

The Exchange

The Newsletter of the College of Respiratory Therapists of Ontario

Congratulations to

BILL BUTLER RRT, RRCP

for being awarded the CSRT's ROBERT MERRY MEMORIAL AWARD for Professional Achievement



Bill Butler RRT, RRCP and CRTO President Jim McCormick RRT, RRCP

The CSRT's **Robert Merry Memorial Award** honours a Respiratory Therapist from any area of the field, who has exhibited vision, leadership and innovation to further develop respiratory care in Canada.

Bill Butler was the President of the CRTO from 2000 to 2002. The following is an excerpt from his nomination letter:

“Bill worked tirelessly to bring forward the appropriate Council RTs, Staff Members and public Council Members to change the focus of the College towards an entity that works with and responds to the needs of the Members to achieve the joint goal of providing high quality Respiratory Therapy services to the public of Ontario.

Having facilitated dramatic change at the College, Bill took on the National Competency Profile and the Labour Mobility Agreement. He represented the CRTO to the labour mobility consortium and the National Alliance of Respiratory Therapy Regulatory Bodies. He was signatory to the Mutual Recognition Agreement.

Working collaboratively with RTs across the country, in both regulated and non-regulated settings, Bill and his team have worked to have:

- A national standard for entry to practice Respiratory Therapy, recognized by all Respiratory Therapy groups in Canada*
- Assured labour mobility standards enabling Respiratory Therapists to move from province to province*
- A national accreditation standard, operated by the profession which is available to all Respiratory Therapy schools”.*

Bill was the CRTO's National Alliance representative while he was CRTO President, and this involved both the start of the National Competency Profile and the signing of the Labour Mobility Agreement in November 2002. He is currently a manager at VitalAire in London, Ontario.

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INSIDE

president's message



James B. McCormick,
RRT, RRCPT
President, CRTO

Council of the College has met twice since the last issue of *The Exchange*. Highlights of those meetings are outlined in this issue and I would encourage all of you to review the Council minutes posted on the College Web site.

At the June 11, 2004 meeting, Council approved the College's Audited Financial Statements. It was noted by our auditor, Mr. Vinay Raja, that the College is in a very healthy position. It was further noted that on a go-forward basis, we will be in a position to re-direct further surpluses to the Fees Stabilization Fund. Our former President, Mr. Keith Olimb is to be applauded for his vision regarding this financial strategy.

As Chair of the Executive Committee, I am also pleased to inform you that our work with national Respiratory Therapy organizations has been productive and rewarding. At the end of last year the Executive Committee voted unanimously to renew our contract for accreditation services of Respiratory Therapy education programs with the CSRT and provided by CoARTE. CoARTE has now signed agreements with CARTA, MARRT and the CRTO giving Respiratory Therapists and the academic colleges they attend, a more national accrediting process. In addition, CoARTE is entering into discussions with OPIQ to accredit Quebec Respiratory Therapy schools.

The Executive Committee has deliberated over key issues around the CBRC exam and urged the Registrar, Gord Hyland, and myself to represent the Ontario perspective with a view to a national exam approach in all deliberations with the Alliance concerning this process. Also, as a member of the Alliance we have worked closely with other regulators on the development of the National Competency Profile.

The Executive Committee continues to meet with the RTSO and we have collectively resolved to draft a position paper that outlines our mutual intent to move from mediation to regular meetings with the CRTO Executive on items of mutual interest. There was consensus that we have

evolved to this stage wherein this paradigm shift is desired, reflective of and decidedly more positive than our original impetus to meet. I am also pleased to report that the RTSO has pledged a second contribution matching the College's budget in the amount of \$10,000.00 to the funding of the joint Communications Strategy.

The Executive Committee was involved in the development and revision of a number of policies and by-laws during the past 6 months. Amongst these is the By-law amendment concerning Life Member and the policy regarding Professional Liability Insurance. Documents concerning both of these issues are included with this issue of the Exchange.

I have lasting memories of our Education Day for Council, Non-Council Committee Members and Staff held Saturday, June 12th, 2004. Let me list but three. The Strategic Planning presentation was aptly delivered by three of our Public Members and spoke to tangible examples of how we measure our success. Particularly heart-warming for me was the referral of our Public Members to "our profession" and "our College". There was a strong sense of joint ownership and stewardship in advancing the profession and the understanding of our profession to our patient public. Secondly, and this is harder to describe, but the relaxed, warm, optimistic and collegial environment we found ourselves in for this entire day. There was a palpable sense of good will, trust, interest and shared objectives. And saving the best for last, that would be Emma. I was struck by the joy shared by all over seeing Mary, her husband Paul and their new baby. The Education Day truly is our opportunity to come together as Staff, Council and Non-Council Members to work and socialize together as one healthy, productive and functional organization. We need to celebrate this fact.

registrar's report: college update and highlights

Staffing Changes

Jennifer Harrison BSc, RRT, RRCP, joined the College on April 1st, 2004 as our Professional Practice Advisor, replacing Mary Bayliss, who is on parental leave until January 31, 2005. A warm welcome to Jennifer, who has already been heavily involved in the various aspects of the Advisor position, including, for example, sitting on Ministry working groups for the Influenza Plan and with Michener Institute meetings on the Anesthesia Assistant Program, along with all the regular duties of the position.

