 1 – December 15, 2008)
Gord Garshowitz, Chair (December 2008 – February 28, 2009)

Discipline Committee

Mandate

The Discipline Committee holds hearings of allegations regarding members' professional misconduct or incompetence referred to the Committee by the Complaints Committee or the Executive Committee. During the hearing the Discipline Committee hears evidence regarding the matter and should the Committee make a finding of professional misconduct or incompetence, it may:

- Direct the Registrar to revoke the Member's certificate of registration.
- Direct the Registrar to suspend the Member's certificate of registration for a specified period of time.
- Direct the Registrar to impose specified terms, conditions and limitations on the Member's certificate of registration for a specified or indefinite period of time.
- Require the Member to appear before the panel to be reprimanded.
- Require the Member to pay a fine of not more than $35,000 to the Minister of Finance.

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Committee Reports

Discipline Committee Continued...

Highlights

There were two referrals to the Discipline Committee during 2008-2009.

CRTO vs. Ross Freedman RRT

At a hearing held on **April 15, 2008**, Mr. Ross Freedman admitted to allegations as set out in an Agreed Statement of Facts.

Allegations:
It was alleged that **Ross Freedman RRT** committed an act of professional misconduct as defined in paragraph 29 (disgraceful, dishonourable or unprofessional conduct) of section 1 of Ontario Regulation 753/93, as amended, under the Respiratory Therapy Act, 1991.

Member's Response or Plea
The member pleaded **guilty** and the hearing proceeded on an agreed statement of facts and joint submission on penalty.
Evidence (Agreed Statement of Facts)
Ross Freedman, who during the time of the alleged conduct, was employed at a Toronto hospital or had recently, ceased employment there.

Mr. Freedman engaged in **inappropriate on-line communication** with several Respiratory Therapist (RT) co-workers and at least one RT student.

- In or around June 2006, Mr. Freedman engaged Ms. Q in a sexually suggestive MSN chat and sent her flirtatious emails.
- In or around October 2006, Mr. Freedman sent unsolicited MSN messages to Ms. R asking her if she was ready to participate in "4 am sex chats" at the hospital. Mr. Freedman told Ms. R that the RT group at the hospital was a very intimate group and it was common to have conversations of a sexual nature.
- In or around June 2005, Mr. Freedman attempted to engage Ms. S in what she perceived to as a sexually suggestive MSN chats.
- In or around July 2005, Mr. Freedman engaged Ms. W in a MSN chat and told her she was second in line of women he would like to sleep with.
- Mr. Freedman contacted Ms. X by MSN messaging and attempted to engage her in what she perceived to be a sexually suggestive conversation.
- Mr. Freedman and Ms. Y engaged in MSN messaging conversations of a sexual nature. Ms. Y states she did so because she did not want to get on the bad side of Mr. Freedman.
- Mr. Freedman attempted to engage Ms. Z in online conversations which she perceived to have a sexual connotation, through email, MSN and Facebook.

Ross Freedman made **inappropriate in-person comments and initiated inappropriate in-person discussions** with female RT staff,

continued...

Committee Reports

Discipline Committee Continued...

including newly hired, and at least one RT students:

- In or around June 2005, Mr. Freedman played truth or dare with Ms. S while at work during a night shift. Mr. Freedman asked many questions of a sexual nature including asking whether Ms. S had ever seen a man masturbate. Mr. Freedman did not recall this incident.
- In or around August 2006 and for a period of approximately one month Mr. Freedman repeatedly made inappropriate comments to Ms. S about a medical procedure she had recently undergone.
- Mr. Freedman repeatedly referred to Ms. S with a variation of her last name which had a sexual connotation.
- Mr. Freedman attempted to bring the topic of sex into many conversations with Ms. S.
- In or around June 2005, Mr. Freedman, while acting as a preceptor began a conversation of a sexual nature with Ms. XX during a night shift asking questions such as what kind of sexual positions she liked, whether she had engaged in oral sex and how many sexual partners she had.
- Mr. Freedman referred publicly to Ms. XX with a sexually suggestive nickname.
- Mr. Freedman made inappropriate comments to Ms. W about padded bras.
- In or around June 2005, Mr. Freedman while acting as a preceptor to Ms. W took her to the men's locker room on a night shift break and asked her to play truth or dare, asking her questions of a sexual nature.
- Mr. Freedman told Ms. X that he would like her to be on his imaginary island and that she looked "hot" like the fictional character Laura Croft.
- Mr. Freedman told Ms. X, at a patient's bedside, that she looked "hot" in her pink scrub pants.
- In or around June 2004, Mr. Freedman began conversations of a sexual nature with Ms. Y, asking questions about her sex life.

