



the exchange

The Newsletter of the College of Respiratory Therapists of Ontario

HIGHLIGHTS



CRTO Annual Report 07/08
now available on the CRTO
Web site



2008 Elections
in District 3,4 and 6 for
Council and Non-Council
Members



**Allied Health Professional
Development Fund**
is available again this year
to Respiratory Therapists

INSIDE:

RT Week	2
Registrar's Message	3
Dr. Joshua Tepper's visit to the CRTO Council	4
Allied Health Human Resources Database	5
CRTO Staff	6
Administrative Update & CRTO Council Meeting Dates	7
Allied Health Professional Development Fund	9
Degree Entry to Practice Update	10
RRT's Important Role in Patient Safety	11
Physician Assistants - Clarifying their Role	11
Notice of Meetings and Hearings Regulation	12
A Bridge from There to Here	13
CBRC Exam Results	14
CRTO UPDATES	15
Patient & Member Relations	15
Quality Assurance	16
Registration	17
Discipline Hearing Update	19
Complaints, Reports, Discipline and RTs	21
Professional Practice FAQs	25
PPA's Test Your Knowledge	27
Post-Diploma Educational Opportunities	28
Upcoming Events for Respiratory Therapists	29
Volunteer Form	30
Registration Changes	31

What are you doing for RT week?

October 26 - November 1, 2008 is Respiratory Therapy Week, there's so much to do!

What are you doing to celebrate your profession?

Ideas to **Celebrate, Motivate, and Educate** during Respiratory Therapy week can include so many possibilities. Let your imagination run wild!

Celebrate:

- Establish a tradition at your workplace to recognize the accomplishments of the Respiratory Therapy staff.
- Get together outside the office for some FUN!
- Have your workplace mention RT Week in their newsletter and/or on their Web site.

Motivate:

- Hand out a little gift or sticker to your patients to remind them that their Respiratory Therapist is behind them 100%.
- Build the desire in others to enter the profession.

Educate:

- Present Respiratory Therapy as a career to a local high school.
- Take awareness of lung diseases like COPD to a broader audience.
- Have a display for RT Week at your workplace.
- Talk to local media such as television, newspapers, and radio. College/University media is a great source to spread the word.

We hope everyone has a successful RT Week!

Start planning for your media placements for RT Week and you may be eligible for prizes valued at over \$1,000. More information on the contest will follow prior to RT Week.

Just a reminder, if you need any material such as a copy of the Respiratory Therapy DVD, posters, or brochures for your RT Week displays, events or activities, please contact the **CRTO** or the **RTSO**. You can also find a link to the Respiratory Therapy video on the main page of our Web site and access our Media Kit at <http://www.crto.on.ca/html/mediakit.htm> for plenty of information about the profession.

The RTSO/CRTO Joint Communications Working Group will have a new poster ready for RT Week, so watch for it in the mail and on our Web site. If you have not received the posters in the past and would like to ensure you receive them this year, please contact Janice Carson-Golden at carson@crto.on.ca or ext. 27 with your contact information.

CRTO: carson@crto.on.ca or Toll Free: (800) 261-0528

RTSO: office@rtso.org or Toll Free: (800) 267-2687

Other Key Dates:

World Heart Day	Sept. 30, 2008
World COPD Day	November 15, 2008
National Non-Smoking Week	Jan. 18-24, 2009
Weedless Wednesday	Jan. 21, 2009

Should you get media coverage or be profiled in your facility newsletters, please let us know and forward a copy to us at carson@crto.on.ca and we will add it to our "RTs in the News" area of our Web site.

Registrar's MESSAGE

Self-regulation and the role of the volunteer

Being a self-regulated profession has many privileges; the regulation of the practice of respiratory therapy, the setting of entry to practice requirements and standards of practice, the development of quality assurance programs and processes to address concerns about members are very much, with government oversight, in the hands of the profession itself.



Christine Robinson
Registrar, CRTO

There are many ways in which members become involved in achieving the College's mandate, including, along with our public members, serving as a member of Council or as a Non-Council Committee Member. Some members have participated by sitting on a working or advisory group and in every issue of *The Exchange* you will see a list of member volunteers who have made a valuable contribution. It is their commitment, insight and hard work that allows us to function as a

self-regulated profession.

CRTO highlights

- On April 17, 2008 a **new public member**, Jesse Haidar, was appointed to the College Council. Mr. Haidar, who lives in London, is a manager of a travel agency and brings to the CRTO experience in many aspects of business and consulting. We welcome Jesse Haidar to the Council of the CRTO.
 - **Clinical Best Practice Guidelines** for *Infection Prevention and Control*, *Peripheral & Femoral Vein Cannulation* and *Radial & Femoral Artery Cannulation* have been approved by Council and posted on the CRTO Web site. The *Umbilical Artery & Vein Cannulation* CBPG was approved at the June Council meeting and will be posted shortly. These CBPGs may be used as learning packages for certification programs, and revisions to the *Certification Program for Advanced Prescribed Procedures* below the
- *Dermis PPG*, along with companion checklists, have been made to reflect this. This revised PPG and accompanying checklists will be available on our Web site very soon.
 - The **National Competency Profile Review** project is now underway. Led by the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB), with the assistance of Professional Examination Service, an invitation to nominate members of the NCP Review Task Force and members of a validation group was sent to all CRTO members at the beginning of June.
 - A number of policies related to registration were approved by Council in June and are outlined in the Registration Highlights section of this issue of *The Exchange*.
 - In response to HealthForceOntario's invitation to submit applications for the **Optimizing Use of Health Providers' Competencies (OUHPC) Fund**, the CRTO submitted a proposal that, if accepted, would address issues related to lack of funding of RT services in the community and utilize RT competencies to enable/assist the transitioning of patients who require long-term ventilation and or tracheostomy care from the hospital to the home/community. Special thanks to our project partners; Miriam Turnbull RRT, General Manager, Professional Respiratory Services; Brenda Andrachuk, Senior Director, Central CCAC; Patrick Nellis RRT, President RTSO; Carlos Bautista, RRT, Manager of Respiratory Services, West Park Healthcare Centre. Thank you also to CRTO staff Carole Hamp, RRT and Mary Bayliss RRT, and to the Toronto Central LHIN who provided a letter of support.
 - The College is proposing a number of **regulation amendments**. Proposed amendments to the Registration Regulation were circulated to members for input earlier this year, and based on the feedback, Council approved amendments for submission to government. The proposed Quality Assurance regulation amendments have been circulated to members for input and the member feedback will be presented to Council at the September meeting. We have had some preliminary discussion with Ministry staff concerning amendments to the Prescribed Procedures Regulation.

continued...

- The College is conducting an evaluation of its *Quality Assurance Program*. As part of the review surveys were sent out to over 1200 members, over 70% of whom responded. Thank you.
- The CROTO Council has endorsed a document outlining the key concepts related to authorizing mechanisms for Physician Assistants entitled *The Ontario Physician Assistant Implementation; Clarifying the Physician Assistant Role in Relation to Prescribing and Medical Orders*. An article regarding the document appears in this issue of the Exchange.

Member outreach

Communication with members is very important to us. During the Fall of 2008 and Spring of 2009 College staff are planning a series of member outreach sessions to present some of the new College initiatives and respond to member questions. We are currently looking at innovative ways, such as Webinars, to meet as many members as possible. Proposed dates will be circulated to members in advance. If you have any topics that you would like specifically addressed please contact either Carole Hamp, Mary Bayliss or myself.

Dr. Joshua Tepper, Assistant Deputy Minister of Health visits the CROTO Council

On June 20, 2008, CROTO Council was honoured by a visit from Dr. Joshua Tepper, Assistant Deputy Minister, Health Human Resources Strategy Division, Ministry of Health and Long-Term Care. Dr. Tepper was invited to speak to Council about some of the HealthForceOntario initiatives and so that he could be personally thanked for ensuring that RRTs were eligible for reimbursement of fees for professional development activities under the 2007-2008 Allied Health Professional Development Fund.

During his presentation, Dr. Tepper updated Council on several HFO initiatives including physician assistants, the Allied Health Professional Development Fund, internationally educated health care professionals and Anesthesia Care Teams.



The Allied Health Human Resources Database

The healthcare system relies on a range of health professionals, each with unique expertise, to provide services that meet the health needs of Ontarians. Currently, there is limited information available on 40% of the regulated health workforce in Ontario that provides valuable services to individuals in areas such as diagnostics, mental health, obstetrics, oral and vision care, rehabilitation and therapeutics.