Please join us in our congratulations to Mary Bayliss and her husband Paul, who traveled to China and arrived back safely with their new daughter, Emma, at the end of May.

Discussions with the RTSO Board

The Executive Committee meets with the RTSO Board on a regular basis, on a number of common issues, including quality assurance and liability insurance. In addition, the Patient Relations Committee is engaged in a joint collaboration with the RTSO in a Communications Plan for the Public of Ontario.

CRTO Communications

Our newly revamped and redesigned Web site, www.crto.on.ca, is now up and running after much work by Barb Saunders and the rest of the Staff with our consultant. We hope that the Members of the CRTO and the Public will find the new site more effective, information-intensive and user-friendly. Our future long-term goals include integrating online services such as the Ministry-mandated database lookup of publicly available Member information, Membership renewals, search engine and QA tools.

Legislation

In the area of privacy legislation, along with PIPEDA (the *Federal Protection of Personal Information and Electronic Documents Act*), which came into force on January 1, 2004, the Ontario government has introduced HIPA (the *Health Information Protection*

Act), which has just been passed into law and comes into force on November 1, 2004. The College will be preparing both its own office and its Members for changes in requirements and responsibilities in regards to both health and other personal information, which these Acts will initiate. Although the legal impact on the College's office operations is small, we will have a voluntary Privacy Code in place to ensure that we abide by the spirit of good privacy principles. The Registrar and Christine Robinson have been meeting other Federation Colleges in this effort.

Regulations

GUIDELINES: Advertising, Conflict of Interest and Delegation Guidelines from the Ministry of Health and Long-Term Care (MOHLTC)

No further news on these issues. We still await these guidelines from the Ministry.

AMENDMENTS: Registration Regulation

As you are aware, the two amendments on labour mobility and titles & designations which were passed by the Council last year, are still at the Ministry for policy review and legal approval and drafting, before becoming law. With the change in government last fall, it appears that these amendments are taking much longer to be passed than previously thought. In the meantime, Council passed a policy last year permitting the Registrar to register applicants who are full RRTs from other provinces, and who meet the requirements of the Mutual Recognition Agreement (MRA). The four Canadian regulatory bodies and the CSRT, representing the unregulated provinces, signed the MRA.

Accreditation, Entry to Practice Examinations and National Competency Profile

The CRTO now recognises the CoARTE accreditation process for RT educational programs in Canada, the CoARC accreditation process for American RT schools, the CBRC examination for entry to practice, and is working with our Alliance counterparts across the country on the National Competency Profile (NCP), which is due to be completed in September of this year. The NCP will be rolled out to the Canadian

schools at a meeting scheduled for October. It is expected that the entry to practice examination will be based on the NCP within the next two years.

Federation of Health Regulatory Colleges of Ontario

The CRTO is a full participant in the activities of the Federation which has been dealing with Ministry initiatives as well as its regular working groups. The Federation held its annual general meeting on April 29, 2004. The CRTO Patient Relations Committee made a recommendation to Council to consider CRTO participation in the Federation communications strategy to inform the public about the role of regulatory colleges in the province of

Ontario. The recommendation was approved at the June 2004 Council Meeting.

In closing

I would like to acknowledge the ongoing hard work and dedication of our CRTO Staff, Christine Robinson, Mary Bayliss, Jennifer Harrison, Melanie Jones, Amelia Ma, Barb Saunders, Ania Rudzinska and Julia Pak, and I thank them sincerely on behalf of the College and its Members. I also would like to personally thank our President, Jim McCormick, and our Executive Committee, for their ongoing support of our efforts.

Gord Hyland
Registrar and CEO, CRTO

education day 2004

Education Day is an annual College event where Council, Non-Council Committee Members and staff come together and learn, share and connect as the group that governs and guides the profession.