Inappropriate touching:

- In or around June 2005, during an incident where Mr. Freedman was attempting to engage Ms. XX in a conversation of a sexual nature, he touched himself in what Ms. XX perceived to be sexually suggestive. Mr. Freedman denied doing this.
- In or around February 2006, Mr. Freedman, while demonstrating "tetralogy of fallot" and after obtaining consent to touch her in a non-sexual way, touched Ms. Q, an RT student. Ms. Q did not expect Mr. Freedman to push her legs up sharply against her chest, which she found to be very inappropriate.
- During a cardiac arrest situation, Mr. Freedman rubbed up against Ms. XX in what she felt was an inappropriate manner, while assisting with the intubation of a patient. Mr. Freedman does not recall the incident and maintains that if he made any contact it was inadvertent.

continued...

Committee Reports

Discipline Committee Continued...

Intimidating behaviour:

- Mr. Freedman suggested to Ms. X and Ms. W that as a senior staff RT he had influence over who was hired at the hospital.
- Several witnesses commented that they were afraid to challenge Mr. Freedman about his behaviour for fear of reprisals.
- From May to August 2007, Mr. Freedman sent unsolicited messages to Ms. YY through Facebook and her home email, the frequency of which Ms. YY found disturbing.
- Mr. Freedman told Ms. Q that as a staff therapist his feedback was valued in relation to who was hired at the hospital.

Mr. Freedman ought to have known that his conduct was not wanted.

Finding:
A Panel of the Discipline Committee accepted as true the facts in the Agreed Statement of Facts and found that Ross Freedman committed an act of professional misconduct, in that he engaged in acts relevant to the practice of the Respiratory Therapy that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional, as defined in paragraph 29 of section 1 of Ontario Regulation 753/93, as amended, under the *Respiratory Therapy Act*, 1991.

Order:
The Discipline Committee accepted the joint submission and made the following order as to penalty and costs, which was delivered in writing:

Mr. Freedman was required to appear before a panel of the Discipline Committee to be reprimanded, the fact of which shall appear on the College register. Mr. Freedman waived his right to appeal and the Discipline Committee administered the reprimand immediately following the Hearing.
The Registrar was directed to suspend the certificate of registration of Mr. Freedman for 6 months, on a date to be set by the Registrar. Three (3) months of the suspension are suspended if Mr. Freedman completes, at his own expense, a course of counseling on boundaries and sexual harassment within 90 days of the date of the order.
The Registrar was directed to impose a term, condition and limitation on Mr. Freedman's certificate of registration requiring him to comply with monitoring of his practice for a period of 2 years after he returns to active practice.
Mr. Freedman is to pay $2500.00 in costs toward the investigation and hearing.

continued...

Committee Reports

Discipline Committee Continued...

CRTO vs. Wendy Stuart RRT

At a hearing held on **December 4, 2008**, Ms. Wendy Stuart admitted to allegations as set out in an Agreed Statement of Facts.

Allegations:
It was alleged that **Wendy Stuart RRT** committed an act of professional misconduct as defined in paragraph 29 (disgraceful, dishonourable or unprofessional conduct) of section 1 of Ontario Regulation 753/93, as amended, under the Respiratory Therapy Act, 1991.

Member's Response or Plea
The member pleaded **guilty** and the hearing proceeded on an agreed statement of facts and joint submission on penalty.

Evidence (Agreed Statement of Facts)
Wendy Stuart RRT, who during the time of the alleged conduct, was employed at a home oxygen company (Company X), in Belleville, Ontario.