As part of the provincial government's health human resources strategy, called HealthForceOntario, the Ministry of Health and Long-Term Care (Ministry) and the allied health regulatory Colleges of Ontario are working together to create an Allied Health Human Resources Database (AHRDB). This database will provide the Ministry the evidence it needs for health human resources planning about this important group of health professionals. The AHRDB will contain standardized, consistent and comparable demographic, geographic, educational, and employment information on all of the regulated allied health professionals in Ontario.

The College of Respiratory Therapists of Ontario (CRTO), along with the other health regulatory Colleges, has an important role to play in the development of the AHRDB. Representatives from all allied health regulatory Colleges have been involved in a consultation process with the Ministry to develop a minimum data set. This minimum data set defines the common data standards required for collection of information related to health human resources. This minimum data set, which is aligned with standards developed by the Canadian Institute for Health Information, will form the basis for the data collection from College registers into the AHRDB.

Following recent amendments to the *Regulated Health Professions Act, 1991*, the CRTO has the authority to collect information directly from its members and disclose it to the Ministry for the purpose of health human resources planning. As a result, we will be collecting additional information in a number of areas from our membership. The information the health regulatory Colleges provide to the Ministry **will not** include any directly identifiable personal information such as member name and will be distinguished from information posted on the public register. Over the next two years, the CRTO will be expanding its registration and renewal forms to meet the AHRDB's information needs.

Once the database is complete, the Ministry will have the information it needs to support health human resources planning in the province. The allied health regulatory Colleges, along with their members, will be able to view aggregate trends of their own profession alongside that of the other regulated health professions. Beginning in 2009, health regulatory Colleges will submit data to the Ministry for the AHRDB. Good data leads to good analysis and smart planning. As a valued healthcare professional, please carefully fill out all sections of the registration and renewal forms. By 2010, the Ministry expects to have aggregate data and analytical reports from the database available on the HealthForceOntario Web site www.healthforceontario.ca.

Health human resources planning is complex and requires the cooperation of all stakeholders, which includes health professionals, employers, regulators, educators, researchers, governments and patients. Together, we can enhance our knowledge and help to ensure that Ontario has the right number, mix and distribution of qualified health professionals when and where they are needed.

CRTO Staff

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

BACK ROW (left to right):

Christine Robinson, Registrar
 Janice Carson-Golden, Communications Co-ordinator
 Melanie Jones-Drost, Co-ordinator of Quality Assurance
 Mary Bayliss, Manager, Policy and Investigations

FRONT ROW (left to right):

Amelia Ma, Finance and Office Manager
 Carole Hamp, Professional Practice Advisor
 Ania Walsh, Co-ordinator of Registration
 Shah Amarshi, Administrative Assistant



Administrative Update

CRTO 2008 Election



The dates for the CRTO 2008 Election of Council and Non-Council Committee Members for **Districts 3** is **October 1, 2008**, and for **District 4** is **October 6, 2008**. Election ballots were mailed in August to all Members who reside and/or work in those districts.

The term for each position is three (3) years. The following is a breakdown of the number of positions available for election and the areas included in each district.

* Due to an error on the ballots for **District 4**, these ballots were reissued and the election date extended for District 4 ONLY. All candidates in **District 6** were acclaimed.

District	Council Seats	Non-Council Seats	Counties in District
3	1	2	The counties of Frontenac, Hastings, Lanark, Prince Edward and Renfrew and the united counties of Leeds and Grenville, Lennox and Addington, Prescott and Russell, Stormont, Dundas and Glengarry, and The Regional Municipality of Ottawa-Carleton
4	2	2	The counties of Haliburton, Victoria, Peterborough, Northumberland and Simcoe, the regional municipalities of Durham, York, Peel and The City of Toronto
6	1	2	The counties of Grey, Bruce, Huron, Perth, Middlesex, Oxford, Elgin, Lambton, Kent and Essex

New Public Council Member

We would like to welcome our new public Council Member, **Jesse Haider**, who was appointed by the Ministry of Health and Long-Term Care on April 17, 2008. Jesse is the manager of a travel agency in London, Ontario. He has both a degree in Economics from the University of Western Ontario and a diploma in Data Processing from Fanshawe College. He is also a Director of Communications for the Canadian Arab Society and has performed a number of translation roles for agencies and in the community. Welcome aboard Jesse.

A Goodbye Note

Sadly, we said farewell to our Public Council Member **Gloria Hinton** on April 7, 2008. Gloria was appointed to the CRTO Council in April 2002. At various times Gloria has been a member of the Executive Committee, Registration Committee and Discipline Committee, and served as Vice-President of Council from November 2006 to November 2007. Her efforts and dedication to the College, to the profession and the public have been very much appreciated. We wish her the very best in her future endeavours.



We also said goodbye to **John Unrau, RRT** who resigned his position as Non-Council Committee Member effective January 10, 2008. John, who served on the Quality Assurance Committee, has moved to Manitoba to take a position at the Health Sciences Centre in Winnipeg. We wish John all the best and thank him for his valuable contribution as a committee member.

Amelia Ma,
Finance and Office Manager

CRTO COUNCIL MEETING DATES - 2009

DATE	DAY	MEETING	TIME	LOCATION
February 20, 2009	Friday	Council Meeting	9:00 a.m. - 3:00 p.m.	180 Dundas St. W.
		Open Forum	3:00 p.m. to 4:00 p.m.	Conference Room, 19 th Floor Toronto, Ontario M5G 1Z8
May 15, 2009	Friday	Annual General Meeting	9:00 a.m. - 10:00 a.m.	180 Dundas St. W.
		Council Meeting	10:00 a.m. - 3:00 p.m.	Conference Room, 19 th Floor Toronto, Ontario M5G 1Z8
		Open Forum	3:00 p.m. to 4:00 p.m.	
September 18, 2009	Friday	Council Meeting	9:00 a.m. - 3:00 p.m.	180 Dundas St. W.
		Open Forum	3:00 p.m. to 4:00 p.m.	Conference Room, 19 th Floor Toronto, Ontario M5G 1Z8
November 26, 2009	Thursday	Council Meeting	9:00 a.m. - 3:00 p.m.	180 Dundas St. W.
		Open Forum	3:00 p.m. to 4:00 p.m.	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@crto.on.ca to reserve a seat. **We look forward to seeing you there.**

Allied Health Professional Development Fund (AHPDF)

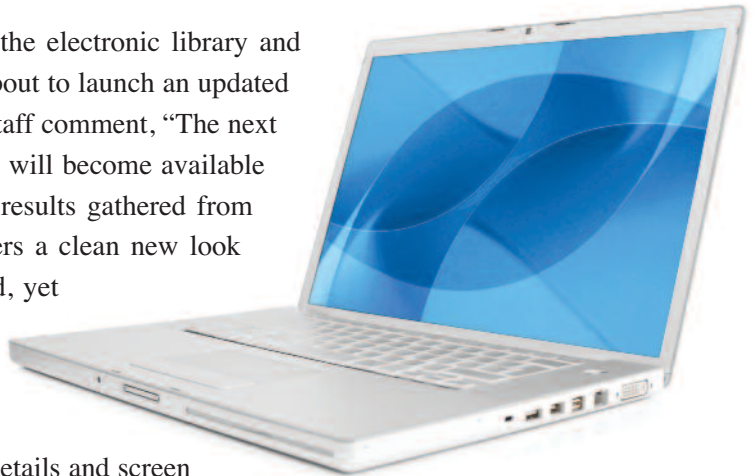
This educational fund is available again this year for Respiratory Therapists through **HealthForceOntario**. RTs who are members of the CRTO and eligible to practice in Ontario are able to apply for **up to \$1,500** to reimburse the cost of professional development activities (workshops, courses, conferences). To meet the criteria of the fund, the activity must be completed between **April 1, 2008 and March 31, 2009** and should lend itself to the overall goal of enhanced patient care. All Members of the College should have received paper copies of the AHPDF application form in the mail. For additional information, you may also go onto the Web site at www.ahpdf.ca to view the Application Guide and print off additional application forms. You must submit one course per application but may submit more than one application during the funding year. **In order to ensure that this funding continues to be made available, we strongly encourage that you make use of this educational opportunity.**

In addition, HealthForceOntario has directed funds through the AHPDF to a three-year subscription to an **Electronic Library**. This library is available to all eligible RTs and provides full text articles through EBSCO Host (Medline, Cumulative Index for Nursing & Allied Health Literature (CINAHL) and Sport Discus). In order to utilize this service you must first sign up through the AHPDF Web site listed above. Please see page 9 for more information.

Allied Health Professional Development Fund

This past spring, a letter was sent to each eligible health professional from their regulatory college. In that letter it included information about a new opportunity where current research and literature could be accessed. Some feedback we received included that some felt that this was not made prominent enough. We are grateful to receive this feedback as it allows the opportunity to meet the specific needs of those who use the information and who will implement this new information into their daily practice. Here you will find additional helpful information to enhance how you use the electronic library.