This years' Education Day was held on June 12th in Toronto and included the following agenda topics:

- Strategic Plan Implementation: How Are We Measuring Up?
- Getting the Word Out: Council and Committee Members' Role in Educating the Public About Respiratory Therapy
- Making the Most of Meetings
- Maximizing Electronic Communication and Going Live: A Look at the CRTO's Newly Designed Web site
- Professional Practice Issues:
 - Anaesthesia Assistants
 - Infection Control: The New Norm
 - Medical Directives



The presentation about Medical Directives can be found on the CRTO Web site in the "For CRTO Members Section" under "What's New." If you have any questions about the issues that were discussed on Education Day, please don't hesitate to call the College at 1-800-261-0528.



thinking ahead about RT week:

october 3 to 9, 2004

RESPIRATORY THERAPY WEEK offers a perfect opportunity to promote our profession to the public of Ontario.

Are you planning an RT Week event that would help educate the public? Tell us in advance and we can help.

The College can help you get the publicity you need by sending press releases to the local press and encouraging them to cover your event. Contact the College's Co-ordinator of Communications and Member Services, Barb Saunders, at saunders@crto.on.ca.

Some of our RT Week Plans

- We will be submitting stories that feature RTs to newspapers across Ontario.
- For the month of October we have a public service announcement spot with Patient Direct TV that will be shown in doctor's waiting rooms in 90 busy locations across the province. The presentation demonstrates the diversity in the practise of Respiratory Therapy. A copy of the presentation will be posted on the CRTO Web site homepage in October.

CRTO at the CSRT forum

One of the CRTO's goals is to create a positive atmosphere to enhance relations with our Members. Participating in the CSRT Forum May 28th and 29th was an opportunity to meet Members and solicit feedback about the College and its communications efforts.

As a reward for filling out a feedback form about the College, we held a draw at the end of the day for a gift basket. The winner was Margaret Williams RRT, RRCPP and Manager, Cardio Respiratory Services at Humber River Regional Hospital in Toronto.

Thanks to our professional Non-Council Member Shari Cole, CRTO President Jim McCormick and Vice President Sue Martin for meeting with Members and answering questions at our booth. And a special thanks to all the RTs who took the time to tell us how we are doing.



Melanie Jones, ▲▲
Co-ordinator of Quality Assurance and Shari Cole RRT, RRCPP



◀◀ Margaret Williams RRT, RRCPP and Barb Saunders, Co-ordinator of Communications and Member Services

CRTO Web site

The new CRTO Web site went live in May and we would appreciate hearing from you. If you are having problems finding the information you need or if you have ideas about content you would like to see on the Web site, please contact **Barb Saunders**, Co-ordinator of Communications and Member services at (416) 591-7800 ext. 27 or saunders@crto.on.ca.

The FRENCH version of the new Web site is expected to go live in July.

www.crto.on.ca

EDUCATING HIGH SCHOOL STUDENTS about becoming a RESPIRATORY THERAPIST

We would like to thank two of our Respiratory Therapists who participated in career fairs educating high school students about the profession of Respiratory Therapy. Wayne Smith from Woodstock General Hospital and Harold Featherston from Algonquin Health Services in Huntsville spoke with high school students in their communities.

Wayne and Harold, your work in your communities will in the long run benefit all RTs across Ontario. Thank you.

One of the College's strategic initiatives is to promote the profession to potential students as a part of the effort to ensure that an adequate number of qualified Respiratory Therapists are available to meet anticipated demand. This year the College will be exhibiting at the annual Ontario School Counsellors Association (OSCA) forum. OSCA is professional organization for all the teacher-counsellors in elementary and secondary schools of Ontario.

If you have an opportunity to participate in an event like this, please let us know.

In Memoriam

PAUL MILNE RRT, RRCP
1953 – 2004 • London, ON

This June would have been Paul's twentieth year as a Respiratory Therapist. He took a one-year leave of absence from London Health Sciences Centre (Victoria Campus) and moved his family to Thunder Bay so they could be with his wife while she enrolled in teacher's college.

Paul came from a large family and he married into a large family. He is survived by his wife Mary Jane, daughters Charlene and Laura, son Patrick, parents Fred and Edna Milne, father-in-law Tom and mother-in-law Linda Buck. Eight brothers and two sisters survive Paul.

A man of many trades, Paul was a do-it-yourselfer. He had two great passions, his family and computers. A devoted family man, he was very proud of his children's academic and athletic achievements. He was an active Member in the community of West Lorne, loved to coach kid's hockey and soccer and umpire baseball games. Paul always took Sunday off to watch his son play hockey. Energetic and ambitious, he became self-taught in computers to the point that he opened a computer consulting business in West Lorne. On many a slow night while the rest of us were trying to keep awake, I would see Paul in the corner with a big cup of coffee in his hand devouring a large dry computer manual.

Paul died an unexpected and tragic death, it was a shock to all of us and we will miss him.

Vito Maiolino RRT, RRCP • CRTO Council Member

The CRTO offers its sincere condolences to Paul's family and friends on their loss.