- On or about December 24, 2007, client H.M. was discharged from hospital in Peterborough, Ontario to her home in Bancroft, Ontario. H.M. required home oxygen, which was to be provided by Company X.
- On or about December 24, 2007, Ms. Stuart went to H.M.'s home for the purpose of setting up the oxygen equipment. No one was at home when Ms. Stuart arrived. Ms. Stuart did not wait until H.M. arrived home and instead left the equipment outside H.M.'s home with a phone number for H.M. to call.
- Ms. Stuart completed a customer site assessment form for the home without entering the home.
- The documentation completed by Ms. Stuart indicated that H.M. did not smoke when in fact H.M. did smoke.
- It is agreed that Ms. Stuart falsified documentation relating to the oxygen and equipment left for H.M. in one or more of the following ways:
  - She signed the invoice herself using a false name;
  - She indicated the equipment was left inside the house when it was left outside;
  - She filled out a customer site assessment form that implied she had been inside the home when she had not;
  - She documented that H.M.'s dog had "slopped" on the instruction booklet when in fact H.M. did not have a dog;
  - She documented that she had left for Bancroft at 2:30 p.m. on December 24, 2007, when she actually left at approximately 1:30 p.m.;
  - She documented that she gave up waiting for H.M. and left at 5:30 p.m. on December 24, 2007, when she actually left at approximately 4:45 p.m.
- It is agreed that Ms. Stuart made a false statement to her supervisor, and to her colleague, by saying that a neighbour had let Ms. Stuart into H.M.'s house so that she could drop off the oxygen and equipment.

continued...

Committee Reports

Discipline Committee Continued...

- It is agreed that Ms. Stuart gave a misleading statement to the College investigator, by saying that she did not document anything until after her supervisor confronted her upon Ms. Stuart's return from Christmas vacation.

Finding:
A Panel of the Discipline Committee accepted as true the facts in the Agreed Statement of Facts and found that Wendy Stuart committed an act of professional misconduct, in that she engaged in acts relevant to the practice of the Respiratory Therapy that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional, as defined in paragraph 29 of section 1 of Ontario Regulation 753/93, as amended, under the *Respiratory Therapy Act*, 1991.

Order:
The Discipline Committee accepted the joint submission and made the following order as to penalty and costs, which was delivered in writing:

- Ms. Stuart was required to appear before a panel of the Discipline Committee to be reprimanded, the fact of which shall appear on the College register. Ms. Stuart waived her right to appeal and the Discipline Committee administered the reprimand immediately following the Hearing.
- The Registrar was directed to suspend the certificate of registration of Ms. Stuart for 3 months, on a date to be set by the Registrar. One month of the suspension is suspended if Ms. Stuart completes customized learning packages on ethics and record keeping in consultation with the College within 120 days from the date of the Discipline panel's Order.
- Ms. Stuart is to pay $2000.00 in costs toward the investigation and hearing.

Dave Jones RRT, Chair

Statistics

Registration Status

	2008/2009	2007/2008
General	**2580**	**2467**
Active	2383	2288
Inactive	197	179
Graduate	**29**	**32**
Limited	**14**	**17**
Active	13	16
Inactive	1	1
Total	**2623**	**2516**

Gender

Male	765	742
Female	1858	1774

Delegation

Members delegating RT Authorized Acts		
Performing a prescribed procedure below the dermis	31	31
Intubation beyond the point in the nasal passages where they normally narrow or beyond the larnyx	14	18
Suctioning beyond the point in the nasal passages where they normally narrow or beyond the larnyx	46	44
Administering a substance by injection or inhalation	92	78
Members who accepted delegation of:		
Allergy challenge testing	20	20
Application of a form of energy:		
- Cardiac pacemaker therapy	9	9
- Defibrilation	184	174
- Cardioversion	75	67
- Electromyography	0	0
- Nerve conduction studies	3	3
- Transcutaneous cardiac pacing	56	51
- Sound waves for diagnostic ultrasound	14	8
Communicationg a diagnosis identifying a disease or disorder	39	31
Dispensing drugs	78	60
Performing a procedure below the surface a of a mucous membrane	37	36
Putting an instrument, hand, or finger:		
- beyond the external ear canal	2	3
- the labia majora	0	0
- the anal verge	6	6
- into an artificial opening into the body	13	14
Reinsert Trach Tube < 24hrs	66	65