EBSCO publishing is the host provider of the electronic library and as this information goes to press, they are about to launch an updated release of their database platform. EBSCO staff comment, “The next generation of the EBSCOhost user interface will become available to all customers in July 2008. Based upon results gathered from extensive user testing, EBSCOhost 2.0 offers a clean new look and feel, for a technologically sophisticated, yet familiar search experience, with the built-in flexibility to provide individual user customization options.”



Visit the EBSCOhost 2.0 Preview Page for details and screen shots on the functionality of the redesign and the EBSCOhost 2.0 Support Center to view the new user guide, relevant FAQs, and sign up for EBSCOhost 2.0 online training. As with any newly introduced concept, there is always a learning curve. With limited time for learning how to navigate the electronic library, new users and those accustomed to using similar database access portals are encouraged to access the helpful resources found on the EBSCO site. Informative guidelines, webinars, as well as user guides are available and while they may take some time from your day, isn't the end result worth it? The increased knowledge you gain that can be put into practice to benefit the people you care for or provide a service to is invaluable.

Your ongoing questions and comments are encouraged. To contact us with this input, please send us an email at: **ElectronicLibraryFeedback@ahpdf.ca**

FAQs

Q: Can I search for a specific title?

A: *Yes. If you need help with this, a help section is available as well, webinars are also available by clicking the help link in the main menu.*

Q: I cannot find the article I want in full text, why?

A: *Please note full text is not available for every title and this is based on individual licensing agreements with the publishers of each journal/publication. If a journal is available in full text, it will indicate this in the Publications Details page.*

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Degree *Entry to Practice* Project Update

After 3 years of a study into the merits, or otherwise, of a change in entry to practice (ETP) RT education from a diploma to a baccalaureate degree, earlier this year CRTO Council unanimously voted to send a letter of intent to the Deputy Ministers of Health and Training, Colleges and Universities, requesting to be referred to the pan-Canadian process that examines any request for an increase in entry to practice education for health care professionals.

The letter of intent has been drafted and will be sent by the end of August 2008. Once sent, we will be posting a link to the letter on the College's Web site and will forward the link to all CRTO Members who have provided us with valid email addresses.

What does this mean to you?

As we have previously reported, the College has been studying the issue of entry to practice education and at this point we are indicating our wish to increase entry to practice education for RTs to a bachelor's degree. The government has put in place a rigorous national process that examines the need for any health profession to increase their ETP education

requirements. Therefore, any possible change (increase) in ETP for RTs can only occur with government approval. We have been informed by Ministry representatives that should the Deputy Minister of Health and Deputy Minister of Training, Colleges and Universities refer our request to the pan-Canadian process, it will take 6-8 months before we learn of the outcome. Should we receive approval to change ETP it is very likely that this will take several years to implement.

We will endeavour to keep you updated and as always encourage you to contact us if you have any questions.

Mary Bayliss RRT

Manager, Policy and Investigations &
Project Leader, Degree Entry to Practice Project



Greener pastures...

Members change email addresses far more often than residential or work addresses, or even cell phone numbers. Not only does sending information to Members by email cut down on the amount of paper that ends up in recycling boxes but it saves the College money. If you have recently added, removed or revised your preferred email address be sure to notify the College. Help us be a little greener – and help ensure that you get up-to-date information as quickly as possible.

RRTs Recognized as Playing an Important Role in Patient Safety

By Kelly Vaillancourt RRT,
McMaster Children's Hospital, Hamilton, ON

Hamilton Health Sciences held its annual patient safety symposium in June of this year. The key note speaker was Dr. Allan Frankel MD, PhD who has been active in patient safety since 1995. Dr. Frankel is a physician from Boston, MA and is the Director of Patient Safety for the Partners Healthcare System. He has published a book on patient safety, *"Achieving Safe and Reliable Healthcare"* and is also doing work in Scotland and Ireland on patient safety. Dr. Frankel's presentation focused on creating a continuous learning environment, engaging patients as part of the healthcare team and knowing/managing health literacy. What was exciting was that he recognized

RRTs as part of the health care team throughout his talk. At one point he even said how important it was to ensure the RT was engaged. This demonstrates that RRTs are seen as advocates of patient safety. It also shows Respiratory Therapists are starting to be known and recognized for the value they bring to health care teams. There were many RRTs in the audience and it was refreshing to hear a physician talk about the importance of teamwork and include professions other than nursing and medicine in their definition of the team. It shows there are many RRTs out there who are well respected and aligned with the importance of patient safety.

Physician Assistants – Clarifying their Role

As most CRTO members are aware, the MOHLTC has introduced Physician Assistants (PA) into the Ontario health care system. Physician Assistants are not regulated under the RHPA and there have been some questions and concerns raised by RRTs and other health care professionals regarding how they will interact with regulated HCPs.

To address these questions and concerns the MOHLTC has developed a document which clarifies the role of PAs in relation to prescribing and medical orders. It is intended for use by demonstration sites and project stakeholders in communicating with individuals who may work with PA's on clinical teams in the Ontario demonstration projects. The CRTO was consulted during the development

of this document and our questions and concerns were addressed. In June 2008, the CRTO Council voted unanimously to endorse the paper describing the role of PAs and ordering. You can find this document on the CRTO's Web site at the following link:

<http://www.crto.on.ca/pdf/PA%20Role.pdf>

It is important to note that the PAs role in ordering is consistent with the College's position on Medical Directives and with the Federation of Health Regulatory Colleges' Guide to Medical Directives and Delegation.

Should you have any questions please do not hesitate to contact Mary Bayliss at bayliss@crto.on.ca or Carole Hamp at hamp@crto.on.ca.

Notice of Meetings and Hearings Regulation comes into force

The Notice of Meetings and Hearings Regulation (Part V of the General Regulation under the Respiratory Therapy Act) has been amended and was published in June of this year. The text of the Regulation is printed below and can also be viewed on line at:

http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_940596_e.htm

PART V NOTICE OF MEETINGS AND HEARINGS

30.(1) The Registrar shall ensure that notice is given in accordance with this Part with respect to each of the following that is required to be open to the public under the Act:

1. A meeting of the Council.
2. A hearing of the Discipline Committee respecting allegations of a member's professional misconduct or incompetence. O. Reg. 6/08, s. 1.

(2) The notice must, where possible, be posted not less than 14 days before the date of the meeting or hearing on the Web site of the College. O. Reg. 6/08, s. 1.

(3) The notice must be published in English and in French. O. Reg. 6/08, s. 1.

(4) The notice must include,

- (a) the date, time and location of the meeting or hearing;
- (b) a statement of the purpose of the meeting or hearing including, in the case of a hearing, the name of the member against whom the allegations have been made and the member's principal place of practice; and
- (c) an address and telephone number at which further information about the meeting or hearing may be obtained. O. Reg. 6/08, s. 1.

(5) The Registrar shall give notice of a meeting or hearing that is open to the public to every person who requests it. O. Reg. 6/08, s. 1.

(6) No meeting or hearing is invalid simply because a person has not complied with a requirement of this Part. O. Reg. 6/08, s. 1.

31. Revoked: O. Reg. 6/08, s. 1.

A Bridge from There to Here

**By Andrea White Markham,
RRT, Michener Institute of
Applied Health Sciences**

Did you know you know there are schools of Respiratory Therapy in ...?

- Zamboanga, Manila and other cities in the Philippines
- Doha, Qatar
- Mumbai, India
- Bogota, Columbia

While schools use a competency profile that meets the needs of their jurisdiction often the profile of the international RT differs from that used in Ontario. This difference is the basis for providing a bridge from past practice to that required in Ontario.

Imagine, for a moment, that you are an RT from one of the schools outside Ontario. What steps would you need to take to obtain a general registration with the CRTO? What are the barriers? Is there anyone who can help you successfully make the hurdle and become an RRT?

Or, perhaps you are an international physician wishing to live and work in Ontario. You see RT as the best option due to your high level of respiratory experience in the area of respirology, anaesthesiology or family medicine. What steps you would take?

In either case, you would apply for registration with the



CRTO. You might then enter the PLA (Prior Learning Assessment) process. PLA occurs over three stages: Stage One - interview and self-assessment; Stage Two - a didactic examination; and Stage Three - clinical assessment of competence. Most PLA candidates in southern Ontario have worked with the RT Access and Options (A&O) Program of the Michener Institute of Applied Health Science during this process.