CRTO updates

Patient Relations Committee (PRC) Update

It is with great pleasure that I have had the opportunity to support the Patient Relations Committee in my appointment as Professional Practice Advisor (PPA). I would like to share with you some of my initial impressions as the new Staff Member!

The PRC is a very busy Committee of dedicated people. One of the goals of this Committee is to address current issues affecting not only the public, but the practice of CRTO Members. The Committee is proactive in its ongoing review, continuous improvement, and development of standards, policies and guidelines. The PRC is also reactive when it comes to inquiries and feedback from our Members and the public. The Committee responds quickly to address these issues and truly values all communications. It is one of my duties to report to the PRC on "hot topics" relevant to current RT practice. Finally, the Communications Working Group (a sub Committee of the PRC) is a high energy, positive team comprised of Members of the CRTO and RTSO working together to promote the profession of Respiratory Therapy. Clearly, the direction of the CRTO is forward in a positive fashion and is filled with enthusiasm.

Here is a summary of what the PRC has been working on to date.

Following inquiries from our Members, the PRC is actively updating the following PPGs:

- *Delegation of Controlled Acts* to enable RRTs to accept delegation of the technical aspect of dispensing drugs. The CRTO will be meeting with the

Ontario College of Pharmacists and the College of Physicians and Surgeons of Ontario to discuss this in August.

- *Orders for Medical Care* to update the information and guidance on the issues of medical directives and orders for mechanical ventilation.
- Members of the PRC are participating in a working group to update the *Standards of Practice*.

We will be looking for your input soon!

The PRC is also considering current issues such as Disclosure of Harm, documenting telephone advice and Electronic Documentation. At this time the Committee hopes to support CRTO Members on these issues through "how to", scenario type situations in The Exchange and on the Web site.

Some recent highlights to share with you are the approval by Council of amendments to the following PPGs:

- *Responsibilities Under Consent Legislation*
- *Delegation of Controlled Acts*
- *Certification Programs for Advanced Prescribed Procedures Below the Dermis*
- *Interpretation of Authorized Acts*.

You can find the latest versions at www.crto.on.ca and three are enclosed with this mailing.

I look forward to hearing from you and encourage you to get involved and participate in promoting the RT profession.

Jennifer Harrison BSc, RRT, RRCP
Professional Practice Advisor



Jennifer Harrison BSc, RRT, RRCP
Professional Practice Advisor

The PPA's Report

MOHLTC Infection Control Guidelines

The Ministry of Health and Long Term Care (MOHLTC) recently published Infection Control Standards and Guidelines for health care providers in all settings. The final Standards and Guidelines were released after receiving recommendations from the Infection Control Standards Task Force. Respiratory Therapy was well represented on this task force by Mary Bayliss, CRTO Professional Practice Advisor. The CRTO was very proud to have had Mary participate on this task force and would like to recognize all of the hard work that went into this project.

It is the responsibility of all health care professionals, including CRTO Members, to become familiar with the MOHLTC's Infection Control Standards as they relate to their practice setting. In order to assist Members with this task, the CRTO has added links to the MOHLTC Infection Control Standards on our Web site. The MOHLTC's Infection Control Standards provide a framework for a comprehensive,

province wide approach to infection control for droplet spread respiratory illnesses. Respiratory Therapists can use these standards as a guide for their own infection control practices. It is generally accepted and recognized that these standards may need to be adapted to meet the requirements of various practice settings. Although the CRTO does not plan, at this time, to rewrite the infection control standards for Respiratory Therapists specifically, the CRTO Standards of Professional Practice (1996) are being updated to include a reference to the use of current infection control standards.

Ontario Pandemic Influenza Plan

Throughout May 2004, I participated, as a CRTO representative, on an operations working group with the MOHLTC. This working group provided input to the Emergency Response Unit (EMU) on the Ontario Pandemic Influenza Plan, which was finally released May 31st, 2004. Overall, this was a positive experience and the final draft of the plan reflected input from many of the stakeholders. Although Respiratory Therapy was not mentioned specifically in this plan, the final document does offer a framework and guidance for regulated health care professionals to follow in a pandemic situation, which it did not originally. More specifically, the plan recognizes the need to communicate with the regulatory Colleges and refers to registries of self-regulated health care professionals. I would encourage you at this time to support the RTSO Emergency Registry at www.rtsso.org. You can check out the Influenza Plan at http://www.health.gov.on.ca/english/public/pub/ministry_reports/pandemic/pandemic_rep04.pdf

Panel Discussion-Electronic Documentation and Interdisciplinary Charting

In May, I also participated on a panel to discuss the standards of practice of documentation as related to the implementation of electronic documentation systems at Toronto East

General Hospital. This exercise by TEGH was an excellent example of a multidisciplinary approach to implementing change in a facility. Representatives from eight regulatory Colleges met at TEGH to discuss guiding principles of documentation as well as profession specific needs. We found that overall our standards of practice were very similar, and concluded that no matter what system was to be used; all regulated health care professionals needed the opportunity to demonstrate their accountability through proper documentation. It was great to see RTs participating in TEGH's process. It was also reassuring to know that the CRTO's PPG on Documentation is very much in line with those of other regulatory Colleges.

