



the exchange

The Newsletter of the College of Respiratory Therapists of Ontario

HIGHLIGHTS



Allied Health Professional Development Fund and Librarian Services Available
See page 14



CRTO Long-Term Ventilation Project Conference Being held in September see page 11



2010 Proposed By-law Amendments and Survey
See pages 9 and 13 for more details

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In Memory of...

B. Bronwen Roberts, who passed away on Saturday December 12, 2009 after many health problems in recent years. Bronwen was a Respiratory Therapist at the Henderson Site of Hamilton Health Sciences for 25 years. She started at the Henderson site as a clinical student of the Toronto Institute of Medical Technology (now the Michener Institute) and graduated in 1981. She became a Staff Therapist in 1984 at the Henderson Hospital and built many relationships throughout the years. Bronwen was dedicated to patient care and learning new therapies and equipment. She will be remembered by all for her courage, strength and dedication to her job. Bronwen was loved by her family and friends and will be dearly missed.

Gary Stephen Tang, who passed away unexpectedly on Friday December 11, 2009. Gary was the clinical instructor for Respiratory Therapy at London Health Sciences, Victoria Hospital and the Children's Hospital of Western Ontario. He mentored and guided many Fanshawe College students, assisting them in becoming proficient respiratory care practitioners. Recently he served on the Standards of Practice working group. Gary built many relationships through the years and the memories will last forever. A loved father, husband, colleague, teacher and friend to all who walked his path with him. He will be missed.

David Nam Tsang, who passed away on Wednesday December 16, 2009. David worked in the Pulmonary Function Lab at Scarborough Hospital - General Campus. He was a hard working and dedicated Respiratory Therapist. He immigrated to Canada from Macau and made many sacrifices to benefit his family. David was a loving husband and father, and a true friend to all who knew him. He will not be forgotten.

The College offers sincere condolences to Bronwen, Gary and David's families, friends and colleagues.

President's MESSAGE



Kevin Taylor, RRT
President, CRTO

I'm both honoured and delighted to be re-elected as President for a second term. On reflection, there is a fairly steep learning curve and one only begins to be truly effective in the role toward the end of the first term. Thank you for the opportunity to continue with the good work we've engaged in.

A significant element of that work centers around the National Alliance. The group continues to grow in maturity as an entity, with Saskatchewan and New Brunswick being the two most recent additions as self-regulated jurisdictions in their own right. We've heard that B.C. will also be joining as a separate body in the coming year. With this changing face of the membership in the NARTRB, we are seeing even greater potential for initiatives, such as the release of an updated National Competency Profile, a review of exam equivalency across the country and a review of the Mutual Recognition Agreement.

At the OHA Health Achieve conference this year, Ian Morrison, a well-regarded futurist, identified transparency, expectations of quality and cost effectiveness to be the primary shaping forces for health care in the next several years. To that

end, I believe we have already begun to address these elements in many of our activities:

- We've recently concluded our own Fairness audit, through the Office of the Fairness Commissioner;
- Our implementation of items, such as the Strategic Plan Monitoring Table and the use of Evergreen questions better allows us to remain focused and efficient in our efforts;
- We've supported the establishment of a Professional Practice standing committee, a move that would allow us to better address our use of PPGs and to optimize the efforts of the PRC;
- We have several projects underway, including the GAP project and the study on advanced practice roles – projects which will help inform our efforts on several fronts.

We are also entering an Age of Collaboration where we will be called upon to work in different ways than before and to consider our members' roles in ways different than before.

With *change* being a constant for us, we exist in a state of continuous whitewater. With our current focus, I believe we are well positioned to manage this change and I am excited to be involved as we move forward.

Kevin

Registrar's MESSAGE

Are we really listening?



Christine Robinson
Registrar, CRTO

As most people know, the mandate of a governing body such as the CRTO is to regulate the profession in the public interest. This includes setting standards for both entry into the profession and for the continuing competence of those Members already registered. The development of these standards does not occur in a vacuum and without exception CRTO

Members have had a role in the development of standards, guidelines, position statements, legislation, regulations and by-laws.

Sometimes this input is obtained through Members' participation on committees or working groups, where much of the initial development of standards and guidelines takes place. In some cases the College requests the input and expertise of certain specialized groups such as RTs working in the operating room or in an infection control capacity. We have run focus groups and conducted key informant interviews with employers and RTs. We make every effort to respond to feedback and comments from individual members. All of our regulations and most of our by-laws undergo extensive consultation via surveys with the membership and we currently circulate our PPGs, CPGs and Position Statements for feedback as well. As our President Kevin Taylor recently observed, we

survey the membership so often we worry about "survey fatigue". Our Patient Relations Committee, along with CRTO staff, is currently looking at ways to improve how we communicate and consult with RTs.

What happens to all of this information? It goes to committees, and often Council, in its entirety (anonymously unless requested otherwise) and is considered prior to approval or amendment. In addition, all stakeholder feedback is submitted with any regulatory changes to government.

Feedback does result in changes. For example, it was clear from Member's comments on a general competency clause in a previous registration regulation amendment that the provision was confusing to those who read it. Since it was felt that the clause did not do anything to enhance public protection it was removed. Just recently we received a number of responses on our *Registration and Use of Title PPG*. Council approved some of the amendments but as a result of Member feedback, certain sections of the PPG will go back to the Registration Committee for re-consideration.

We appreciate that there have been an unprecedented number of surveys and other requests for feedback over the past year and we would like to thank each and every one of you that has taken the time to respond. The phrase "we value your feedback" is not an empty one; your input makes a difference and shapes the future of your practice and your profession.

Announcements

Appointment of Mary Bayliss RRT as CRTO Deputy Registrar

The College of Respiratory Therapists of Ontario is pleased to announce the appointment of Mary Bayliss RRT as Deputy Registrar.

Mary, who is a graduate of Fanshawe College's Respiratory Therapy Program, has been with the College since 2002. Mary's experience includes working as a staff RT at Southlake Regional Health Centre, Toronto's Mount Sinai Hospital and Tawam Hospital in the United Arab Emirates. Mary was also on the Respiratory Therapy faculty of the Michener Institute and a facilitator in the Asthma Educator Program. Mary is

nearing completion of a Master of Arts in Leadership program at the University of Guelph.

Mary was hired as Professional Practice Advisor in 2002, and was appointed as Manager of Policy and Investigations in 2007. Mary will continue to oversee the College's investigations and hearings process in addition to policy development and providing leadership on professional practice issues. The Deputy Registrar also provides support to the Registrar and assumes the responsibilities of the Registrar for defined periods of absence and for emergency absences.

Mary can be reached at bayliss@crtto.on.ca or by phone at ext 24.

Appointment of Diane Frank as CRTO Investigations Co-ordinator

Following a call for applications for the part-time contract position of Investigations Co-ordinator, and interview process we are pleased to announce that Diane Frank has been hired to the position. Diane, who is an experienced investigator, worked with the Office of the Information and Privacy Commissioner in a variety of roles. Diane started work the week of April 19. Reporting to the Deputy Registrar she will be responsible for intake, case management and investigations. Please join us in welcoming Diane to the College.

Gord Garshowitz reappointed

The CRTO was very pleased to learn that our public member Gord Garshowitz, was appointed by the Minister of Health and Long Term Care, Deb Matthews, for another 3 year term starting April 1, 2010 until March 31, 2013. Gord, who has been a public appointee on the CRTO Council since April 2007, is currently Chair of the Inquiries, Complaints and Reports Committee and also sits on the Patient Relations Committee. We congratulate Gord on his reappointment.

CRTO Staff

Name & Title	Email	Ext	Responsibilities
Christine Robinson Registrar	robinson@crtto.on.ca	21	Oversees the administration & statutory responsibilities of the College; main contact for policy and legislation
Mary Bayliss, RRT Deputy Registrar	bayliss@crtto.on.ca	24	Investigations, complaints and hearings; professional practice issues, policies and standards
Amelia Ma Finance and Office Manager	maa@crtto.on.ca	26	Finance, office administration
Melanie Jones-Drost Manager of Quality Assurance	jones-drost@crtto.on.ca	30	Quality Assurance Program, including the Professional Portfolio and Professional Standards Assessment
Ania Walsh Co-ordinator of Registration	walsh@crtto.on.ca	25	Registration processes and member data/information management
Carole Hamp RRT Professional Practice Advisor	hamp@crtto.on.ca	33	Professional practice questions and advice, advanced procedures certification programs
Janice Carson-Golden Communications Co-ordinator	carson@crtto.on.ca	27	Coordinates communication services including website, bulletins and newsletters; technical support
Shah Amarshi Administrative Officer	questions@crtto.on.ca	22	General inquiries, information processing and call direction
Diane Frank Investigations Co-ordinator	frank@crtto.on.ca		Co-ordinates intake of complaints & reports; co-ordinates investigations