A&O began six years ago as a pilot project funded by the Ministry of Training, Colleges and Universities; Access to Professions and Trades Unit. Many lessons have been learned over the years about what might improve success. This has led to the development of a new RT Bridging Program launched September 2008. The goal of the Bridging program is to facilitate learning and successful integration into the field of Respiratory Therapy in Ontario. Some of the benefits include:

- Status as a student with access to the library, classroom and labs
- Access to a faculty advisor

- Part-time weekend courses through the school year
- Ability to work with students in the full-time program during the Simulation Section to begin the integration into the Canadian Health Care culture
- Increased success at challenging PLA Stage Two.
- Liability insurance and supportive learning environment during the clinical placement for PLA Stage Three

The Bridging Program is predicated on the premise that individuals require a firm foundation of specific knowledge and skills for successful completion of the PLA process. Courses therefore build on this foundation while bridging the gaps between past practice and the Ontario RT competency profile.

While weekend courses are open to any health care professional, successful completion does not imply entry into the Bridging Program. Entry into the Program is open to those individuals who are navigating the CRTO PLA process and have been recommended by the A&O Faculty Advisor.

If you are interested in the Program, or want more information see <http://www.michener.ca/access/resp.php> or contact Kelly Geddes at 416-596-3101 x 3217.

* (for a list of CRTO approved schools see <http://www.crto.on.ca/html/schlprog.htm>)

CBRC Exam Results Note to Graduate Members

You must provide proof of successful completion of the examination directly to the CRTO 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@crtto.on.ca

fax: 416-591-7890 Attn: Ania Walsh

mail: Ania Walsh
180 Dundas Street West,
Unit 2103
Toronto, ON M5G 1Z8



We have a Winner!

Congratulations to **ROGER WONG** for winning a \$100 Chapters-Indigo gift card!

Roger's CRTO number was drawn at random from the list of Members who completed the Quality Assurance Program Evaluation Survey and provided their contact information.

Your fellow RTs

...hard at work helping you!



The CRTO would like to thank ALL those 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:

- Sandy Annett
- Carlos Bautista
- Jackie Bernard
- Michael Iwanow
- Joe Kwok
- Adrienne Leach
- Regina Pezutti
- Tony Raso
- Dale Schwartz
- Miriam Turnbull
- Kelly Vaillancourt

Patient & Member Relations Update

Infection Control Clinical Best Practice Guideline (CBPG)

This CBPG is now available on the CRTO Web site and printed copies are available upon request. We are currently in the process of sending paper copies out to a number of health care and educational facilities. It is our sincere hope that this document will prove to be useful to RTs in their day-to-day clinical practice.

Honorary Membership

The Patient Relations Committee (PRC), at the request of the Executive Committee, drafted a policy outlining the criteria under which Council may award an Honorary Certificate of Registration. The purpose of the policy would be to honor an individual who is not a member of the profession but who has made a significant contribution to the profession. This policy was approved at the June Council meeting and information will be available on the CRTO Web site shortly.

Emergency Preparedness Plan

The PRC has begun work on developing an Emergency Preparedness Plan. This initiative will focus on how the CRTO Council and staff will continue its essential functions in the event of an emergency.

Carole Hamp

Professional Practice Advisor

Joint RTSO/CRTO Communications Working Group (CWG) Update

This group is comprised of representatives from the CRTO Patient Relations Committee and the RTSO board. The work done by the group is a combined effort of both organizations to increase public and key stakeholder awareness of the role of the Respiratory Therapists in the health care system.

Communication Strategy

The overall plan for communication to Members, the public and other key stakeholders was updated by the

CWG this year. This document contains key messages, tactics for getting those messages out and identifies the target audiences.

Poster Contest

The CWG held its annual poster contest and choose **Larry Teeple** as the winner of this year's contest. Larry works at

London Health Sciences, University Campus, and

his photos depicting RTs were used in the design of this year's RTSO/CRTO poster. **Dave....** is the second place winner. **Dave** works at Toronto East General Hospital. Thanks to everyone who submitted photo's this year your work is greatly appreciated. The posters will be sent out to all hospitals with an RT department. To make sure your facility or organization receives this year's poster, please contact Janice Carson-Golden, Communications Co-ordinator, to ensure you are on the list. This year's poster along with all past posters are available on both the CRTO and RTSO Web sites and are available on request.



Future Plans

We are planning to send out media kits to all major media, such as CTV news, City TV, Breakfast Television, etc., with the intention of making RT week better known. If you are interested in sending a media kit and following up with your local media please contact the CRTO for copies or visit the Media section of the Web site.

As always, should you have any questions about media or communications, please do not hesitate to contact Janice Carson-Golden, Communications Co-ordinator at carson@crto.on.ca or ext. 27.

Janice Carson-Golden

Communications Co-ordinator

Quality Assurance Update

The QA Committee received approval from Council on an Evaluation Plan aimed at determining if the Professional Portfolio and Professional Standards Assessment are meeting the needs of the College and Members.

Early in May letters were mailed to a sample group of Members who were randomly selected to complete a survey on the College's Quality Assurance Program. Using an online survey tool, Members were asked about their professional development habits, the usability of the College's tools, and the impact that Quality Assurance has on their practice. The College received responses from 855 Members, or over 70% of those who were asked to participate in the survey.

The QA Committee will produce a report for the September Council meeting based on the results of the survey. Included in the report will be Members' comments and suggestions. In the interim, here are some Members' thoughts on Quality Assurance:

- "Although I initially found my (random) selection stressful, once I began the process of building my portfolio, I felt it was beneficial to my continuing education."
- "I have been chosen twice in the past 4 years, and I believe this is excessive and should be prevented, when some of my colleagues have not been chosen at all."

- "The (learning) goals identified are primarily as a result of gaps or advances in technology and new evidenced based practices. There is no doubt that my practice changes/improves as a result of my learning objectives."
- "An online database (Portfolio) to keep records would make it much easier for Members to keep track, and (provide) a permanent record of goals, activities and accomplishments. It would also likely encourage more ongoing participation, i.e. not waiting for 1-2 years to update learning activities."



In addition to the QA Program Evaluation, the Committee has been working on drafting revisions for the Quality Assurance Regulation. The amendments are required as a result of changes to the *Regulated Health Professions Act (RHPA)* that are coming into effect in June, 2009. The proposed revisions and an accompanying consultation paper were sent to Members by E-mail and post on July 16. These documents can also be found on the CRTO Web site. Members are asked to submit their comments by September 11, 2008.

Melanie Jones-Drost
Co-ordinator of Quality Assurance

Quality Assurance Selection Notification

Notifications to the Members who get randomly selected to submit their Professional Portfolios and complete the Professional Standards Assessment will be sent during the first week in September. This year the College is planning to inform Members of their selection by email rather than regular post. Members who have not provided the College with an email address, or whose email address is not valid at the time of transmission, will have letters mailed to their home addresses.

Registration Committee Update

It has been a busy and productive time for the Registration Committee. The following list highlights some of the Committee's activities in the last few months:

- **Registration Regulation Review:** draft revisions to the Registration Regulation were **circulated to the membership in 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 will now be submitted to the Ministry of Health and Long-Term Care.
- As part of the **Prescribed Procedures Regulation** review, the following **Clinical Best Practice Guidelines (CBPG)** have been developed and subsequently approved by Council:
 - *Radial & Femoral Artery Cannulation*
 - *Peripheral & Femoral Vein Cannulation*
 - *Umbilical Artery & Vein Cannulation*

The first two CBPGs are now available on our Web site at

<http://www.crto.on.ca/html/clinicalpractguidelines.htm>. The Umbilical package is presently being formatted and will be available soon. Members can use these guidelines to develop certification programs for the performance of Advanced Prescribed Procedures. It is anticipated that the *Chest Tube and Needle Insertion CBPG* will be finalized in the fall.

Thank you to all the Members who took the time to review the documents and provide their feedback, as well as all members of the CBPG Working Group who developed the guidelines.

The CROTO Professional Practice Guideline (PPG) on **Certification for Advanced Prescribed Procedures** has been revised to provide guidance for Members wishing to utilize these new CBPGs. The revised PPG along with two accompanying checklists have been approved by Council and will also be available on our Web site shortly.

- Members of the Registration Committee conducted a review of the **Entry to Practice Exam Policy**. As a result, a number of revisions have been drafted and

subsequently approved by Council. The name of the Policy has been changed from Exam Re-write to Entry to Practice Exam Policy. The wording has been refined to clarify the exam eligibility criteria. The revised policy incorporates the purpose of the upgrading study plan that must be completed before an exam applicant can attempt to CBRC examination a fourth and subsequent time(s). Under the revised policy, College staff will review the Study Plan in order to ensure that it is consistent with the expectations outlined in the Study Plan Guide and to provide feedback to the applicant. A copy of the policy is available on our Web site

http://www.crto.on.ca/pdf/RG-Reg_Exam_406_Policy.pdf.