Jennifer Harrison BSc, RRT, RRCP
Professional Practice Advisor

Communications Update

The Communications Working Group, that includes Members of the RTSO and a sub committee of the Patient Relations Committee, work to continually improve our communications efforts. The following is a list of the goals and what we've achieved since December 2003.

Goal 1:

Educate the **Ontario public** in the role of Respiratory Therapists—who they are, what they do and how they are regulated

Results:

- Four of our stories featuring Respiratory Therapy have appeared in Hospital News in Jan., March, May and June.
- One letter to the editor was published in Toronto Community News educating the public about how RTs are involved with SARS
- We have given permission to the Michener to use and distribute our story about a new RT Graduate with reference and credit given to the College.

The RTSO/CRTO Communications Working Group is participating in Patient Direct TV, a communications offering that has TV monitors displaying health-centred public service announcements in 90 busy waiting rooms across the province. We have exposure for the last three weeks in June and the whole month of October, which includes RT week from October 3rd to the 9th.

Unsolicited media attention

- May 14th: French Language CBC interviewed the College's Professional Practice Advisor, Jennifer Harrison, about smog and asthma.
- Toronto Sun: Health Connection: Helping you breathe easier, a career profile. The journalist interviewed the College and RTs from the Michener.
- Metroland Career & Education Magazine: Respiratory Therapy appears in the Career 2004 issue.

Goal 2:

Promote the profession to *potential students* as a part of the effort to ensure that an adequate number of qualified Respiratory Therapists are available to meet anticipated demand.

Plans

November 7th to 9th 2004, The CRTO and RTSO will be exhibiting in the annual Ontario School Counsellors Association (OSCA) Forum. The three-day conference will give us an opportunity to promote the profession to high school teachers and counsellors from all over Ontario.

Goal 3:

Create a positive atmosphere in the relations between the College and its *Members*.

What we are doing to try and achieve the goal:

- The CRTO offered free Professional Portfolio Workshops for Members throughout the province from January to May 2004.
- The new CRTO Web site is up and running as of May 17, 2004.

- The College participated in the CSRT Forum May 28th and 29th and used the opportunity to meet and solicit feedback from Members about the College and its communications efforts.
- The CRO and RTSO meet monthly to plan our collaborative communications activities.
- We continue to solicit feedback from Members through our print and online publications.

Barb Saunders

*Co-ordinator of Communications and
Member Services*

Quality Assurance Update

On September 1, 2004, the Quality Assurance Committee of the College will conduct a random selection of the Membership. This is a requirement under the QA Regulation. The Council approved a 10% random selection.

If you are selected to submit your Professional Portfolio, here are a few things to keep in mind:

- You do not need to send any documentation generated prior to July 2003, which is when the “new” Portfolio form was mailed to Members.
- You do not need to send any supporting documentation – just the Professional Portfolio form.
- You can email your Portfolio as a MSWord attachment or PDF file.
- You have 45 days from the date that the written request is sent to you, to send your Portfolio to the College.

In addition to submitting your Professional Portfolio, Members who are randomly selected will be asked if they would be willing to participate in a pilot study of the Professional Standards Assessment or PSA. The Quality Assurance Committee is anticipating having it ready to test in September, 2004. Since this will be a pilot run,

HOW DOES THE RANDOM SELECTION HAPPEN?

To generate a truly random selection of members, a computerized process is initiated in the College’s database. No staff are involved in the actual random selection of members.

The random ID numbers generated by the computer are assigned to each Member’s electronic database file. The required sampling of Members is then printed and the College contacts the Members who have been randomly selected.

your PSA results will not be included in your overall assessment by the QA Committee.

Members may go to the College’s Web site (www.cro.on.ca) to see a summary of the “Blueprint”, or outline on which the PSA is based. The Blueprint not only lists the legislation, standards and guidelines that make up the PSA, but also the purpose of this Assessment. This includes “help(ing) Members address how legislation, regulation and standards apply to Respiratory Therapy in general”. The Blueprint was approved by Council at the June 11, 2004 meeting.

Melanie Jones

Co-ordinator of Quality Assurance

Registration/Renewal Update

The 2004/05 renewal process is behind us! Thanks to all Members for submitting your Annual Update of Information forms and fees. Tax receipts and certificates of registration were mailed in mid-March. If you have not received your certificate of registration and tax receipt by now please contact Ania Rudzinka at (416) 591-7800 ext. 25.