CRTO COUNCIL MEETING DATES - 2010

DATE	DAY	MEETING	TIME	LOCATION
June 18, 2010	Friday	Annual General Meeting Council Meeting Open Forum	9:00 a.m. - 10:00 a.m. 10:00 a.m. - 3:00 p.m. 3:00 p.m. to 4:00 p.m.	180 Dundas St. W. Conference Room, 19 th Floor Toronto, Ontario M5G 1Z8
September 24, 2010	Friday	Council Meeting Open Forum	9:00 a.m. - 3:00 p.m. 3:00 p.m. to 4:00 p.m.	180 Dundas St. W. Conference Room, 19 th Floor Toronto, Ontario M5G 1Z8
December 3, 2010	Friday	Council Meeting Open Forum	9:00 a.m. - 3:00 p.m. 3:00 p.m. to 4:00 p.m.	180 Dundas St. W. Conference Room, 19 th Floor Toronto, Ontario M5G 1Z8

If you are interested in attending the CRTO Council Meetings, please call the College at 416-591-7800 or 1-800-261-0528 or email at questions@crtto.on.ca to reserve a seat. **We look forward to seeing you there.**

Council Highlights

(from November 26, 2009 and February 19, 2010 meetings)

- At the November meeting the **Executive Committee Members** were elected as follows: Kevin Taylor RRT (President), Dorothy Angel (Vice-President), Jim Ferrie, Carrie-Lynn Meyer RRT and Lorella Piirik RRT.
 - Council reviewed the CRTO's purpose, status and investment strategy with respect to its **reserve funds** (General Contingency, Fee Stabilization, Investigations and Hearings, Special Projects and Funding for Therapy for Victims of Sexual Abuse). Currently the College has \$945,099 allocated to reserve funds. Council reaffirmed the current allocation and investment strategy with respect to the reserves.
 - Council approved proposed **By-law Amendments** for circulation to the membership for feedback.
 - Council approved the CRTO response to the report of the **Anaesthesia Care Team Implementation Advisory Committee** and the position outlined in the response. The response, along with the entire report is posted on the CRTO website at www.crto.on.ca/ACT.aspx.
 - Council approved the pilot for the **Portfolio Online (PORT)**. The pilot will be conducted in March 2010. As a result of changes to the portfolio the Professional Portfolio Assessment Criteria were revised; these were also approved by Council.
 - At the November Council meeting the proposed **Pre-scribed Procedures and Registration Regulation amendments** were approved for circulation for feedback. Following a review of the feedback at the February meeting Council approved the submission of regulation amendments to government.
 - At the November Council meeting proposed amendments to the **Registration and Use of Title Professional Practice Guideline** were approved for circulation for feedback. Following a review of the feedback at the February meeting certain sections of the PPG were returned to the Registration Committee for additional revisions.
 - At the November Council meeting a proposed **Position Statement on Scope of Practice and Competency** was approved for circulation for feedback. Following a review of the feedback at the February meeting, Council approved the Position Statement on Scope of Practice and Competency.
 - A copy of the **National Competency Profile**, to be implemented by 2011 and as approved by the National Alliance of Respiratory Therapy Regulatory Bodies, was presented. Council confirmed acceptance of the NCP.
 - The establishment of a **new CRTO Professional Practice Committee** was approved to:
 - develop/review standards relative to Respiratory Therapy (including PPGs, CBPGs, Standards of Practice, Position Statements, policies and other resources); and
 - act as a resource to Council/Committees/Staff relative to Respiratory Therapy practice.
- Finally, as a result a governance retreat held in May 2009, Council has made a number of significant changes to its **agenda** in order to spend more time on exploring strategic, generative and fiduciary issues and less on the reading of committee reports. The changes allow Council to:
1. Begin each meeting with a review of its overall direction and progress along the strategic plan and objectives;
 2. Lend the wisdom of the Council to support the work of CRTO Committees where it's required; and
 3. Provide Council with the space and time to properly address those items which require discussion solely at Council – those broader items that affect the CRTO overall and which cannot be addressed at the committee level.
- All CRTO Council meetings are open to the public and all approved Council minutes are available on the CRTO website at www.crto.on.ca/minutes.aspx.

Amy Kropf, RRT & Angela Shaw, RRT – CROTO Council & Committee Members

Amy and Angie are RTs who work in The Airway Clinic, which is part of the Chest Program at St. Mary's Hospital in Kitchener. Both represent District 5 at the CROTO.

Amy is a Certified Respiratory Educator and works as part of an interprofessional team in the Asthma Clinic. She began her time with the College as a Non-Council (Committee) Member in 2006, and was elected to Council last fall. She is now Vice-Chair of the Patient Relations Committee and has been a panel member in discipline hearings.



Angie is a COPD Educator involved with St. Mary's Activation Program for COPD and joined the CROTO as a Non-Council Committee Member in 2009. Angie is currently a Member of the Quality Assurance Committee.

Amy & Angie would like to share their...

Top 5 Reasons To Put Your Name Forward for the CROTO Elections

1. It is definitely a lot less work than you likely think it's going to be and will easily fit into your busy schedule.
2. You don't need to have in-depth knowledge of legislation or other regulatory matters. College staff and other Committee and Council Members will support you and provide all the information you need to fulfill your role, as you learn the ropes.
3. Becoming involved with your profession at this level will give you a much greater insight into how health care is governed. It will also provide you with the opportunity to have a significant impact on the future direction of your own profession.
4. Scheduling for meetings is flexible and you generally have a choice as to which committee you would like to serve on.
5. Being involved with the College offers excellent networking opportunity with RTs from all over the province. There are chances to expand your knowledge in a number of areas at Education Day and through one-day conferences and courses offered through the College.

Angie stated that the relaxed "open door policy" of the College staff make being a Committee member a truly enjoyable experience. Amy has found her current position as a voting member on Council to be "an honor and a privilege" to have a voice in important decisions that affect all RTs in Ontario. It was Amy who recommended to Angie that she become involved with the College and would encourage anyone else to do the same.

Proposed By-law Amendments 2010

In March of this year the College circulated a number of proposed by-law amendments for feedback. Included in the proposal are changes to the by-law covering banking and investments, elections and appointments, the new Professional Practice Committee, fees and professional liability insurance. Approximately 100 CRO Members have responded to the survey so far. If you have not yet had your say and would like to complete the survey you can access it from the CRO website at <http://www.surveymonkey.com/s/5WD5ZFG>. Survey responses are anonymous unless you wish to include your name.

From the responses so far a few areas have been identified that are either not clear or have caused concern:

Professional liability insurance

Interpretation of “personally insured”

There can be a number of interpretations of the term “personally insured,” however, we anticipate that Council will take the view that a Member can rely upon his/her employer’s insurance coverage providing:

- it meets the requirements outlined in CRO policy and By-law, and
- the Member is included as an “additional insured” under the policy.

For more details please see the FAQ section in this issue of the Exchange.

The recommended aggregate amount of \$5,000

This was a recommendation based on what is required by other professions and on the advice of legal counsel. However, there have been some concerns raised that the amount is inconsistent with the coverage provided by the CSRT and RTSO. This will be brought to Council’s attention.

The proposed deductible of \$1,000

The deductible actually should not have been included. It is not on the consultation paper but unfortunately was not deleted from a previous version of the By-law. It has been removed and we apologize for the error.

Banking, investments and expenditures

Why did the College use two different terms: “signing officers” and “authorized personnel”

We created two separate categories – “signing officers” and “authorized personnel”, (although there is some

overlap in the membership of the two groups) in order to differentiate between the roles and responsibilities of certain staff. Mainly, the College Finance and Office Manager needs to be able to deal with investments but it would be inappropriate for her to sign the cheques because she prepares them. The By-law contemplates having two “authorized personnel” handle investments and currently that is our policy. “Signing officers” currently include the Registrar and two Members of the Executive Committee, as none of these individuals is directly involved in preparing (writing) cheques.

Investing in mutual funds as they carry a higher risk of loss (5.03(d))

Although no amendments were proposed to this section, a Member identified mutual funds as carrying a greater degree of risk, and in fact investment in mutual funds is inconsistent with the College’s 2007 investment policy which limits investments to government bonds, treasury bills, GICs, commercial paper and bankers’ acceptance. This inconsistency will be brought to Council’s attention.

Professional Practice Committee

What is the justification for the Professional Practice Committee?

Currently, CRO standards, guidelines and position statements are developed in response to needs identified by staff, Council or committees, and are approved by Council. In addition, standards undergo periodic review and amendments to ensure that they remain relevant and current to practice and the profession. Historically these standards have been developed by one or more of 3 committees; the Patient Relations Committee, Registration Committee and Quality Assurance Committee.

Development of CRO standards and guidelines frequently calls for a pool of individuals who are knowledgeable in areas of Respiratory Therapy practice. As such, there is often a need to put out a call for members of an advisory or working group when a standard is undergoing development or review, resulting in delays and additional work for staff. It was therefore proposed that the CRO establish a Professional Practice Committee comprised of Respiratory Therapists with knowledge and experience from a range of practice areas, with the ability to invite Members at large with specific expertise on an ad hoc basis, and to create smaller working groups where necessary and at least one public member, to:

Proposed By-law Amendments 2010... *continued*

- develop and review standards related to the practice of Respiratory Therapy including PPGs, CBPGs, Standards of Practice, Position Statements, policies and other resources related to the practice of the profession, and
- act as a resource to Council, other committees and staff on matters related to Respiratory Therapy practice.