- As part of the Registration processes review, the **Equivalency Status of Education Programs Offered Outside Canada Policy** has been revised. The Respiratory Therapy program assessment for US and other international programs has been combined to ensure a consistent and fair review process. In order to determine equivalency of any international Respiratory Therapy program the Registration Committee will review, on the request of an applicant for registration, documentary evidence provided to the College by the education program. A copy of the policy is available on our Web site http://www.crto.on.ca/pdf/Intl_Prog_Equivalency_409_Policy.pdf.
- A new **"Currency" Policy** was also developed and subsequently approved by Council. The Registration Regulation requires that an applicant for registration must have met the educational requirements within the two years immediately preceding the application unless the applicant was practising Respiratory Therapy within that two-year period. The purpose of the Currency Policy is to assist the Registration Committee when reviewing applications that do not meet the "currency requirement" and to ensure that those individuals who have been away from practice for a period of time are competent, up to date on the College's standards and guidelines, and are supervised when performing high risk procedures. A copy of the policy is available on our Web site http://www.crto.on.ca/pdf/RG_Currency_Policy_410.pdf.

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Registration and Database Update... continued

[Web site – Member Profile/Information Update Section](#)

We are happy to announce that a new process for updating Member information has been developed and is now available on our Web site. You can now review and update your Member profile by logging in with your email address and password. Please be sure to visit our For CRTO Members page of the Web site.

Updating your contact information is an important part of being a Member of a self-regulating profession.

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 the For CRTO Members page at <http://www.crto.on.ca/html/formmemb.htm>.

The CRTO, as the regulatory body for Respiratory Therapists in Ontario requires that you provide your address and employment information. Much of the information collected by the College is confidential. This includes your home address, telephone number and email address.

Information accessible to the public:

Your name, business address and telephone numbers, as well as information regarding your CRTO registration status are all part of the **Public Register**. Upon request, the College must provide this “public” information to anyone who requests it (for example to confirm whether a person is a Member of the College). By June 2009 the CRTO must make this public portion of the register available on its Web site.

In addition the Ministry of Health and Long-Term Care has launched its long-term strategy for the **Allied Health Human Resources Database** (AHHRDB) in order to collect and hold standard and consistent demographic, education and employment data on all of the regulated allied health professionals to support planning. All allied

health regulatory Colleges will be required to collect specific data elements and build a standard data dictionary. (For more information please see page 5)

The **Office of the Fairness Commissioner (OFC)** is an arm’s-length agency of the Ontario government, established under the *Fair Access to Regulated Professions Act, 2006*. The OFC opened last year to oversee the registration practices of 35 of Ontario’s self-regulated professions. The OFC undertook a study of registration practices of Ontario regulated professions. College staff met with the OFC on several occasions in 2007 in order to assist the OFC in their study of the CRTO registration practices. A report on the CRTO’s Registration Practices has been published and is now available on the OFC Web site <http://www.fairnesscommissioner.ca>. College staff has undertaken an in-depth review of registration practices, policies and procedures in order to ensure fairness and transparency as set out by the office of the Fairness Commissioner of Ontario.

2008/09 Registration Renewal Thank you to all Members for submitting your 2008/09 Update of information forms 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 by now, please contact the College.

We would also like to thank all Members who used our new on-line renewal system to renew their membership for this year. Close to 30% of our 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. We hope that more members will use the on-line system next year. Taking advantage of the new technology helps us reduce costs, increase efficiency and lessen our impact on the environment.

Ania Walsh
Co-ordinator of Registration

Discipline Hearing Summary

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, 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.

continued...

Discipline Hearing Summary... continued

- 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.

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

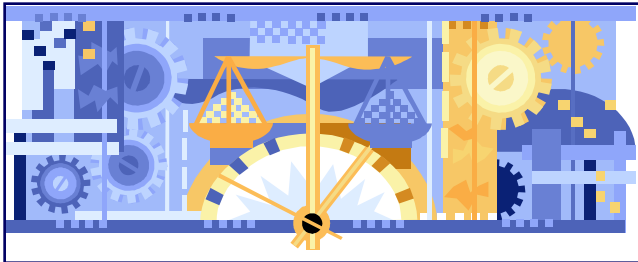
The Discipline Committee accepted the joint submission and made the following order as to penalty and costs, which was delivered in writing:

1. 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.
2. 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.
3. 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.
4. Mr. Freedman is to pay \$2,500.00 in costs toward the investigation and hearing.

Mary Bayliss, RRT

Manager, Policy and Investigations

Complaints, Reports, Discipline and RTs: Past, Present and Future... (Part 1 of a 2-part series)



Considering the number of significant changes to the complaints, reports and discipline process that will come into force on June 4, 2009 when the *Health Systems Improvement Act, 2007 (HSIA, 2007)* is enacted, we thought it important to reflect on where we have come from and where we are headed.

Prior to the RHPA being enacted in Ontario in 1994, all complaints and disciplinary proceedings were carried out by the CSRT. Since the CRTO has been in place all complaints, reports (i.e. made under the Standards of Practice requirements) and mandatory termination reports are handled through the College's Complaints, Executive, Fitness to Practice and Discipline Committees.

Since assuming my position in February 2007, one of the most frequent questions I've been asked is "how many complaints or reports does the College receive each year?" Good question...I guess the companion question to that would be "of those complaints and reports received, how many proceed to a Discipline or Fitness to Practise Hearing?" I suppose the next most frequent question is "do I need a lawyer?" Before I attempt to answer these questions I thought it might be helpful to briefly break down the process and discuss some of the nuances to the complaints/reports and disciplinary process.

"Do I need a lawyer?"

COMPLAINTS

Anyone can complain to the College about an RT. This includes other health care professionals, patients/clients and their family members and other RTs. Regardless of who the complainant is, the process is exactly the same and both the complainant and the Member being complained about are parties to the process. When a complaint is received, we follow an intake process: the complainant is contacted, usually by phone followed by a letter; the Member being complained about is also notified by phone, followed by a letter which includes a copy of the complaint letter and any supporting documentation that the complainant supplied. The Member is invited to respond to the complaint and is provided 30 days in which to do so. Once the 30 day time frame is up the initial letter of complaint, along with the Members' response to the complaint is provided to a Panel (subcommittee) of the Complaints Committee. The Panel is usually comprised of 3 individuals: 2 RRTs and one Member of Council who has been appointed by the government, a public member. The Complaint's Panel members have a number of options open to them including taking no further action, requesting a s. 75 investigation (RHPA) into the allegations contained in the complaint, entering into a negotiated agreement and undertaking with the member, referring the member to the QA Committee and of course making a referral to the Discipline Committee for a formal disciplinary hearing.

If you have purchased individual liability insurance through either the CSRT or RTSO, lawyer's fees may be covered

Without fail one of the first questions that Members being complained about ask is..."do I need a lawyer?"

continued...



While it is not our role to advise Members on when to seek legal advice, my response is generally guided by the seriousness of the allegations from the complainant and that every member has the right to legal counsel. At this stage in the process, the College is seeking information to provide to the Complaints Panel. However, if it appears that the alleged conduct is serious enough to warrant a referral to the Discipline Committee then at that stage the College assumes the role of “prosecutor” and we strongly advise Members to obtain their own legal counsel.

REPORTS: Mandatory Termination Reports, Reports made under the Standards of Practice & Self-reports made under Registration requirements

Employers who terminate a regulated health professional for reasons of professional misconduct, incompetence or incapacity must notify that Member’s regulatory College within 30 days of the termination. Currently, termination reports are considered by the Executive Committee, however, this is one of the many changes that will occur once the *HSIA, 2007* is enacted, as the new Inquiries, Complaints and Reports Committee will handle all complaints and reports...but more on that later in the next issue of the Exchange. The intake process for Reports is exactly the same as complaints. The Executive Committee has similar options to the Complaints Committee: take no action, enter into a negotiated agreement and undertaking, verbal or written cautions or a referral to discipline committee.

INCAPACITY AND FITNESS TO PRACTISE

The RHPA defines incapacity as “*incapacitated*” means, in relation to a member, that the member is suffering from a physical or mental condition or disorder that makes it desirable in the interest of the public that the member’s practice be subject to terms, conditions or limitations, or that the member no longer be permitted to practise”. Recently, the College has had several reports of possible incapacity resulting from substance dependency and mental illness. [as yet, none of these reports have led to a Fitness to Practise Hearing]. The incapacity or fitness to practise process is quite different than the disciplinary process. Importantly, incapacity hearings are ordinarily closed. As with the discipline process, the goal is always patient safety, but in an incapacity matter the goal is also to assist (not punish) a Member with a physical or mental condition so that he/she will be able to practise safely. Under paragraph 13 of the Professional Conduct and Accountability (of the CRTO Standards of Practice), Members are obligated to “report a Member of the CRTO to the College where he/she has reason to suspect incompetence, professional misconduct or incapacity”. That means, for example, if you were to see an RT colleague drink alcohol or take substances known to be mood altering while at work, in the interest of patient safety and in the interest of that Member, you should report it to your employer and to the College. Once again, the fitness to practice process we follow is meant to be helpful rather than punitive.