Renewal by numbers:

- 2,051 Forms were mailed out in December 2003.
- 125 Members requested to have their forms re-sent because of a change of address or delivery error.
- 25 Members were late submitting their renewal information/fees.
- 14 Certificates of registration have been suspended for failure to pay fees.
- 25 Members resigned.

Over 110 forms (5.5%) were submitted incomplete (missing signatures, unanswered questions, cheques filled out incorrectly etc.). These were returned to the Members or required follow-up from staff. Incomplete forms can lead to extra costs for the Members and create additional work for the College staff at a very busy time of the year. To assist us with processing your renewal, please make sure that you submit all requested information. If you have any questions about the renewal/registration process, please contact us. We are here to help.

In order to promote and improve two-way communication with the Members, we asked you to provide us with your email address. We are pleased to report that at the end of the renewal process over 900 Members had provided their email addresses. Thank you. For the first time Members had an option to use online or telephone banking to pay their registration fees directly through their financial institution. This new payment option was used by approximately 3% of Members. 48% of Members paid by credit card, 41% by cheque and 8% through CSRT or their employers. Each year the College staff reviews the registration renewal process. Thanks to all the Members who shared their suggestions and comments with us. We will take your ideas into consideration for the next registration renewal.

Change of Information

We are pleased to provide you with a revised/simplified Change of Information Form. Updating the College on changes to your mailing address, home phone number and employment information is extremely important and will help us to keep you informed on issues that may affect your practice or registration status. Members are asked to submit the Change of Information form within 30 days of any change to name, home address, employment or other relevant information. This can be done by regular mail, fax or email. The Change of Information form is also available on our Web site at <http://www.crto.on.ca/html/maintmem.htm>. So please, help us keep you up to date. All it takes is a quick email or fax.

Registration of Graduate Members— New Policy

The Registration Committee of the College has recently reviewed the process of registering Graduate Members. As a result, a policy on registering Graduate Members was drafted and subsequently approved by Council on June 11, 2004. The intention of the policy is to expedite the registration process for Graduates of accredited (or equivalent) programs. In order to qualify for registration under this policy an applicant must meet all of the registration requirements as set out in the Registration Regulation. Effective June 11, 2004, the Registrar is authorized to directly issue Graduate Certificates of Registration with standard terms, conditions and limitations, to applicants who meet all of the requirements as set out in the Registration Regulation. The policy was developed with a view to later amending the Registration Regulation to reflect this new procedure.

Ania Rudzinska
Registration Officer

Conduct and behaviour ... why and when is it the College's concern?

When a Member of the College fails to meet a clinical standard, most Members of the profession and the public would agree that the College plays a key role. In fact, many people associate the College with investigating and prosecuting clinically substandard or incompetent acts, such as administering the wrong drug or failing to document treatment. What is less understood is the College's role when a Member allegedly conducts himself/herself in an "unprofessional manner". The College's Standards of Practice document states that the Respiratory Therapist;

Conducts himself/herself in an honourable and professional manner so as to merit the respect of the public for Members of the Respiratory Therapy profession.

Most Members would agree that a Respiratory Therapist's conduct and behaviour reflects on how the public views the profession, and that as regulated health professionals Members are held to a high standard of ethical and professional behaviour in the work environment.

Over the past few years the College has had a number of complaints and reports concerning unprofessional conduct and behaviour in the workplace. Examples include sexual harassment of co-workers, sexually suggestive behaviour, profane language, possession and viewing of pornography in the workplace and verbal abuse. Because patients/clients were not directly involved, some may see this type of behaviour as essentially a workplace issue, so we asked our legal counsel, Richard Steinecke, to give us his views.

CRTO: *In your view, are Members responsible for upholding a standard of conduct in the workplace, even if patients/clients are not present, for example in a staff lounge?*

RS: There are certain minimum professional expectations of all health practitioners, even where clients are not present. There are extreme examples with which almost everyone would agree: a Respiratory Therapist that made repeated racially and sexually demeaning comments about a client in the staff lounge would deservedly face professional accountability. There are even some examples that do not involve clients at all: stealing large sums of money from one's employer is not just an employment issue; it is also a criminal matter and would suggest that one was not fit to be a Member of the profession.

However, there is some conduct of a questionable nature that the College would likely consider a workplace issue, not a regulatory one. The College would not likely get involved in speeding offences even if it involved the employer's vehicle.