Having a standing committee, with representation in core areas of practice and additional expertise where necessary, rather than always having to convene an advisory or working group on a reactive and ad hoc basis, would ensure more consistency in the development of standards, ensure that the professional

practice knowledge and experience is available and enable the CRTO to develop standards and guidelines in more timely way. In addition, it will allow the Patient Relations Committee to focus on its statutory mandate.

The questions above reflect a few of the many comments received. Results of the survey will be shared with Council at the meeting on June 18, 2010 and additional amendments may be made as a result of the feedback. Therefore we ask that Members complete the survey by **Friday May 28, 2010.**

If you have any questions, please feel free to contact Christine Robinson, Registrar at 416-591-7800 x21 or at robinson@crt0.on.ca

Degree *Entry to Practice* Project

Government declines CRTO's increase in entry to practice requirement request

On February 18, 2010 the CRTO received a letter from Dawn Ogram, Deputy Minister/A (MOHLTC) and Deborah Newman, Deputy Minister (MTCU) briefly stating that the CRTO's request to be referred to the pan-Canadian process for change in entry to practice education for health care professionals, had been declined.

CRTO submitted the request for an increase in entry to practice education requirements from a diploma to a baccalaureate degree in August 2008, following a comprehensive 3 year study into entry to practice requirements (ETP) for Respiratory Therapists in Ontario.

Following receipt of this disappointing news, College staff had a brief teleconference with representatives from the MOHLTC and MTCU in order to gain a better understanding as to the

reasons for the government's response. In short, it was the view of the provincial government that the College did not make a strong enough public interest argument for the change to degree as entry to practice. Ministry representatives also met with our Registration Committee to discuss the outcome more fully.

Moving forward, the Registration Committee and Council will carefully consider the response to its request before deciding what the next steps may be.

As always we will endeavor to keep you updated on this important initiative. Should you have any comments please contact Mary Bayliss, Deputy Registrar, at bayliss@crt0.on.ca or by phone at ext 24.



College of Respiratory Therapists of Ontario (CRTO)

Presentation on the findings of the "Optimizing Respiratory Therapy Services: A Continuum of Care from Hospital to Home" long-term ventilation (LTV) project.

September 16, 2010 - Delta Meadowvale Resort & Conference Centre, Mississauga

The CRTO will be holding a one-day conference this year just prior to the start of the RTSO Fall Forum. The purpose of this event is to present the findings of the 18-month Optimizing RT Services LTV project that the CRTO undertook in partnership with the Central CCAC, ProResp, West Park Healthcare Centre and the RTSO. This initiative was funded through a grant from HealthForceOntario and was aimed at developing a model for the provision of RT services in the community when caring for patients who require LTV and/or tracheostomy care. Adult and paediatric LTV manuals have been developed as part of this project, which contain many useful tools for both the practitioner and the patient/caregivers. A copy of both manuals will be given to each conference registrant. Please see the main page of the CRTO website for more information. <http://www.crto.on.ca/>

HIRING A NEW RESPIRATORY THERAPIST?

To ensure that the Respiratory Therapist you plan to hire is registered with the CRTO, please:

- ✓ check our **website**, Public Register of Members at www.crto.on.ca/members/source/Members/publicregister.cfm
- ✓ **call** the office: within the GTA (416) 591-7800, or Toll Free 1-800-261-0528
- ✓ **email** Ania Walsh, Registration Co-ordinator, at walsh@crto.on.ca



Michener RT students at the 6th annual Stethoscope Ceremony held during RT week on Oct. 26, 2009.

CERTO Project Aims to Facilitate Access for Internationally Educated Applicants

In July 2009, the College of Respiratory Therapists of Ontario (Certo) began a one-year Gaps Analysis Project (GAP) project funded by the Labour Market Integration Unit of the Ontario Ministry of Citizenship and Immigration. This project aims to identify the specific learning needs of internationally educated applicants to the Certo and develop an education model to better assist appropriate applicants to become registered as Respiratory Therapists (RTs) in Ontario.

Background

In 1999 Certo developed a Prior Learning Assessment (PLA) process for internationally educated applicants. Since there were significant challenges in assessing equivalency of RT and other health discipline programs "on paper", the PLA was designed to measure applicants' qualifications, education and experience against the competencies required for entry into the RT profession.

The PLA was offered in association with the Michener Institute for Applied Health Sciences in Toronto and Algonquin College in Ottawa. Under the Certo policy in place until very recently, virtually all internationally educated applicants were eligible to attempt the PLA process.

Unfortunately the PLA process has not proven to be as successful as anticipated as a pathway for internationally educated health professional (IEHP) applicants to become registered RTs in Ontario. It was found that many IEHP applicants were either educated to take on RT technician roles or had completed degrees in other health disciplines. Many had large weaknesses in foundational areas of Respiratory Therapy knowledge and these gaps usually could not be met by the few courses available or through self-study. Applicants also had difficulty moving through all of the PLA stages within the 18-month time-frame, often requested more time to complete the process and were still ultimately unsuccessful.

While eight applicants during the 10-year period have successfully completed all stages of the process and

become registered RTs, the large majority of eligible PLA candidates were unsuccessful or did not complete the process.

The Gaps Analysis Project

In response to the challenges experienced by IEHPs undertaking the PLA process, Certo initiated the GAP with a number of project partners. The GAP will allow Certo to look at the evidence available from the assessments of IEHPs through the PLA process in the past and recommend a pathway to better meet the needs of those who want to become RTs in Ontario.

The GAP is led by the Certo, with the close cooperation and collaboration of the following partners:

- Michener Institute for Applied Health Sciences;
- Algonquin College;
- Colleges Integrating Immigrants to Employment (CIITE);
- Fanshawe College; and
- La Cité Collégiale.

Throughout the project, information is being gathered from many sources:

- PLA assessments completed over the last 10 years;
- A review of the challenges identified with the PLA process;
- Feedback from educational partners and clinical practice settings;
- Experiences of applicants who have been involved in the PLA; and
- Experiences of applicants who were involved in an RT bridging program piloted by the Michener Institute in 2008-2009.

The GAP will wrap up in June 2010. Please check back to the Certo Newsletter later in 2010 for a summary of the findings of this valuable initiative.

For more information regarding the GAP, please contact:

Paulette Blais, Project Manager, Certo GAP
E-mail: gap@certo.on.ca

CERTO participates in consultation regarding Anesthesia Care Team recommendations

Earlier this year the CERTO had an opportunity to review and provide feedback on the Report of the Anesthesia Care Team Implementation Advisory Committee. Advisory Committee member Dr. Keith Rose (Executive Vice President and CMO at Sunnybrook Health Sciences Centre), Dr. Gerry O'Leary (Anesthesiologist-in-Chief, University Health Network) and Patrick Nellis RRT (Anesthesia Assistant Practice Leader, University Health Network) provided an overview of the key elements of the report which includes a series of recommendations developed as a result of consultation and evaluation of ACT pilot programs.

The CERTO has provided a written response to the report www.certo.on.ca/pdf/Misc/ACare_Team_CERTO_response.pdf and the entire ACT report can be viewed on our CERTO website www.certo.on.ca/pdf/Misc/Anesthesia_Care_Team_Ontario.pdf.

Proposed Revised Registration, Prescribed Procedures and Quality Assurance Regulations Submitted to Government

Thank you to all of those Members who responded to the College's consultation on Registration, Prescribed Procedures and Quality Assurance Regulations.

The feedback provided was most helpful and the final proposed regulations have been submitted to government. The CERTO will advise the membership as soon as the regulations are passed.

CERTO requests feedback on proposed By-law amendments

The CERTO is asking for feedback on its recent proposed By-law amendments. The amendments affect articles on banking and investments, elections and appointments, a new Professional Practice Committee, fees, and professional liability insurance.

An electronic survey was circulated to CERTO Members on March 23, 2010 and a link to the survey is posted on the CERTO website at <http://www.certo.on.ca/currentissues.aspx>.

The results of the survey will be shared with Council at the June 18, 2010 meeting and additional amendments may be made as a result of the feedback. Therefore, we are asking that Members complete the survey by **Friday May 28, 2010**.

If you have any questions that may assist you in completing this survey, please contact the Registrar, Christine Robinson, at 416-591-7800 x21 (Toll free: 1-800-261-0528) or at robinson@certo.on.ca.

AHPDF Librarian Services Pilot

As part of its continuing commitment to your professional development, the Allied Health Professional Development Fund (AHPDF) is pleased to tell you about a new, improved way to access the Electronic Health Library.

In March 2009, a survey of allied health professionals showed that more than 50% of respondents would use the Electronic Health Library if they had access to a professional librarian to assist with their searches. Based on this valuable feedback, we're pleased to announce the launch of a pilot project through which eligible allied health professionals will have access to one-on-one librarian services when using the Electronic Health Library.