DISCIPLINE HEARING

In making their decision to refer a matter to the Discipline Committee for a Hearing the committee members consider the seriousness of the alleged conduct and the information that has been gathered during the investigation process. Committee members must also consider whether the allegations are serious enough to warrant a referral to Discipline and

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Complaints, Reports, Discipline and RTs: Past, Present and Future (Part 1)... continued

if there is sufficient evidence to support the allegations. Other considerations include the past conduct of the Member, whether the type of conduct is a problem in the profession, how the member responded to the complaint or report (i.e. is there an opportunity for a negotiated settlement) and whether or not something other than discipline hearing would result in the same outcome (decrease risk of harm to the public). Once the matter has been referred to the Discipline Committee, there is an opportunity to reach a negotiated settlement through an Agreed Statement of Facts and Joint Submission on Penalty. Outcomes from Disciplinary Hearings may result in:

- a suspended certificate of registration,
- some kind of remedial action, such as counselling or a course that attempts to educate and prevent any future similar conduct that led to the action;

- terms, conditions and limitations on the Member's certificate of registration; and
- costs to the College.

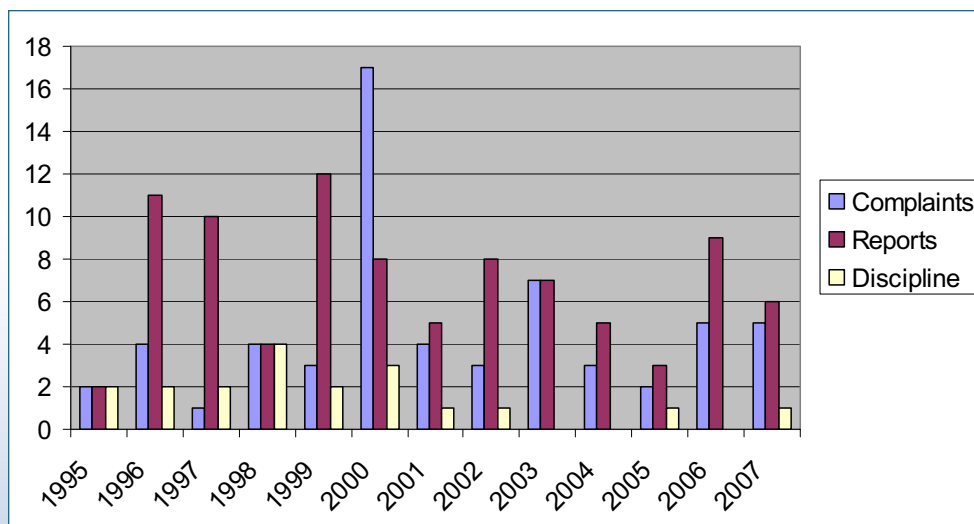
The only conduct that results in **automatic revocation** of a certificate of registration is sexual abuse of a patient/client.

The Discipline Committee members determine the appropriateness of the penalty having regard to the three primary principles of sanction:

- Protection of the public
- General deterrence
- Specific deterrence

See graphs below for a break down on the number of reports and complaints and the number of referrals to the Discipline Committee:

Number of Complaints, Reports and Referrals to Discipline from 1995 - 2007



continued...

2008:

Since January 2008, we have received a total 5 termination reports, 2 reports made under standard of practice reporting obligations, one Registrar's report, one Member self-report and 2 complaints for a total of 11 cases.

Termination Reports Status:

- In one matter the Executive Committee decided to take no action
- One matter has been referred to the Discipline committee and another is still under investigation
- Two matters have not yet been considered by the Executive Committee

Standards of Practice Reports Status:

- In one matter no action was taken and the other matter remains under investigation.

Complaints:

- In one matter, the Complaints Committee took no action taken. In the other matter the Member entered into a negotiated Agreement and Undertaking.

Self-Report:

- This matter is currently under consideration.

Nature of Complaints/Reports:

Up until quite recently the College did not have the technology to track this type of information easily and instead had to rely on manual tracking and as such examining the trend and pattern of the nature of complaints/reports has not been easy. What we have

been able to determine is that there appears to be an increasing trend/pattern in the number of reports/complaints regarding Members demonstrating unprofessional behaviour of a bullying-type...e.g. intimidation, sexual harassment, inappropriate & unprofessional communication. Although the sheer number of reports of this nature are relatively small, the pattern and trend in a relatively small profession such as ours is cause for concern. Over the next several months College staff will be conducting outreach sessions with CRTO members (webinars) on a number of issues including discussions surrounding the importance of maintaining professional and effective communication and ways to prevent or deal with those Members who are displaying inappropriate behaviour in the workplace.

Should you have any questions regarding the complaints, reports and disciplinary process please do not hesitate to contact the College.

Please be sure to read Part 2 of this series: The new Inquiries, Complaints and Reports Committee and what it means to RRTs, in the Winter issue of the Exchange, to be published in or around February 2009.



Mary Bayliss, RRT
Manager, Policy and Investigations

Professional Practice FAQs



Carol Hamp, RRT, CAE
Professional Practice Advisor

Q1 *If my facility has a new piece of equipment, does my manager have to provide a formal in-service on it before I can use it?*

A1 In accordance with the *CERTO Standards of Practice*, it is the individual RTs responsibility to “engage in continuous quality improvement to maintain and improve his/ her quality of care”. A manager/ professional practice lead is generally accountable to their organization to take the step necessary to ensure that his/her staff provides safe patient care. However, as a Member of the CERTO, **each RT has a direct accountability to the public of Ontario**. This means that where possible, the RT should avail themselves of all in-services and other educational opportunities that their employer provides. However, if such opportunities are not made available, or if for whatever reason the member is unable to take part, it remains the RTs responsibility to obtain the knowledge necessary to competently and safely perform the activities/ procedures that are required. The Member should refrain from performing the activities/ procedures until such competence is obtained.

(CERTO Standards of Practice, November 1996)

Q2 *Am I authorized by the CERTO to care for patients outside the province of Ontario? Will my liability insurance cover me? Who can I take orders from outside of Ontario?*

A2 The CERTO governs the profession of Respiratory Therapy within the province of Ontario. Once a Member is outside of the province, the CERTO no longer has jurisdiction over his/ her practice and the RT becomes subject to the rules and regulations of the region in which they find themselves. Such things as what controlled acts are authorized to an RT may differ from one district to the next. It is the RTs responsibility to become familiar with the professional standards in the jurisdiction in which they are providing care.

Most liability insurance provide coverage throughout Canada. However, coverage is only provided for incidences that occurred while the RT was practicing **within their scope of practice**. It is important to note that scope of practice definitions can vary from one jurisdiction to another. Once again, it is incumbent on the member to know the scope of practice of the Respiratory Therapists in the district in which they will be providing care.

Members of the CERTO are only authorized to take orders from health care professionals who are registered with the following regulatory bodies:

- The College of Physicians and Surgeons of Ontario;
- Royal College of Dental Surgeons of Ontario;
- College of Midwives of Ontario; and
- College of Nurses of Ontario (if the nurse holds a certificate of registration in the Extended Class).

Q3 *Is it permissible for me to perform procedures that are outside my scope of practice if I have the knowledge and skill to do so?*

A3 The *Regulated Health Professions Act* identifies thirteen controlled acts that pose significant risk of harm to the public. The *Respiratory Therapy Act* (RTA) outlines which of those controlled acts are authorized to RTs (known as “Authorized Acts”). The RTA also provides a definition of the Scope of Practice of a Respiratory Therapists as follows:

The practice of respiratory therapy is the providing of oxygen therapy, cardio-respiratory equipment monitoring and the assessment and treatment of cardio-respiratory and associated disorders to maintain or restore ventilation. 1991, c. 39, s. 3; 1998, c. 18, Sched. G, s. 44 (2).