Statistics

Activities Performed by Members

	2008/2009	2007/2008
Arterial puncture	1967	1842
Aspiration from a cannula	1405	1302
Bronchoscopy (performing)	182	187
Cardiovascular perfusion/ECMO	33	38
Cardioversion	96	95
Concious sedation (performing)	227	200
Defibrillation	170	154
Diagnostics		
- bronchoprovocation	300	296
- cardiac stress testing	210	201
- echocardiography	88	79
- holter monitoring	107	97
- neurodiagnostics (EMG, EEG)	44	40
- polysomnography	122	117
- pulmonary function	1090	1008
Inhalation		
- anaesthetic agent	406	345
- high frequency oscillation ventilation		
- adult	701	574
- paediatric/neonatal	339	310
- hyperbarics	42	45
- mechanical ventilation (invasive and non-invasive)	1889	1753
- nitric oxide	887	805
Injection		
- direct	393	357
- via line or bag	420	382
Interosseous access	23	20
Intubation		
- adult	1490	1360
- neonatal	595	527
- paediatric	360	290
Needle cricothyrotomy (performing)	7	9
Patient transport		
- air	250	231
- land	1347	1205
Suturing indwelling cannula	260	224
Teaching (Outpatient)	995	851
Tracheostomy tube change	1386	1201
Venipuncture	250	220

Statistics

	2008/2009	2007/2008
ADVANCED PRESCRIBED PROCEDURES		
Cannula/Line		
- Arterial	1114	970
- Umbilical	21	22
- Venous	241	193
Chest needle insertions	16	16
Chest tube insertions	57	53
HIGHEST LEVEL OF EDUCATION		
RT Diploma	2552	2440
Associate degree	51	N/A*
Undergraduate degree	1126	1079
Graduate degree	96	87
Other	492	27
PLA	6	N/A*
EMPLOYMENT STATUS		
Full-time	1743	1630
Part-time	469	430
Casual	191	167
Unknown	54	41
Working in Ontario	2457	2268
Not working in Ontario	166	248
AGE		
Less than 30	455	N/A*
30 - 39	830	N/A*
40 - 49	903	N/A*
50 and over	435	N/A*

NOTE: numbers are based on self-reporting by Members
* statistics not available for this time period

Summarized Audited Financial Statements 2008/2009

AUDITORS' REPORT

The accompanying summarized balance sheet and statement of operations are derived from the complete financial statements of the College of Respiratory Therapists of Ontario as at February 28, 2009 and for the year then ended on which we expressed an opinion without reservation in our report dated April 13, 2009. The fair summarization of the complete financial statements is the responsibility of management. Our responsibility, in accordance with the applicable Assurance Guideline of The Canadian Institute of Chartered Accountants, is to report on the summarized financial statements.

In our opinion, the accompanying summarized financial statements fairly summarize, in all material respects, the related complete financial statements in accordance with the criteria described in the Guideline referred to above.

The summarized financial statements do not contain all disclosures required by Canadian generally accepted accounting principles. Readers are cautioned that these statements may be not appropriate for their purposes. For more information on the College's financial position, results of operations and cash flows, reference should be made to the complete financial statements.

Toronto, Ontario
April 13, 2009

CLARKE HENNING LLP
CHARTERED ACCOUNTANTS

SUMMARIZED STATEMENT OF FINANCIAL POSITION AS AT FEBRUARY 28, 2009

		2009		2008
ASSETS				
Current assets				
Cash and marketable securities	**$**	**2,210,107**	$	1,758,606
Prepaid expenses and sundry receivables		**4,354**		3,773
		2,214,461		1,762,379
Furniture and equipment		**134,711**		115,230
		2,349,172		1,877,609
LIABILITIES				
Current liabilities				
Accounts payable and accrued liabilities		**61,046**		48,858
Deferred revenue		**1,087,486**		738,130
		1,148,532		786,988
NET ASSETS				
Abuse therapy fund		**20,000**		20,000
General contingency reserve fund		**500,000**		500,000
General investigations and hearings fund		**135,000**		100,000
Special projects reserve		**187,549**		112,549
Fees stabilization reserve		**102,550**		102,550
Invested in capital assets		**134,711**		115,230
Operating - unrestricted		**120,830**		140,292
		1,200,640		1,090,621
		2,349,172		1,877,609

SUMMARIZED STATEMENT OF OPERATIONS YEAR ENDED FEBRUARY 28, 2009

Revenues				
Registration, renewal, application and examination fees		**1,263,705**		1,195,502
Interest and other income		**83,674**		20,103
		1,347,379		1,215,605
Expenses				
Salaries and benefits		**606,750**		534,200
Occupancy costs		**72,204**		67,801
Professional fees		**84,082**		91,244
Printing, postage, stationery and delivery		**126,171**		70,329
Council and committee		**94,292**		91,054
Special projects		**49,750**		59,608
All other operating expenses		**204,111**		136,270
		1,237,360		1,050,506
Excess of revenues over expenses for the year	**$**	**110,019**	$	165,099

Copies of 2008/2009 complete audited financial statements are available on our Web site at www.crto.on.ca or on request from the Registrar at 416-591-7800.