Beginning in January 2010, take advantage of personalized librarian services via email and/telephone. Librarians will be available to assist you in your Electronic Health Library searches, helping you make the most of this valuable information resource.

How can I access these one-on-one librarian services?

Beginning in January 2010, there will be an 'Ask the Librarian' link found within the Electronic Health Library site accessed from (www.ahpdf.ca). Simply click the link to submit an email request to the librarian or to obtain telephone information.

What are the benefits of the Electronic Health Library?

Those who already use it know what a tremendous resource the library is. For those who haven't used it yet, the library provides access to the most recent health care literature to help professionals determine the best approach to evidence-based practice. The AHPDF has invested in a multi-year subscription to this library to support your professional development.

Which professions are eligible?

Professionals eligible for this pilot must be currently registered as an audiologist, speech-language pathologist, dietician, medical laboratory technologist, medical radiation technologist, occupational therapist, pharmacist, physiotherapist or respiratory therapist.

A few Key points:

- You must have a user account to access the Electronic Health Library
- The librarian/library technician is not to conduct the search for you; it is intended that they will coach and support you in carrying out your own search
- You will be required to provide your name, professional designation and registration number prior to commencement of services
- You must verbally specify that you are not attending school full time or have access to a health sciences library at your place of employment to qualify for the service
- You are limited to one search per month and cannot exceed 4 hours of librarian/library support per search
- You will be requested to complete an online user satisfaction survey

We strongly encourage you to take advantage of this valuable information tool. We will provide you with further updates (e.g. FAQs, brochures, etc.) as they become available on the AHPDF website (www.ahpdf.ca).

HealthForceOntario's Allied Health Professional Development Fund (AHPDF) Update

The AHPDF is a HealthForceOntario initiative to facilitate continuing education for allied health professionals in Ontario. Nine professions are currently able to access this funding and each practitioner can request reimbursement for up to \$1,500 each. The allocation of the nearly \$3.5 million fund across the various professions is based on the size of each regulatory College's Membership.

The Respiratory Therapists (RT) utilization rate as of March 20, 2010 was 90% of the available pool. By this date, 314 RTs had applied to the fund and the average request for reimbursement for a professional development activity was for \$478.

The most common professional development activities funded under this initiative are workshops, conferences and courses. Applicants may submit multiple requests for funding, provided the total amount does not exceed that \$1,500 maximum. First-time applications are given priority so that everyone has an opportunity to receive funding. One of the more common reasons for an application being delayed or denied is insufficient documentation, so please be sure to provide all necessary records. Please note that you need to provide proof of College registration for the year in which the professional development activity took place. For more information about the AHPDF and how to apply, please see their website at <http://www.ahpdf.ca/>

Scope of Practice & Maintenance of Competency Position Statement

The CRTO has developed this position statement to assist Members in answering the often-asked practice related question, “**can I do that?**”. As the role of the Respiratory Therapists expands to meet the increasing demands of the healthcare system, it becomes increasingly important to be able to determine which tasks are within the “scope of practice” of an RT. This new position statement is now on the CRTO website and can be viewed at: <http://www.crto.on.ca/pdf/Positions/SOP.pdf>

Notification

Nous travaillons fort depuis quelque temps pour traduire nos documents et notre site Web pour tous nos membres francophones et le public. C'est un projet de longue haleine qui doit être réalisé avec précision et uniformité. Nous espérons que le nouveau site sera en opération d'ici la fin de l'été. Si vous avez des questions, n'hésitez pas à communiquer avec Madame Janice Carson-Golden, coordonnatrice des communications, à carson@crto.on.ca, ou poste 27.

Congratulations to Linda Hutchens-Richmond on an extraordinary career as a Respiratory Therapist.

In July 2009, Linda Hutchens Richmond, Director of Respiratory Therapy at Mount Sinai Hospital (Toronto) retired after a distinguished career in Respiratory Therapy. I was privileged to work for Linda for several years in the 1990's and if I had to sum up my impression of Linda with one word, it would be **passion**. Linda's passion for her profession, for her department, for the patients we cared for and for Mount Sinai Hospital, was second to none. Her vision of the RT department shaped so many of the remarkable achievements and successes that occurred during her tenure. I asked Linda a few questions and true to form she got back to me with some thoughts and musings about her time at Mount Sinai. Linda truly is a visionary leader and her experiences do highlight a number of important messages to our profession that I believe should be shared.

Here, in her own words then, are some thoughts from my mentor and friend...

Linda, what have been the greatest changes to Respiratory Therapy practice in 37 years?

The implementation of the CROTO along with the development and formalization of professional practice guidelines, standards of practice, and clinical skill development really moved the profession forward. When I started in the profession most RT departments did not have a strong presence or clinical role and did not have the support of administration and the medical staff. It has taken time but RT departments across the province, now have a strong presence and clinical role in their hospital. RTs have pride in their department.

What were the greatest accomplishments at Mount Sinai Hospital (MSH) during your time there?

As a director, it was the pleasure and joy



that I had working with the Respiratory Therapists at MSH. I worked with an incredible group of people who were inspired by a common vision to enhance the role of Respiratory Therapy at MSH. They had pride in the department, they cared and had the dedication and commitment to move our clinical practice forward. I received great loyalty from my staff - I trusted them and they trusted me and it allowed us to accomplish great things at MSH.

It's important to note that a manager may have an idea to enhance practice but it is the clinicians – the front line RRTs who make it happen. They are the face of the department and they represent the department and the profession 24/7. The success of the department falls on them.

Linda, what were some of the milestones of the RT role at MSH?

Our role at MSH was always progressive and I believe we were and are a leader in the profession. When I started at MSH in 1972 Respiratory Therapy had the primary role in hemodynamic measurement of arterial and PA pressures. We were allowed to perform wedge pressures, cardiac outputs, withdraw blood from arterial lines and PA lines, assist the medical staff in central line/arterial insertion in the OR and ICU. By the end of the 80's and beginning of the 90's RTs began routinely per-

forming adult and neonatal intubation, arterial line/IV insertion, and ventilator management. All of this was supported and approved by the senior leadership and medical advisory committee of Mount Sinai Hospital.

Other milestones included:

- 1987 – opened a sleep lab
- 1989 – we gained approval of expanded role in the NICU
- 1995 - opening of Asthma Education Clinic
- 1997 - staff expansion - approval to staff labour and delivery 24/7 with an RT
- September 2001 - approval to expand staff in the OR by 2 to implement a conscious sedation program for cataracts and small plastic surgery procedures. Our program was successful and it was then shared with and implemented at TGH and TWH. This followed with the opening of the Kensington Eye Clinic and MSH participates in the staffing of Kensington Clinic
- December 2008 - MSH was accepted to participate in the Anesthesia Care Team 2 project and 5 RRTs from MSH were funded to complete AA training and upon completion of training will provide 24/7 service for anesthesia in L&D for 2 years . This will increase the compliment of fully trained AAs at MSH from 4 to 9.

Linda, what advice do you have for the profession as a whole and for RT leaders, in particular?

Be a member of your professional associations (I have always been a member of CSRT and RTSO). These associations promote the field and advocate for the profession. We are a small group compared to other professions and we need their support to highlight RT so we receive recognition and government resources. The people who volunteer for the associations do it on their own time and they need our support to position the profession with the government and public.

Have pride in your deptment and your role. The RT department at Mount Sinai Hospital was successful because we never said it's not our job. Instead, we said "how can we help?", "what do you need?", "anything else that we can do?"

Always have a great work ethic and have pride in your profession and department. Develop and sustain relationships with the medical staff - they are vital to progress within the field. Go outside your comfort zone and challenge yourself. Every year try to accomplish something new. Volunteer in your department when there is an opportunity to take on a project - it doesn't have to be a huge thing - as small as organizing equipment/supplies for clinical area, reviewing articles, helping to develop policies, taking an interest in student education, being a great preceptor for new staff. Be the person that your department leaders can count on and go to for help and be the RT that others remember. Not everyone wants to be an instructor, or full time researcher. The foundation of every department is the clinical staff who are essential to bedside care. Be the best clinician you can be - have passion and pride in your role as an RT. The manager may have the idea for change but it is the bedside RT who makes it a reality.

Take feedback to heart - reflect on it and be honest with yourself. Confront your weaknesses and develop your strengths. Be the person that everyone wants to work with and looks up to. Be supportive to students and your co-workers and be a role model that others want to emulate.

Thank you Linda for these inspiring words and for your passion!

*Mary Bayliss RRT
Deputy Registrar*

Advanced Practice and Anesthesia Assistant Research Project

The CRTC's 2008 Strategic Plan called for an examination into the new evolving role of Respiratory Therapist-Anaesthesia Assistant. Specifically, the Plan states: *Examine the role of RT-Anesthesia Assistants in the health care team and affect policy decisions regarding education, entry to practice, and regulation in the public interest.* In addition, a sub-element of this specific initiative is to examine the implications of adding an advanced/expanded class of registration for CRTC Members.

As a result, the College engaged the assistance of a research consultant to examine these issues in detail, and provide a report to the Registration Committee and Council which will assist them in making decisions regarding this strategic initiative. Jane Cudmore, RRT, an independent consultant, was contracted to perform this research and it is expected that a report of the findings will be provided to the College in the near future.