The intent of this scope of practice statement is to provide a reference point for any of the activities/ procedures that an RT may undertake; whether they are

Professional Practice FAQs continued

authorized acts, through delegation or as part of the public domain. This scope is sufficiently broad so as to allow for some variability and change in clinical practice, while at the same time endeavoring to ensure patient safety. While competency (possessing the requisite knowledge, skills and judgment) is essential, it still must exist within the legislative requirement of scope of practice. Also, as mentioned in a previous section, liability insurance coverage is contingent on the RT practicing within their defined scope of practice. Therefore, when an activity/ procedure is performed by an RT, **ALL** of the following conditions must be met:

1. if it is a controlled act, it must be authorized to RTs under the RTA or properly delegated;
2. it **must be within the scope of practice** of an RT, as defined in the RTA;
3. the RT performing the task must have the competency (requisite knowledge, skills and judgment) to do so;
4. there needs to be proper authorization (valid order);
5. the patient must have consented to the procedure/ plan of care; and
6. the proposed plan of care must be in the patient's best interest.

(CRTO Professional Practice Guideline on Interpretation of Authorized Acts)

Q4 *How do I verify that I am competent to do an activity/ procedure?*

A4 Having the authority to perform a procedure does not necessarily mean that it is appropriate to do so. According to the CRTO *Standards of Practice* document (para 5, *Professional Conduct and Accountability*), it is up to the individual RT to “recognize his/her own knowledge, skill and judgment limitations and where necessary seeks the help, guidance and expertise of others”.

There are times when there are defined requirements for the determination of competency. Some employers may have certification programs for certain procedures (e.g., intubation). The CRTO presently has a requirement that all RTs performing an advanced prescribed procedure below the dermis first undergo an approved certification program. Regardless, the ultimate responsibility for ensuring competence rests with the individual practitioner.

Whatever the activity/procedure, it is advantageous to keep a **written record** of all the steps taken to ensuring competency (e.g., articles read, colleagues consulted). This information can be outlined in your Professional Portfolio and can serve to provide a verification of competency, should it ever be called into question.

(CRTO Standards of Practice & Professional Portfolio)

Certified Respiratory Educator Exam

In 2007 the Canadian Network for Asthma Care (CNAC) held the first examination for the Certified Respiratory Educator (CRE) Examination. Plans are underway for another sitting of the exam on the first Saturday of November this year. (Nov. 1, 2008)

More information will be available on the CNAC Web site shortly at <http://www.cnac.net>.

PPA's Test Your Knowledge

1. Most medical liability insurance coverage is the "claims made policy" type. What does that mean?
 - a) Covers you for incidences that occurred during the term of the policy;
 - b) Cover you even if you let the policy lapse;
 - c) Covers you for claims that were made during the term of the policy;
 - d) Cover you regardless of what you were doing when the claim was made.
2. What should you do if you feel that a patient did not consent to a plan of care but the physician still wishes to proceed?
 - a) If you have any doubt that informed consent has been obtained, it is your professional responsibility not to proceed;
 - b) As an RT, you are neither responsible nor qualified to verify consent;
 - c) It would constitute "patient abandonment" if you were to refuse to carry out the plan of care as outlined by the health care team leader;
 - d) It would constitute professional misconduct if you were to refuse to carry out a valid order given by a member of the College of Physicians and Surgeons of Ontario.
3. Are you required to report to the CRTO if you reasonably believe another RT has sexually abused a patient if the patient refuses to have his/ her name on the report?
 - a) No, because there is no way to verify what happened without the patient's involvement in the investigation;
 - b) Yes, you must still submit the report without the patient's name;
 - c) No, you cannot proceed with the report without the patient's consent;
 - d) Yes, after you inform the patient that they waive all legal rights to appeal if they do not include their name on the original report.
4. A frail and elderly spouse wishes to withhold consent for intubation on behalf of her incapacitated husband. However, the eldest son who is a physician, wants you to proceed. Who has the highest rank as the substitute decision-maker?
 - a) The son, as he is the person who is most knowledgeable of the risks and benefits of a proposed plan of care;
 - b) The wife has the higher ranking as a substitute decision-maker, provided she can legally verify that she is not incapacitated by her advanced age and apparent poor health;
 - c) The son, because in the case where a physician is a family member, they out-ranks all other substitute decision-makers, provided they are registered with the College of Physicians and Surgeons of Ontario;
 - d) The wife, because a spouse has higher ranking than a child as a substitute decision-maker, and is presumed to be capable unless you have reasonable grounds to believe otherwise.

ANSWERS: 1C, 2A, 3B, 4D
REFERENCES: Liability Insurance Fact Sheet, Responsibilities Under Consent Legislation PPG, Mandatory Reporting of Sexual Abuse Fact Sheet PPG, Responsibilities Under Consent Legislation PPG.

Post-Diploma Educational Opportunities

Athabasca University - Bachelor (BSc) & Master of Health Sciences-Human Sciences (MSc)

Both of these programs are carried out in a flexible, distance education format. For more information, following the link to

<http://www.athabascau.ca/programs/bscpdhs>

Brock University – Bachelor of Education (BEd) in Adult Education

This facility provides 3 different programs in this area, depending on the student's prior educational credits.

They offer a variety of teaching options, from in-class to exclusively on-line. For more information, please go to

<http://www.ed.brocku.ca/adult/options.html> and <http://www.brocku.ca/registrar/guides/adulted/degree.html>

Dalhousie University – Post-diploma Bachelor of Health Sciences (BSc) & various university credit courses

The BHSc program is available in both a full-time and part-time design, with many of the courses delivered on-line via WebCT.

Also, there is a variety of university-level science courses provided on-line. More information at

<http://distanceeducation.dal.ca/programs.html>

Michener Institute for Applied Health Sciences/ Charles Sturt University – Master of Applied Sciences – Honours (BAppSc – Hons)

The program is offered in a distance –education format and requires a 3-year respiratory therapy diploma plus 3 years work experience as a Respiratory Therapist. More information is available through the Michener at

<http://www.michener.ca/ft/respiratorytherapy.php> or through Charles Sturt University at http://www.csu.edu.au/courses/postgraduate/master_applied_honours/index.html

Michener Institute for Applied Health Science/ Dalhousie University – Bachelor of Science- Life Science (BSc)

This university provides a BSc to graduates of the Michener Institute. Access to the program is on campus. More information can be obtained at <http://ug.cal.dal.ca/HSCe.htm> or by contacting the Michener Institute.

Royal Roads University – Master of Arts (MA) in Leadership with a specialization in Health.

Applicants to this program may be assessed for admission on the basis of their formal academic training and/ or knowledge background. The course of study is provided through a combination of Internet-based learning and short, on-campus (Victoria, BC) residencies. For more information, you can link to their Web site at

<http://www.royalroads.ca/programs/graduate/>

Ryerson University – Bachelor in Health Administration (Health Services Management)

This program is under the Faculty of Community Services and accepts health profession diploma programs and past experience as part of their admission requirements. For additional information, following the link to

http://www.ryerson.ca/calendar/2005-2006PT/HEALTH_SERVICES_MANAGEMENT_457.html

Thompson Rivers University - Bachelor of Health Sciences (BSc) - formerly University College of the Caribou

This educational facility provides a selection of courses on-line in order to allow degree completion at a distance. Please follow the link to

http://www.tru.ca/distance/programs/health_sci/bohs.html for more information.

University of Guelph – Master of Arts (MA) Leadership

This graduate level program requires a Bachelors degree or a professional designation (like RRT) coupled with a minimum of 7 years of demonstrated increasing levels of responsibility and is provided primarily on-line with some requirement for on-campus attendance. It provides an innovative and multidisciplinary approach to the development of leadership competencies. If you are interested in more information, please go to

<http://www.leadership.uoguelph.ca/>

Many universities have flexible admission requirements for their undergraduate and graduate programs. For an extensive listing of universities, you can go onto the following Web site:

<http://www.uwaterloo.ca/canu/index.php>

Upcoming Events

for Respiratory Therapists

(Remember you can use the AHPDF to reimburse you for the cost of conferences)

Canadian Association of Cardio-Pulmonary Technologists (An affiliate of the Canadian Cardiovascular Society) - October 27 - 28, 2008 (Toronto)

Toronto Convention Center. For more information please click here, visit their Web site at: www.cardiocongress.org or E-mail cardiocongress@intertaskconferences.com.

RTSO Education Forum - Oct. 2-3, 2008 (Niagara Falls).

Registration fliers should be in the mail shortly. Also, check the Web site at <http://www.rtso.org> for updates.

Ontario Respiratory Care Society (ORCS) Full-day Seminars

ORCS South Central Ontario Region (St. Catharines) – **Oct. 22, 2008**

ORCS Greater Toronto Region – (Toronto-Markham) **Nov. 6, 2008**

More information available at <http://www.on.lung.ca/Health-Care-Professionals/Ontario-Respiratory-Care-Society/Educational-Events.php#full>

Canadian Thoracic Society – Oct. 27-28, 2008 (Philadelphia, PA).