CRTO: *When does unprofessional conduct, even that which is not in the presence of patients/clients, become the College's concern?*

RS: The key consideration is whether the conduct reflects upon one's suitability to be a Respiratory Therapist. Typically this involves dishonesty (e.g., theft, perjury, forgery) or a breach of trust (taking advantage of a vulnerable or defenceless individual). Most would recoil at the thought that a person who would physically abuse a related child or elderly relative can be trusted with the care of ill patients. Experience suggests that certain character traits tend to demonstrate

themselves throughout all aspects of a person's life and are incompatible with the status of being a professional.

One can make the analogy to illnesses. Ordinarily the College has no business investigating a Member's health. However, in some situations, a Member's illness has the potential to creep into his or her professional practice. For example, a practitioner addicted to a substance and who engages in irresponsible behaviour related to the addiction (e.g., impaired driving, assaulting bystanders) may require treatment and medical supervision in order to practise safely.

For more information on standards of professional conduct please look at *CRTC Standards of Practice – Professional Accountability and Standards of Professional Conduct and the Professional Misconduct Regulation*. Both these documents can be found on the CRTC Web site under the “Legislation and Policies” section.

Christine Robinson

Manager, Policy and Investigations

Please note that the College's Complaints brochures (for the general public and Members) and information sheets on mandatory reporting (termination and sexual abuse) have been revised. These documents can be downloaded from the CRTC Web site at www.crtc.on.ca/html/concrnbyrt.htm or requested by email or phone as follows: crtc@crtc.on.ca, 1-800-261-0528.

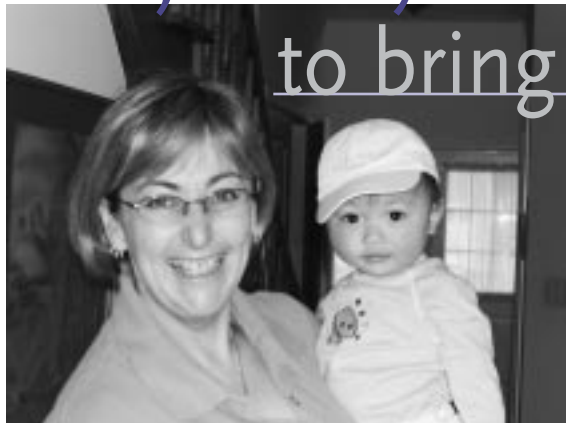
Complaints and Investigations

Since the December 2003 issue of The Exchange nine matters have been considered as follows:

COMPLAINT/REPORT	COMMITTEE	ALLEGATIONS	RESOLUTION
Mandatory (termination) report	Executive Committee	Unprofessional conduct including inappropriate and unprofessional remarks	Under investigation
Mandatory (termination) report	Executive Committee	Incapacity	Member voluntarily undertook not to practice Respiratory Therapy until Registrar provided with assurances via current psychological report that the Member is fit to practise.
Employer (termination) report	Executive Committee	Unprofessional conduct, including threatening, bullying and intimidating behaviour and comments of a sexual nature	Under investigation
Employer report under section 8, Standards of Practice	Executive Committee	Theft	No action, file closed
Complaint	Complaints Committee	Unprofessional conduct including profane language	1) Member voluntarily undertook to provide proof of participation in programs that address unprofessional conduct, 2) To submit 2 employer reports to the College. 3.) Written warning.
Complaint	Complaints Committee	Verbal Abuse	Under investigation
Complaint	Complaints Committee	Discontinuing treatment without an order	Under investigation
Registrar's referral, non-Member	Executive Committee	Use of a protected title/ designation, holding out as a person qualified to practice Respiratory Therapy in Ontario	No action, file closed
Registrar's referral, non-Member	Executive Committee	Use of a protected title/ designation, holding out as a person qualified to practice Respiratory Therapy in Ontario	Restraining order

our journey to China

to bring our daughter home ...



Mary and Emma Bayliss

On April 29th my husband Paul and I traveled to China to bring our daughter Emma home. We had started the process for international adoption nearly 15-months earlier and we were finally on our way. China is a wonderful country, so full of history, tradition and culture. We landed in Beijing and spent the first week touring the many heritage sites such as the Forbidden Palace, Summer Palace, Temple of Heaven, the Great Wall and many others. Beijing was not as we expected- yes it is crowded but it is a very beautiful city, which compares to any North American or European city – it was not the China we were expecting to see. On May 5th we headed down to Jiangxi province, which is where our daughter was from. Jiangxi is in the south of China and is known for their hot, hot temperatures and fine porcelain. We finally had a glimpse of the China we were expecting...rice fields, water buffalo and beautiful countryside. It was hot and humid but thankfully we were there before the heat really started to crank up. We toured a bit of the province and spent a day in the beautiful Lushan Mountains about 2 hours north of the city we were staying in (Nanchang).