The investigation will result in a discussion paper informed by:

- review of literature and research related to advanced practice in Ontario and other jurisdictions;
- review of literature and research related to anaesthesia assistants in Ontario and other jurisdictions;
- key informant interviews with RRT-AAs, regulators, educators, and other stakeholders in Ontario and other jurisdictions; and
- an on-line survey of practising RRT-AAs

Status update

The data collection activities are complete and the discussion paper will be presented to the Registration Committee and Council in the upcoming months. As always, the College will share the results of this project through either our monthly e-bulletins, the Exchange Newsletter and/or via the CRTC's website.

Should you have any questions regarding this project please contact Mary Bayliss, Deputy Registrar at bayliss@crtc.on.ca or ext. 24.



Stethoscope Ceremony at Conestoga

In April of this year the students at Conestoga took part in a ceremony to mark their passage into clinical rotation. The key note speaker was Mike Keim, and Jean Lefebvre from ProResp presented Marcy Smith with the Pro Resp award. The Respiratory Therapy Student Federation presented the ALS society with their fundraising cheque.

2011 Respiratory Therapy National Competency Profile to be presented by the National Alliance in St John's Newfoundland

Following a comprehensive practice review, revisions to the Canadian Respiratory Therapy National Competency Profile (NCP) are now complete and the **2011 NCP** will be presented to stakeholders in St. John's Newfoundland on May 11 just prior to the CSRT Annual Conference. 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.

The respiratory therapy practice review was conducted by the National Alliance of Respiratory Therapy Regulatory Bodies in 2009, with the assistance of Professional Examination Services, a not-for-profit organization based in New York, using industry-accepted statistical analysis and standards. A Task Force representative of clinical experts and educators from across Canada began the review process in the fall of 2008. Subsequently, a survey tool was developed and Canadian Respiratory Therapists representative of all geographic and practice areas participated in the survey in the fall of 2009. Similarly, educators were consulted through a survey mechanism regarding the assessment conditions for performance of the entry-to-practice competencies using a separate tool.

Final approval of the 2011 NCP was made by the National Alliance Board in February, 2010. However, in order to provide stakeholders with an opportunity to implement the revised NCP, it will not become effective until 2011; therefore the NCP is entitled "2011 Respiratory Therapy National Competency Profile". Implementation for the purpose of accreditation will also commence in 2011 and implementation of the 2011 NCP into the Canadian approved examinations will commence for those students writing the exam in 2014.

Utilization of the 2011 Respiratory Therapy National Competency Profile by educators, accrediting and examination bodies, will strengthen consistency within educational programs and assessment mechanisms, build confidence in labour mobility provisions and ensure that graduates of approved respiratory therapy programs are able to practice safely and competently.

Following the official presentation to the stakeholders the 2011 NCP will be available from individual Canadian regulatory bodies, the CSRT, and will be posted on the national Alliance website.

CBRC Exam Results

Note to Graduate Members

You must provide proof of successful completion of the examination directly to the CRTO in order to receive your General Certificate of Registration.

Please send a copy of the CBRC results letter to the CRTO as soon as you receive it.

This can be done by:

email: walsh@crto.on.ca

fax: 416-591-7890 Attn: Ania Walsh

mail: Ania Walsh; Co-ordinator of Registration
CRTO
180 Dundas Street West, Suite 2103,
Toronto, ON M5G 1Z8



Does the College have your current contact information?

If you have recently moved or changed your place of employment, please update your contact information.

Go to CRTO Member Login Page and update your information at <https://www.crto.on.ca/members/source/Security/Member-Logon.cfm?section=unknown&activesection=home>.

Your fellow RTs

...hard at work helping you!



The CRTO would like to thank ALL Respiratory Therapists, including Council and Non-Council Committee Members, who volunteer their time to protect the public and guide the profession of Respiratory Therapy in Ontario.

Here are just a few of the many RTs who have volunteered recently:

- Brian Anthony
- Carlos Bautista
- Melva Bellefountaine
- Rob Bryan
- Gary Cambridge
- Noreen Chan
- Judy Dennis
- Cathy Dowsett
- Joelle Dynes
- Lori Elder
- Janet Fraser
- Daniel Fryer
- Dianne Johnson
- Dave Jones
- Sue Jones
- Terri Haney
- Chris Harris
- Jane Heath
- Melissa Heletea
- Jeff Hunter
- Richard Kauc
- Jeannie Kelso
- Glynis Kirtz
- Vanessa Lamarche
- Gail Lang
- Lise LaRose
- Adrienne Leach
- Rosanne Leddy
- Shawna MacDonald
- Karen Martindale
- Raymond A. Milton
- Shelley Monkman
- Ginny Myles
- Patrick Nellis
- Mika Nonoyama
- Margaret Oddi
- Lorella Piirik
- Regina Pizzuti
- Tony Raso
- Angelo Reantaso
- Patti Redpath-Plater
- Christina Sperling
- Faiza Syed
- Miriam Turnbull
- Kathy Walker
- Jane Wheildon
- Renata Vaughan
- Lily Yang

Office of the Fairness Commissioner (OFC)

The 2009 Registration Practices Report was submitted to the OFC on February 26, 2010. A copy of the report is available on the College's website at www.crto.on.ca/reports.aspx. This is one of the three OFC requirements. The other two are the audit of registration practices and the College internal review of registration practices. The audit of registration practices was completed in December and we are pleased to report that there were no recommendations for change in the College's registration practices.

Patient & Member Relations

Update

Strategic Initiatives

A number of the initiatives stemming from the CRTO 2008 – 2011 Strategic Plan have been undertaken by the Patient Relations Committee (PRC). These are:

- exploring opportunities for interprofessional collaboration,
- examining the role of the Anesthesia Assistant in the health care team,
- educating the public, including potential students and employers on the profession of Respiratory Therapy,
- fostering partnerships with Members and key stakeholders,
- influencing changes in legislation and regulation in the public interest.

The new Professional Practice Committee will take over the review and development of the Professional Practice Guidelines (PPG), which was previously primarily done by the PRC. This will give the PRC an opportunity to focus its attention on the above initiatives.

Joint CRTO/RTSO Communications Working Group (CWG) Update

This working group has completed some very successful projects since its inception, such as:

- photo contests;
- RT week poster;

- general public & student brochures;
- LHIN project;
- RT DVD.

The intent of this working group has been to enhance the general public's understanding of the role that Respiratory Therapists play in the healthcare system. The CRTO and the RTSO are very proud of the work that has been done as part of this joint initiative. However, it was decided that both organizations now need to refocus their energies and so the working group has been disbanded. The CRTO and the RTSO will continue to look for opportunities to work together on projects of mutual interest in the future.

CRTO Standards of Practice

This document is currently under revision by an ad hoc working group of RTs from across Ontario. Once completed, it will be reviewed by the PRC, the Quality Assurance Committee and the Registration Committee. It is hoped that the revised Standards of Practice document will be complete by fall 2010.

Quality Assurance Update

Over the past few months the QA Committee has been overseeing the assessment process for the Members who were randomly selected to submit their Professional Portfolios and complete the Professional Standards Assessment. Once again this year, RTs demonstrated that they are engaged in ongoing professional development and have a good grasp of the standards, guidelines and legislation that govern the profession; the average score on the Professional Standards Assessment was 84%.

During the same period, the Committee worked on developing the Portfolio Online for Respiratory Therapists (PORT). Members who volunteered to pilot PORT are currently exploring the various functions and providing us with feedback on its design, efficiency and usability. Beginning in May, Portfolio Reviewers will also have an opportunity to evaluate PORT, including the integrated assessment component that will generate a report for the QA Committee. Once all of the feedback has been reviewed and any necessary adjustments made, it will be launched to the entire membership. Watch for it this summer!

The QA Committee has also recently received feedback from the Ministry of Health and Long-Term Care on the

proposed changes to the Quality Assurance regulation. Although the intent of the QA Program did not change with the amendments, the Ministry wants to ensure that the wording of the regulation is consistent with the revised *Regulated Health Professions Act*. The College has responded to the Ministry and is awaiting further communication.



The Committee also continues to investigate options for the Practice Assessment component of the QA Program. As a result of the *RHPA* amendments the College is now required to have a Practice Assessment tool. The Committee has already spent a significant amount of time considering a variety of formats including: behaviour-based interviews, on-site assessments, chart-stimulated recalls, case-studies and multi-source feedback surveys. The College and Committee are cognizant of Members' sensitivities regarding Quality Assurance and will ensure a thorough consultation process for any new component.

Registration Committee Highlights

At the November 2009 meeting, Council approved that the proposed amendments to the **Registration Regulation and the Prescribed Procedures Regulation** be circulated to the membership for consultation and feedback. We would like to thank all Members who responded to the consultation papers. Following a review of the feedback received, members of the Registration Committee made a recommendation that Council approve the proposed amendments for submission to the government.

The Registration Committee conducted its annual review of the **approved Respiratory Therapy programs** as outlined in the approval of Canadian

Education Programs Policy. A list of the approved programs is posted on the CRTO website.