Information available at http://www.lung.ca/cts-sct/pdf/CTStemplate08_en.pdf

Critical Care Forum (formerly the Toronto Critical Care Medicine Symposium) – **Nov. 11-13, 2008** (Toronto).

Information available at <http://www.criticalcarecanada.com>

World COPD Day – Nov. 19, 2008.

For more information, following the link to the Global Initiative for Chronic Lung Disease (GOLD) at <http://www.goldcopd.com/WCDIndex.asp>

Tuberculosis Conference – Nov. 24-25, 2008 (Toronto).

Information available at <http://www.on.lung.ca/tbconf/downloads/TB%20Flyer-FINAL.pdf>

Better Breathing 2009 Conference - January 29 - 31, 2009 (Toronto).

Toronto Marriott Downtown Eaton Centre Hotel. More information is available at <http://www.on.lung.ca/>

Canadian Respiratory Conference – April 23-25, 2009 (Toronto). Information available at http://lung.ca/crc/home-accueil_e.php

13th World Conference on Lung Cancer (WCLC 2009) – July 31 – August 4, 2009 (San Francisco, CA). For more information please visit <http://2009worldlungcancer.org>

Provider Education Program (PEP) for Asthma & COPD (through the Ont. Lung Association).

Information available at <http://www.on.lung.ca/Health-Care-Professionals/Provider-Education-Program/workshops.php>

This Web site provides an impressive listing of international respiratory-related conferences.

http://www.northeastcenter.com/respiratory_conference_event.htm

“The best part of self-regulation is the opportunity to become involved and really make a difference in my profession.” - CRTO Member

The CRTO is in need of Members to help develop and/or review important College programs. 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 form below 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"/> Quality Assurance Program <ul style="list-style-type: none"> <input type="checkbox"/> Portfolio Reviewer <input type="checkbox"/> Professional Standards Assessment Item Reviewer <input type="checkbox"/> Professional Standards Assessment Item Writer <input type="checkbox"/> Professional Practice <ul style="list-style-type: none"> <input type="checkbox"/> Practice Guideline Working Group <input type="checkbox"/> Standards Review Working Group <input type="checkbox"/> Focus Groups <input type="checkbox"/> Piloting New Initiatives 		



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

Registration Changes

December 1, 2007 - July 31, 2008

New Members

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

General Certificates of Registration Issued (RRT):

ADAM, Charlene Dianne
BRETON, Alexandra
CHARANIA, Irina
CULLEN, James
DALLAIRE, Rhonda
DAMORE, Cassandra
DERAIL, Renée
GRONDIN, Cathy Lynn
HAN, Song Lee
KANG, Sophon
KENNEDY, Carlla
LACROIX, Jennifer
LAROCHE, Sylvie
LEE, Ranson
LEFEBVRE, Véronique
LINDSAY, Charity
MANAPUL, Micheline
MUIR-SARARAS, Christopher
NEKRASOVA, Larisa
NESBITT, Stephanie
PEISACHOVICH, Billy
PELLEGRINO, Robynn
PERRY, Samantha
RAJACK, Adrienne
ROY, Nathalie
SAMUEL, James Anslem
SCOTT, Allison Elaine
TAO, Xiao Yan
VAN KEMENADE, Kevin
VIRTUE, Shawn Robert
ZHOU, Guo-Jun

Graduate Certificates of Registration Issued (GRT):

AHMED, Habaq
ANDERSON, Shaundra
AU, Sharon
BACZYNSKI, Michelle
BAKER, Melody
BARRON, Katherine
BLAQUIERE, Lise
BOOTHE, Ann Marie
BRULÉ, Pat
CARTELLE, Carol
CATALIG, Marifel
CHAN, Anita
CHARANIA, Nadia
CHARRAN, Anil
CHARTRAND, Craig

CHEN, Jing
CHENG, Eric
CHETRAM, Ramona S.
CHIN, Donna Gaye
CHIU, Allan
CHOUDHURY, Rimi
CHOW, Julianne
CLOW, Jeffery
COLBECK, Jaime
COLLINS, Tamara
CONTRERAS, José
CREDGER, Sara
CUTHBERT, Sarah
CZUDNOCHOWSKI, Grace
DARROCH, Staci
DAVIES, Jessica
DAVIES, Kyle
DELGADO, Cristiana
DOWSE, Samantha
DUFRESNE, Marilyse
DUGGAN, Jennifer
EIFERT, Peter
ELLIOTT, Brandie
FERKUL, Nadia
FILLION-VIENNEAU, Claudia
FLITTON, Chrysti-Lynn
GAGNON, Sophie
GERVAIS, Melanie
GOHAR, Nasra
HALSALL, Crystal
HAMID, Hamid Adam
HANIFA, Shaheen
HEUNG, Patrick
HOUSTON, Patrick
HUANG, Wen-Chun Venisa
HUSSEY, Maegan
IRVINE, Doris
JOHNSON, Peta-Gaye
JONES, Carla Christine
KANJI, Hasina
KIRBY, Julie
KUMAR, Sarbjeet
KVYATKOVSKA, Halyna
LAFAVE, Nathalie
LAGUNA, Anita
LAI, Grace
LALONDE, Pamela
LALONDE, Terri Ann
LAPRISE, Audrey
LEBLANC, Jennifer
LECOMPTE, Patrick
LEHMANN, Lisa Christine
LEUNG, Monica
MACLEOD, Margaret
MARCHILDON, Curtis

MARSDEN, Leslie Ryan
MARSON, Mara
MCGARRITY, Darren
MCWHINNEY, Kathleen
MENDES, Lynsi
MONTERON, Jennifer Jane
MORAN, Chelsea
MORRIS, Meghan
NEWBOLD, Bobbi
NG, Genny
NOLET, Ivan
NORDLUND, Colleen Anne
ODI NJOKU, Elizabeth Olubunmi
PARKINSON, Keri Ann
PATEL, Akhilesh G.
PITTS, Karla
POSADA, José
POWELL, Lindsay
PRITCHARD, Denise
PYNN, Caylee
QURASHI, Rayhan
RADFORD, Nicole Joan
RAI, Reema
RAMSAY, Karen
REINHARDT, Melanie Sue
RHYNO, Alicia
RIGBY, Morgan
RUDDY, Melanie
SAWH, Marjorie
SCOTT, Clifford
SERRE, Jennifer Ann
SHIPMAN, Heather
SINGH, Jessica
SMITH, Ashley
SMITH, Nikki Amara
SOUDANT, Nicole Marie
STEVENSON, Jennifer
SUN, Yanlin
SVILPA, Tami
TANG, Julianna
THOMAS, Heather
TIFFIN, Jaime Lynn
TODD, Mark Leonard
TOURANGEAU, Colette
TSUJIMURA, Robert John
VAN AMELSFOORT, Christine
VANDEWETERING, Colin
WONG, Maria
XU, Xiang Ying (Lily)
YAU, Man Yui
ZARAVINOS, Denis
ZENG, Shiyuan
ZHANG, Chuanwen

Registration Changes

December 1, 2007 - July 31, 2008... (continued)

Members Suspended

(for failure to pay the prescribed fees)

General

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

Graduate

HAUSER, Karen Felixa Lyn
SMITH-SPARLING, James Eric
WILSON, Paul

Revoked Members

under Registration Rules

General

BRENNAN, Gerard M.
CHALMERS, Patricia
CLAYDON, Darrell
COOL, Christine
GAHUNGU, Georges
KELLY, Robert James
LACROIX, Vicky
LALONDE, Christianne
MISTRY, Rupal
PARADIS, Melanie
PERRON, Nathalie
RAWLINGS, Christopher G.
REDIX, Tony Andrew Joseph
SMALL, Orville M.
WILCOX, Kelly
ZIMMER, Cecile S.

Graduate

HAMEL, Brigitte
ROUSSEL, Sylvie

Members Resigned

General

ANDREWS, David
AZZOPARDI, Leah Joanne
BAIRD, Christine
BOEKHORST, C. Jean
BUJOLD, Sylvie
CARROLL, Carrie
CRAWFORD LEAN, Lynn
DICKERSON, Pamela
FILION-BOURBONNAIS, France
GOODIER, Sarah E.
HUITEMA, Annette
HURST, Holly E.
JOBIN, Marie-France
JOUBERT, Harold
LEHMAN, Philip
MCCORMICK, Eleanor Kathryn
MCEACHERN, Andrea
ORTON, Sheila
PORTER, Bradley
REID, Marsha
SMOLA, Danuta
WHITSON, Joan
WILSON, Elizabeth

Practical (Limited Class)

BROWN, M. Kathleen

CRTO

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