Council Members, *Non-Council* Committee Members, and *Staff*

COUNCIL MEMBERS

March 1, 2008 to February 28, 2009

Susan Martin, RRT *President (to November 26, 2008)*
Kevin Taylor, RRT *President (from November 27, 2008)*
John Schenk *Vice-President (to November 26, 2008)*
Dorothy Angel *Vice-President (from November 27, 2008)*
Marisa Ammerata, RRT
Tracy Bradley, RRT *(from November 27, 2008)*
Judy Dennis, RRT *(to November 26, 2008)*
Jim Ferrie
Gordon Garshowitz
Gloria Hinton *(to April 7, 2008)*
Jesse Haidar *(from April 16, 2008)*
Michael Iwanow, RRT *(from November 27, 2008)*
Dave Jones, RRT *(from November 27, 2008)*
Kathleen Keating
Vito Maiolino, RRT *(to November 26, 2008)*
Jim McCormick, RRT
Carrie-Lynn Meyer, RRT
Lorella Piirik, RRT
Ian Summers, RRT

NON-COUNCIL COMMITTEE MEMBERS

March 1, 2008 to February 28, 2009

Gary Ackerman, RRT
Melva Bellefountaine, RRT *(from November 27, 2008)*
Rob Blanchette, RRT *(from November 27, 2008)*
Brent Dionne, RRT
Jeff Earnshaw, RRT
Daniel Fryer, RRT
David Jones, RRT *(to November 26, 2008)*
Amy Kropf, RRT
Carole LeBlanc, RRT
Daphne Marrs, RRT *(from November 27, 2008)*
Judy McRae, RRT
Mika Nonoyama, RRT *(to November 26, 2008)*
James Quigley, RRT
Caroline Tessier, RRT *(to November 26, 2008)*

STAFF

March 1, 2008 to February 28, 2009

Christine Robinson, ***Registrar and CEO***
Mary Bayliss, RRT, ***Manager, Policy and Investigations***
Carole Hamp, RRT, ***Professional Practice Advisor***
Melanie Jones-Drost, ***Co-ordinator of Quality Assurance*** *(from October 31, 2008)*
Manager of Quality Assurance *(from November 1, 2008)*
Amelia Ma, ***Finance and Office Manager***
Janice Carson-Golden, ***Communications Co-ordinator***
Ania Walsh, ***Co-ordinator of Registration***
Shahsultan Amarshi, ***Administrative Officer***

CRTO Committees

COMPLAINTS

March 1/08 to December 15/08

Brent Dionne RRT *Chair*
Kevin Taylor RRT *Vice-Chair*
Gary Ackerman RRT
Marisa Ammerata RRT
Dorothy Angel
Gordon Garshowitz
Carrie-Lynn Myer RRT
James Quigley RRT

December 16/08 to February 28/09

Gordon Garshowitz *Chair*
Brent Dionne RRT *Vice-Chair*
Marisa Ammerata RRT
Dorothy Angel
Rob Blanchette RRT
Jeff Earnshaw RRT
Jim Ferrie
Carrie-Lynn Meyer RRT
Kevin Taylor RRT

DISCIPLINE

March 1/08 to December 15/08

David Jones RRT *Chair*
Lorella Piirik RRT *Vice-Chair*
Jeff Earnshaw RRT
Jim Ferrie
Dan Fryer RRT
Kathleen Keating
Amy Kropf RRT
Carole LeBlanc RRT
Vito Maiolino RRT
Judy McRae RRT
Mika Nonoyama RRT
Ian Summers RRT
Caroline Tessier RRT
Public Member (vacant)

December 16/08 to February 28/09

David Jones RRT *Chair*
John Schenk *Vice-Chair*
Gary Ackermann RRT
Melva Bellefountaine RRT
Tracy Bradley RRT
Dan Fryer RRT
Jesse Haidar *(from April 16/08)*
Kathleen Keating
Amy Kropf RRT
Carole LeBlanc RRT
Daphne Marrs RRT
Jim McCormick RRT
Judy McRae RRT
Lorella Piirik RRT
Ian Summers RRT