The Registration Committee conducted a detailed review of the draft amended **Registration and Use of Title Professional Practice Guideline**, as well as the Members' feedback received with regard to the proposed amendments. Once again, thank you to all Members who took the time to respond to the Member survey. Following review of the member feedback received and the February Council meeting discussion, the draft PPG will be put on the next Registration Committee agenda for further review.

2010/2011 Registration Renewal

Thank you to all Members for submitting your 2010/11 registration renewal information and fees. Tax receipts and certificates of registration were mailed at the end of March. If you have not received your certificate of registration and receipt, please contact the College.

Members who missed the March 1st deadline are required to pay the \$100.00 (active) or \$25.00 (inactive) late fees. Please note that Members who fail to renew or resign their membership with the College may be suspended for non-payment of fees. Effective June 4, 2009, new legislation under the RHPA requires the Public Register posted on the CROTO website to display a notation(s) of all suspensions and revocations related to a Member's certificate.

Over the last couple of years, we have been providing Members with updates to the Ontario Ministry of Health and Long-Term Care's (the Ministry) Health Professions Database (HDB) project. The HDB will assist the Ministry with health human resource planning and forecasting. For the 2010/11 registration renewal we have incorporated all of the new database elements required by the HDB. We will be analyzing this new data in the upcoming months. The information will be de-identified and submitted to the Ministry in March 2011. In order to incorporate all of the new data fields we also made significant changes to our initial application for registration form. The new form is now posted on the College's website.

The College would like to thank all Members who used our on-line renewal system to renew their membership for this year. **Over 90%** of Members choose the on-line option. The new system allows Members to update their record directly into the College's database, which reduces the amount of paper to be processed by the College staff during the busiest time of the year. Taking advantage of the new technology helps us reduce costs and increase efficiency.

Membership status changes and the inactive status in particular, generate the most inquiries from our Members during the registration renewal period. The following are a few examples of the kind of inquiries received:

Can an RRT whose parental leave of absence starts on April 1st renew in the inactive status? Can her registration renewal fee be prorated or reduced? Because the Member's leave of absence will begin in April, (and she will be working as a Respiratory Therapist in March) she cannot renew as an inactive Member on March 1st and will therefore need to pay the full \$500.00 registration fee and renew as an active Member. The CROTO By-law specifies that the registration fee is an annual fee i.e., it covers the full registration year regardless of status or employment changes that may happen during the year. Unfortunately, the annual fee cannot be prorated at the start of the registration year. Also, there is no rebate on fees paid for the year.

The Executive Committee considered the issue of rebating fees for those Members who go on maternity, educational, sick or other types of leave part way through the registration year. Following a review of a number of administrative and budgetary implications and feedback from other Colleges', members of the Executive Committee made a decision not to offer refunds or rebates on fees paid at the start of the registration year due to budgetary and administrative constraints. Like a driver's license, the active registration fee applies till the end of the fiscal year. The annual registration fee gives a Member license to practice for the year, regardless of how many hours, days or months they work. The RTs who only work on a casual or part time basis don't get a discount because the work involved in "regulating" them is the same as if they worked full time. Registration fees cover all of the legislative functions – the act of registering a Member, investigating concerns about a Member's practice, maintaining a QA program, and developing standards. These require a lot of resources and are mandated to the College under the *Regulated Health Professions Act*.

It should be noted that the fee for Members returning back to active status is different than the annual registration fee and can be prorated on a quarterly basis.

Can a Member of the College, who is employed as an Infection Control Co-ordinator (administrative position, no direct patient contact) change her status to inactive?

No. The Registration Regulation specifies that an inactive Member cannot act as an administrator, supervisor or educator in the field of health care. Even though the RRT has no direct contact with patients, she is still working in health care in Ontario and therefore does not meet the criteria for inactive status.

The purpose of the inactive status is to allow non-practicing RTs (for example those RTs on parental, sick or educational leave or those practicing in other jurisdictions) to maintain their membership with the College so long as they do not practice Respiratory Therapy or use their professional status in Ontario.

Specifically, Inactive Members cannot engage in the practice of the profession including providing direct patient care within the scope of practice of the profession; this includes acting as an administrator, supervisor or educator in the field of health care; selling products or services

related to Respiratory Therapy; providing consultations for respiratory care and related care, equipment and services; or conducting research related to Respiratory Therapy. The intention of the inactive status section of the Registration Regulation is to ensure that Members in the inactive status do not participate in activities related to their credentials or experience in Respiratory Therapy.

Can an unemployed Graduate Member of the College change his status to Inactive?

No. In keeping with the Registration Regulation only Members in the General or Limited Classes of Registration may become Inactive.

Can the inactive status be maintained for more than three years?

Yes. Members may maintain inactive status indefinitely. However, following a change to active status, Members who have held inactive status for more than three consecutive years will be referred by the Registrar to a Panel of the QA Committee for assessment. This does not apply to Members who have been maintaining inactive status, but practicing in another jurisdiction.

Inquiries, Complaints, Reports and Hearings

Update

As reported in previous issues of the Exchange Newsletter, many changes were implemented as a result of the implementation of the *Health Services Improvement Act* and associated changes to the *Regulated Health Professions Act*. The new statutory committee, the Inquires, Complaints and Reports Committee is now responsible for considering all complaints and reports the College receives. Prior to June 4, 2009, the Executive Committee considered all reports (e.g. employer termination reports) and the Complaints Committee considered all complaints. Along with the amendments to the RHPA came new reporting obligations for Members and employers. We have begun to feel the impact of these new reporting obligations and the new administrative requirements that Colleges must follow. As a result of the increased number of cases we currently have it has become necessary to add a part-time staff member to assist in the coordination of the complaints/reports. Diane Frank joined the College as the new

Investigations Co-ordinator and will be working alongside the Deputy Registrar to support the ICRC, Discipline and Fitness to Practice Committees. (see Diane's announcement on page 5 of The Exchange). Diane's main role will be to manage the files and ensure that the cases are moving along expeditiously. In addition, once Diane has become familiar with the processes we follow she will also be appointed as investigator in some of the cases.

We currently have **18 open cases**, all in various stages of the process. For example, when the college receives a report, whether that be a Member self-report or an employer termination report, it is our practice to make initial inquiries so that we can determine whether the information needs to be brought forward to a panel of the ICRC for their consideration. The RHPA gives discretion to the Registrar by stating that the Registrar must have reasonable and probable grounds to believe that the Member is incompetent or has committed professional

Inquiries, Complaints, Reports and Hearings... continued

misconduct before he/she brings the matter forward with a request to conduct a formal investigation. In order to determine whether there are reasonable and probable grounds, staff make some initial inquiries and bring the results of those inquiries to the Registrar for her consideration. This typically means speaking with the employer or Member for information or other possible witnesses. Sometimes, employers send enough information in their report which provides the “reasonable and probable grounds” argument to move forward. On other occasions additional information is required. In all cases, it is the practice of the college staff to err on the side of caution and where there is any doubt about the Member’s practice the matter is brought forward to the ICRC for their input as to whether an investigation is warranted.

Complaints are handled slightly differently than reports. When the College receives a complaint (typically from a patient or patient’s family), staff confirm the nature of the complaint with the complainant(s) and then immediately bring the matter forward to the ICRC for their review. If the ICRC are of the view that an investigation is required they request the Registrar appoint an investigator.

Status of open cases:

Reports/Complaints	Status
Member self- reports related to substance abuse (2)	One Member has entered in a voluntary agreement and undertaking with the College. The other Member has agreed in principle to an Agreement and Undertaking with the College.
Termination Reports (13)	6 Members - currently under investigation. 4 Members – staff are making preliminary inquiries. 1 Member – preliminary inquiries related to suspected incapacity. 1 Member – the ICRC has reached a decision and is requiring the member to meet in person with representatives of the ICRC panel to receive a verbal caution. ¹ 1 Member – investigation is complete and a decision is pending in this matter.
Employer report of temporary suspension related to allegations of professional misconduct (1)	Staff are making preliminary inquiries
Information obtained during the course of a complaints investigation led to a Registrar’s Investigation (2)	A complaints investigation of two Members revealed information that led the Registrar to request a separate investigation. ² A panel of the ICRC took no action (dismissed) regarding the original complaint, however, they did approve a separate investigation into new information (outside of what the complainants had complained about) about the conduct of the Members. The outcome of the separate Registrar’s investigation is pending.
Complaints	We have received no new complaints this year.

Hearings

The College had one scheduled discipline hearing in the matter of CRTO vs. Richard Culver RRT, on April 27, 2010 in Toronto. Information related to this hearing can be found on the CRTO website. We have no fitness to practise hearings scheduled.

¹ - A verbal or written caution is one disposition option open to the ICRC. Other options include: taking no action (dismiss the complaint/report); entering into an agreement and undertaking with the member; requiring the member to take specified continuing education and remedial program (SCERP); referring the matter to another panel of the ICRC for health inquiries (where incapacity is suspected); referring allegations of incompetence or misconduct to the Discipline Committee for a hearing.

² - Investigations of complaints must be confined to the actual “four corners” of the complaint. During complaints investigations, if information is obtained during the investigation that falls outside the actual complaint it cannot be considered by the ICRC when making a decision. However, the information is considered by the Registrar and if she has reasonable and probable grounds to believe the member is incompetent or has committee misconduct, then she can request a separate appointment of an investigator. Results of the separate investigation are then considered by the ICRC panel – distinct from the complaints investigation. In this scenario, the ICRC panel makes 2 decisions: one for the complaint’s investigation and one for the Registrar’s investigation.

Discipline Hearing Summary

CRTO vs. John Johansen RRT

At a hearing held on **October 14, 2009**, Mr. John Johansen admitted to allegations as set out in an Agreed Statement of Facts.

Allegations

It was alleged that **John Johansen RRT** committed an act of professional misconduct as defined in paragraph 2 (contravening a standard of practice); and/or 27 (failing to carry out an undertaking given to the College) and/or 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)

As a result of a previous complaint Mr. Johansen entered into an agreement and undertaking with the College where he undertook to not use intimidating or offensive language in the course of practicing Respiratory Therapy and/or dealing with RT colleagues. It is agreed that Mr. Johansen breached the aforementioned undertaking in that during the period of 2004 – 2008 he engaged in inappropriate behaviour which included the following: Mr. Johansen regularly made comments of a sexual nature about or in the presence of female colleagues; he removed a hospital key from a colleague's personal locker without consent; told a colleague that he was giving shifts to other RTs because "she had a husband who worked"; yelled at RT colleagues in relation to a scheduling matter; yelled at colleagues about oxygen equipment following a procedure in the Neuro Angio Suite of the hospital; approached a female hospital employee in what she perceived to be a physically intimidating manner; and regularly used profanity in the workplace; reduced the number of shifts given to RT colleagues in what they perceived to be acts of reprisal against them; and commented that there were too many female Respiratory Therapists in the hospital, stating he would only hire males in the future. In addition, it is also agreed that in or about 2008, Mr. Johansen's conduct, in relation to a patient transfer incident, left nursing colleagues with the impression he had not adequately monitored the patient.

Finding

A Panel of the Discipline Committee accepted as true the facts in the Agreed Statement of Facts and found that John Johansen is guilty of professional misconduct pursuant to paragraph 2 (contravening a standard of practice), paragraph 27 (failing to carry out an undertaking given to the College), and paragraph 29 (disgraceful, dishonourable or unprofessional conduct) of section 1 of Ontario Regulation 753/93, as amended, under the *Respiratory Therapy Act, 1991*.

Order

Mr. Johansen 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. Johansen 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. Johansen for 6 months: two months of the suspension is suspended if Mr. Johansen complies with the remainder of the Order.
- The Registrar was directed to impose the following terms, conditions and limitations on Mr. Johansen's certificate of registration. Mr. Johansen must successfully complete: 1) a course on boundaries and sexual harassment; 2) sessions of leadership coaching and mentoring and 3) submit to monitoring his practice and behaviour for a period of 2 years.
- Mr. Johansen is to pay \$5,000.00 in costs toward the investigation and hearing within 30 days of the hearing.

Professional Practice FAQs



Carol Hamp, RRT, CAE
Professional Practice Advisor

Q1 *I have a question regarding the new Professional Liability Insurance section in the by-law amendments. Proposed Article 37.01 (d) says that the Member must be “personally insured”. If I have liability insurance coverage through my employer does this change mean I also have to buy my own insurance on top of my employer’s coverage? The policy at the hospital covers me for \$2,000,000?*

A1 Having professional liability insurance coverage of at least \$2,000,000 is already a requirement for Respiratory Therapy practice in our Registration Regulation and, as you have noted, the majority of RTs have liability insurance coverage through their employer. Bill 179 (*Regulated Health Professional Statute Law Amendment Act, 2009*) will make it illegal to practice without professional liability insurance. This Bill has not yet come into effect but when enacted, the legislation will stipulate that:

*13.1 (1) No member of a College in Ontario shall engage in the practice of the health profession unless he or she is **personally insured** against professional liability under a professional liability insurance policy or belongs to a specified association that provides the member with personal protection against professional liability.*

The legislation also requires Colleges to set out in regulation or by-law the requirements for personal liability insurance. The CRTO Council is considering an amendment to the CRTO by-laws that will stipulate:

- The minimum coverage per occurrence
- The aggregate coverage
- That the insurer must be licensed with the Financial Services Commission of Ontario, and
- The member must be personally insured under the insurance policy.

The College has had a number of interpretations of “personally insured” and we anticipate that Council will take the position that a member can rely upon their employer's insurance coverage as long as it meets the

requirements outlined in CRTO policy and by-law and the member is included as an “additional insured” under the policy. This generally means that employees are specifically included in the policy (i.e., it's not just the hospital that is insured) although our understanding is that they do not have to be specifically named.

The feedback on the By-law will be presented to Council in mid June and we will be able to confirm the College’s position on this sometime after June 20.

Q2 *My hospital wants to hire non-RTs to perform PFTs. Is this not something that is within an RTs scope of practice and therefore should only be performed by RTs (or at least another regulated healthcare professional)? How can our department prevent this from happening?*

A2 You are correct that performing PFTs is within an RTs scope of practice but this does not prohibit other healthcare professionals, both regulated and non-regulated, from performing them as well. The Scope of Practice statement in the *Respiratory Therapy Act* (RTA) is a description of the broad range of activities an RT could possibly perform. However, no profession has exclusive rights to provide services within its scope of practice.

At one time scopes of practice were restricted to certain health professionals. With the passage of the *Regulated Health Professions Act* (RHPA) in 1991, the focus shifted to controlled acts that posed a potential risk to a patient/client’s safety if not performed properly resulting in overlapping rather than exclusive scopes. As is outlined in the CRTO *Interpretation of Authorized Acts* Professional Practice Guideline (PPG), “the controlled acts model recognizes that there are overlapping scopes of practice among various professions”.

There are definite advantages to having a regulated health care professional, such as an RT, perform PFTs which you may wish to discuss with your hospital administration, such as:

Professional Practice FAQs continued

- RTs are legislatively authorized to carry out the procedures required when performing PFTs and therefore do not require delegation;
- Pulmonary Function Testing is an entry to practice competency for RTs;
- An RT is likely to be better equipped to respond in the case of an adverse event during a test; and
- RTs are governed under a regulatory body which has standards that must be maintained and a disciplinary process if there is a failure to uphold those standards.

However, if your hospital's administration has considered all those issues and still feels that hiring non-RTs to work in the PFT lab is in the best overall interest of the organization, then that is their prerogative. Budgetary constraints are increasingly factored into decisions with regard to a hospital's staffing and service provision. If this is the case, then the RT department needs to ensure that there is an appropriate training and delegation process in place to enable the PFT lab staff to do their job safely, effectively and within the legislative requirements of the RHPA. The bottom line for determining professional scopes of practice should be the needs of patients and the public .

Another way to look at this issue is that the profession of Respiratory Therapy has evolved significantly since its inception and more change is inevitability. This will require flexibility when defining and redefining professional roles and boundaries, so as not to unnecessarily restrict professional practice. Some procedures traditionally performed by Respiratory Therapists will almost certainly become more commonly done by other care providers, and that will free up the RTs to take on expanded roles. The ability of the profession to adapt to change has been one of its key strengths in the past and will be vital in the future.

Q3 *Can an RT who has restrictions on her license perform allergy challenge testing? Does this act fall under "a prescribed procedure below the dermis"?*

A3 "Allergy challenge testing" is a distinct controlled act [RPHA s. 27 (2) # 13] that is not currently authorized to RTs. Therefore, any RT, with or without limitations on his/her certificate of registration would require delegation to perform this procedure.

Generally, Members who have limitations on their certificate of registration that prevent them from performing an act(s) authorized to RTs are prohibited from delegating any controlled act to another individual. However, unless it is explicitly outlined in their terms, they can receive delegation (just as any non-regulated healthcare professional can). The delegation of course would have to come from another healthcare professional that has the legislative authority to perform the act (in this case, a physician).

It is important to note that the "shared accountability" model of proper delegation requires that the person doing the delegating (i.e., the physician) ensures that the person receiving the delegation is competent and that there is a mechanism to facilitate ongoing competency. The person receiving the delegation (i.e., the RT) is also accountable to his/her employer, the College and the public to make certain that they obtain and maintain the competencies necessary to perform the task safely and effectively.