EXECUTIVE

March 1/08 to December 15/08

Susan Martin RRT *Chair*
John Schenk *Vice-Chair*
Judy Dennis RRT
Dorothy Angel
Jim McCormick RRT *Past President, ex-officio*
Kevin Taylor RRT

December 16/08 to February 28/09

Kevin Taylor RRT *Chair*
Dorothy Angel *Vice-Chair*
Jim Ferrie
Jim McCormick RRT
Lorella Piirik RRT

FITNESS TO PRACTICE

March 1/08 to December 15/08

David Jones RRT *Chair*
Lorella Piirik RRT *Vice-Chair*
Jeff Earnshaw RRT
Dan Fryer RRT
Kathleen Keating
Amy Kropf RRT
Carole LeBlanc RRT
Vito Maiolino RRT
Judy McRae RRT
Mika Nonoyama RRT
Ian Summers RRT
Caroline Tessier RRT
Public Member (vacant)

December 16/08 to February 28/09

David Jones RRT *Chair*
John Schenk *Vice-Chair*
Gary Ackermann RRT
Melva Bellefountaine RRT
Tracy Bradley RRT
Dan Fryer RRT
Jesse Haidar *(from April 16/08)*
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Kathleen Keating
Amy Kropf RRT
Carole LeBlanc RRT
Daphne Marrs RRT
Jim McCormick RRT
Judy McRae RRT
Lorella Piirik RRT
Ian Summers RRT

PATIENT RELATIONS

March 1/08 to December 15/08

Jim McCormick RRT *Chair*
Amy Kropf RRT *Vice-Chair*
Jim Ferrie
Gloria Hinton *(to April 7/08)*
Kathleen Keating
Jim Quigley RRT
Carrie-Lynn Meyer RRT

December 16/08 to February 28/09

Jim McCormick RRT *Chair*
Amy Kropf RRT *Vice-Chair*
Rob Blanchette RRT
Tracy Bradley RRT
Gordon Garshowitz
Jesse Haidar *(from April 16/08)*
Kathleen Keating
Jim Quigley RRT

QUALITY ASSURANCE

March 1/08 to December 15/08

Kathleen Keating *Chair*
Jim McCormick RRT *Vice-Chair*
Gary Ackerman RRT
John Schenk
Carole LeBlanc RRT
Vito Maiolino RRT
Caroline Tessier RRT

December 16/08 to February 28/09

Kathleen Keating *Chair*
Lorella Piirik RRT *Vice-Chair*
Gary Ackerman RRT
Michael Iwanow RRT
David Jones RRT
Carole LeBlanc RRT
Daphne Marrs RRT
John Schenk

REGISTRATION

March 1/08 to December 15/08

Dorothy Angel *Chair*
Lorella Piirik RRT *Vice-Chair*
Jim Ferrie
Gloria Hinton
David Jones RRT
Judy McRae RRT
Ian Summers RRT
Kevin Taylor RRT

December 16/08 to February 28/09

Dorothy Angel *Chair*
Carrie-Lynn Meyer RRT *Vice-Chair*
Melva Bellefountaine RRT
Jim Ferrie
Dan Fryer RRT
Judy McRae RRT
Ian Summers RRT
Kevin Taylor RRT

The *CRTO Council Team* is the Board of Directors of the College made up of Profession (Respiratory Therapy) Members and Public Council Members.

Profession CRTO Council Members - All profession Council Members are Registered Respiratory Therapists elected by Members of the College.

Public Council Members - The Lieutenant Governor in Council of Ontario appoints the Public Council Members.

Back Row: *(left to right)* Ian Summers RRT, Kevin Taylor RRT, Jim Ferrie, Jesse Haidar, Tracy Bradley RRT, Jim McCormick RRT, David Jones RRT, John Schenk

Front Row: *(left to right)* Marisa Ammerata RRT, Carrie-Lynn Meyer RRT, Michael Iwanow RRT, Kathleen Keating, Dorothy Angel, Lorella Piirik RRT, Gord Garshowitz

CRTO STAFF

Back Row: *(left to right)*
Christine Robinson, *Registrar and CEO*
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College of Respiratory Therapists of Ontario

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