PPA's Test Your Knowledge

- 1. One of the new mandatory reporting requirements under the *Health Systems Improvement Act, 2007*, and article 31 of the CRTO By-law, makes it necessary for Respiratory Therapists to report to the CRTO, with few exceptions, any “offences they have been charged with.” An RT who works in a large teaching hospital has recently been charged with careless driving. What should he do?**
 - a) He must report this offence as soon as possible to the CRTO, as it is now a mandatory requirement to do so;
 - b) He is not required to report this offence to the CRTO because he works in a hospital and driving is not part of his professional duties;
 - c) He is not required to report this offence to the CRTO because it was issued under the *Highway Traffic Act*.
- 2. A requisition received at a PFT clinic has a stamp of the physician’s signature instead of an actual signature. When the RT who runs the clinic calls the doctor’s office, she is told that this is how the physician handles requisitions and that it has not been a problem with any other clinic. Is this a valid signature?**
 - a) Yes, authentic reproductions of a the authorizer’s signature, such as signature stamps are consider to be valid;
 - b) No, signature stamps are not valid as it must be the actual physician’s signature on the requisition;
 - c) Yes, signature stamps are considered valid, provided the hospital has a policy that permits them.
- 3. An RT’s mother has been admitted to the ICU where her daughter works and has been placed on a ventilator. The RT is scheduled to work the next 3 nights in the ICU. There is a co-worker scheduled to work in the Wards on the same nights. What is the best possible course of action for the RT/daughter to take?**
 - a) Remain in the ICU and provide care to her mother, ensuring that she does not spend any more time attending to her mother than with her other patients;
 - b) Make arrangements to switch with her co-worker, so as to avoid any possible perception of a conflict of interest;
 - c) Remain in the ICU only after carefully documenting that her mother has provided informed consented to having her daughter provide care.
- 4. A Graduate Respiratory Therapist (GRT) working for a home care company was unsuccessful on her third attempt at the CBRC exam. What can she do now?**
 - a) She can attempt the CBRC exam again, but must first submit a study plan to the CRTO;
 - b) She is not able to write the CBRC exam more than 3 times and must now redo her first year of an approved RT program;
 - c) She can attempt the exam again, but must first submit a study plan to the CBRC.

ANSWERS: 1C, 2B, 3B, 4A
REFERENCES: Reference – Members Duty of Self Report Information Policy, Orders for Medical Care PPG, Conflict of Interest PPG, Entry to Practice Exam Policy

Upcoming Events

for Respiratory Therapists

Please remember that you can use the AHPDF to reimburse you for the cost of the conference!

CSRT Education Conference and Trade Show

May 13-16, 2010 (St. John's, NL)

More information can be found at http://www.csrt.com/en/events/trade_show.asp

American Thoracic Society – International Conference

May 14–19, 2010 (New Orleans, Louisiana)

Please visit <http://conference.thoracic.org/> for more information.

5th International Primary Care Respiratory Group (IPCRG) World Conference,

June 2-5, 2010 (Toronto, ON)

For more information please visit <http://www.theipcr.org/>

College of Respiratory Therapists of Ontario (Cрто) Presentation on the Findings of the “Optimizing Respiratory Therapy Services: A Continuum of Care from Hospital to Home” Long-Term Ventilation Project.

September 16, 2010 (Mississauga, ON)

Delta Meadowvale Resort & Conference Centre. For more information please see <http://www.crto.on.ca/>

Respiratory Therapy Society of Ontario (RTSO) Fall Education Forum

September 17 & 18, 2010 (Mississauga, ON)

Delta Meadowvale Resort & Conference Centre.

For more information please see http://www.rtsso.ca/education_forum

Chest 2010 (American College of Chest Physicians)

October 30 – November 4, 2010 (Vancouver, B.C.)

More information can be found at <http://www.chestnet.org/accp/chest/chest-annual-meeting>

Canadian Thoracic Society Scientific Program

October 31 - November 2, 2010 (Vancouver, B.C.)

Please visit http://www.lung.ca/cts-sct/CTS_scientific_program_e.php for more information.

Critical Care Canada Forum

November 7 – 10, 2010 (Toronto, ON)

More information can be found at <http://www.criticalcarecanada.com/>

Better Breathing 2011

January 27-29, 2011 (Toronto, ON)

Marriott Downtown Eaton Centre Hotel.

Please visit <http://www.on.lung.ca/Health-Care-Professionals/Ontario-Respiratory-Care-Society/Educational-Events.php#eve> for more information.

*Remember
Respiratory Therapy Week
October 24 – 30, 2010*

Do you have a passion for Respiratory Therapy?

Are you looking for opportunities to become more involved in your profession?

The CRTO may have a role for you!

In addition to opportunities as an elected Council and Non-Council/Committee Member, the CRTO often has opportunities for RTs to participate on Working Groups, act as Quality Assurance Reviewers or otherwise assist the College as a volunteer.

From time to time, the College also is approached by external organizations who are looking for RTs to speak about Respiratory Care at a variety of public forums.

To help facilitate this, the CRTO is assembling a list of Members who would consider participating in either of these exciting opportunities. If you would like to be part of the future of your profession and can spare anywhere from a few hours to a few days during the year please fill out the following form and fax it to the College at (416) 591-7890.

Surname	Given Name	CRTO No.
Address		
City	Province	Postal Code
Telephone	Email	
General area of practice/interest		
<p>I am interested in the following areas (check all that apply):</p> <ul style="list-style-type: none"><input type="checkbox"/> Speaking Opportunities<input type="checkbox"/> Quality Assurance Program<ul style="list-style-type: none"><input type="checkbox"/> PORT Reviewer<input type="checkbox"/> PSA Item Reviewer or Item Writer<input type="checkbox"/> Professional Practice Working Groups<input type="checkbox"/> Focus Groups<input type="checkbox"/> Piloting New Initiatives		

Thank you in advance for your interest! We will be in touch.

Registration Changes

September 1, 2009 - February 28, 2010

New Members

The College would like to congratulate and welcome the following new members:

General Certificates of Registration (RRT):

ASUCHAK, Benjamin
AWADIA, Zahra
BEAUDRY, Jennifer
BECKETT, Ryan
BRUCE, Lauren
BUTT, Abdul
CARLING, Bronwen
CARR, Nicole
CHRISTOPH, Kristine
CO, Nicole
COLLAR, Michelle
CONG, Zhi Jun
DUGGAN, Jennifer
FAUCHER, Stephanie
GIVEN, Tonia
GORAL, Brittney Dawn
GYENES, Katherine
HAZELWOOD, Julie
HOSSAIN, Jumana
IMEROVSKI, Suzanne
KOHN, Jennifer
LAM, Eric
LAU, Christina
LAWLOR, Vanessa
LAWRIE, Kathryn
LEE, Aaron
LEGASPI, Jonas
LITTLE, Cameron
MCISAAC, Amanda
MCLEOD, Stacy
MISTRY, Meera
MUNRO, Lesley
NATTRASS, Elan
NGUYEN, Mike
NICKERSON, Jason
OLEJNIK, Jennifer
ONGTECO, Kathleen
PACHECO, John
POEL, Michelle
PROVENCHER, Elise
QUAMINA, Jamie
RATTÉ, Meghan
REIS, Jenny
RENTON, Amber-Lynn
SANGUINETTI, Nicole
SHANMUGALINGAM, Indra
SKREPICHUK, Eve
SMITH, Marcy-Ann
SMITH, Nicole

SOMERVILLE, Rebecca
STYLING, Gemma
SULTANA, Azmeri
TAGGART, Tracy
TANG, Haiying
VECCHIO, Carla
WEZYK, Wojciech
WONG, Jeremy

Graduate Certificates of Registration (GRT):

ALBRIGHT, Lauren
ALTENA, Natalie
AYOTTE, Hayley
CLARKE, Tracy
DEAKEN, Sheila
GROFF, Kayla
IBARRA, Ana
JEAN-BAPTISTE, Asnide
KLEINVELD, Julie
LAWRENCE, Kristen
MILLS, Yvonne
ROBERTSON, Katherine
SATHEESAN, Vithya
SINGH, Shalu
TIWARI, Nadine

Members Resigned

General

ADAM, Stephen
ADLIFF, Maria
AUBE, Tammy
BONE, Jamie
BOX, Muriel
FLUDE, Wendy
GABBAY, Rina
GILBERT, Judy
GONDOSCH, Karin
HEIGHWAY, Kim
HOWSON, Doreen
LACROIX, Jennifer
LEES, Mary
L'HEUREUX, Sylvie
MACRAE, Meredith A.
MCGARRITY, Darren
MCLAUGHLIN, Patricia
NORDLUND, Colleen Anne
OUELLETTE, Anne
SNELL, Guy
STEIN, James
STEWART, Jason
STEWART, Ritchie
TAO, Xiao Yan

TREMBLAY, Mercedes
WAILOO, Nicole C.
WALLER, Deborah
WHITTALL, Chris
WRIGHT, Herbert

Graduate

TURGEON, Martin

Revoked Members

under Registration Rules

General

BOUDREAU, Renée
CALLISTER, Rachela
DOSTIE, Cynthia
DUMBLETON, Vic
GAYER, Christine D.
GOELEMA, Karen
JAMESTEE, Barbara
LAWRENCE, Gerard
LEE, William Wai Lan
MANNING, Rudy
ROBERTSON, Vanessa L.
ROBILLARD, Monique
UNRAU, John P.
VANBUSKIRK, Kimberley D.
ZAANONI, Julio

Graduate

BRULÉ, Pat
ODI NJOKU, Elizabeth Olubunmi

CERTO

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