The next day, Friday May 7th will be forever etched in our memories...this was the day that we were to become parents

by **Mary Bayliss**, RRT, RRCP, CAE
Professional Practice Advisor for the CRTO

and a forever family. In the adoption community this day is often referred to as GOTCHA DAY. At around 3pm in a small conference room in our hotel in Nanchang, the babies started to arrive. There were 15 in total and our precious daughter was one of them. She was beautiful, with big eyes and she looked a little bewildered as to what was happening. We were called to the front of the room and she was placed in my arms. She wasn't crying (yet) and just looked at my husband Paul and I as if to say...who are you two? She was dressed in 4 layers of thick clothing, as per Chinese tradition of swaddling children, even though it was at least 25C with high humidity. Her name was Jin Li Mei and she was our daughter. Over the next few days she reminded us that she had not been waiting for us – she was sad and grief-stricken. However she quickly began to show her real personality and on our flight back to Beijing she came out of her shell and laughed and giggled for 2 hours straight. She never looked back.

We describe her as energetic, smiley, loves to laugh, has a bit of a temper, is single-minded and at times defiant...some of my friends think she sounds like someone they know very well (haha). The Chinese certainly know what they are doing when they match these children to families. We will be forever grateful to our family and large circle of friends who supported our decision to find our daughter in China, to the staff at the CRTO who were there with us every step of the way and of course to the People's Republic of China and Emma's birth parents for giving us the greatest gift of all – our child.

registry database for RESPIRATORY THERAPISTS

Respiratory Therapists were recognized by the Ministry of Health and Long Term Care (MOHLTC) as one of the groups of health care providers that are essential to the delivery of health for Ontarians. As a result, the MOHLTC recognized the need to establish a way to contact qualified RTs who could respond to healthcare shortages or emergencies like SARS, and funded the development of a registry of RTs that was developed and is managed by the RTSO. The CRTO contributed to the development of the RTSO's registry database by providing the RTSO with assistance from the CRTO database.

We encourage Respiratory Therapists in Ontario to sign up to the registry by visiting the RTSO Web site at www.rtsso.org.

RTSO and the CRTO

What is the difference between the role of the College and that of the professional association?

Although some functions of the College and the Respiratory Therapy Society of Ontario (RTSO) may overlap, the two organizations have very specific mandates.

The CRTO ensures respiratory care is delivered in a safe and ethical manner. The RTSO represents, advocates and advances the Professional Interests of Respiratory Therapists in the Province of Ontario.

In many areas we work together to fulfill our goals. Greater public awareness about Respiratory Therapy increases the likelihood of the public knowing the College regulates the profession in the public interest.

How the RTSO and the CRTO work together

For the past year, the RTSO and CRTO have been working together to promote the profession of Respiratory Therapy to the public of Ontario and to potential students.

Some of the ways we are doing this is by:

- Writing and submitting stories about RTs to various news publications

- Participating in Career Fairs to promote the profession to potential students
- Organizing TV exposure with TVO and Rogers Cable to talk about asthma and how RTs help asthma sufferers
- Contacting the media to get coverage of special events like RT Week

We need your help to promote the profession effectively in your community

- Can you speak to high school students about the profession?
- Can you speak to seniors' groups about COPD?
- Can you do a workshop on asthma education?
- Can you identify opportunities to get the word out about our profession?

If you can help in any way, please contact Barb Saunders at the CRTO at saunders@crto.on.ca or Nikki Wright at the RTSO at office@rtso.org

HOW TO CONTACT CRTO STAFF

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FRONT ROW: Christine Robinson, Gord Hyland, Mary Bayliss

BACK ROW: Melanie Jones, Julia Pak, Ania Rudzinska, Amelia Ma, Barb Saunders

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*Mary Bayliss, RRT, RRCP, CAE Professional Practice Advisor (on parental leave)

FAQ's

QI Do I have to disclose harmful medical errors to a patient? What are my responsibilities as an RRT?

AI Ethically, all information must be disclosed to a patient/client and his or her family. It is generally accepted by health care professionals that patients/clients have the right to know about and completely comprehend their medical status. This goes hand in hand with the concept of informed consent. Furthermore, based on literary reviews, it appears that the current trend in Canadian health care supports more open disclosure of harm to patients/clients.

The College of Physicians and Surgeons of Ontario (CPSO) released their policy on Disclosure of Harm in February 2003. Colleges and other health care facilities in Ontario are now following suit by undergoing the process of reviewing the issues related to disclosure of harm and developing policies and procedures for health care professionals to follow.

Many facilities (including the CRTO) currently have in place processes for reporting of medical errors and incidents. However, these don't tend to cover disclosing harm to the patient/client. RRTs should seek support from their supervisors, peers and colleagues when handling situations of this nature. It may be the case at your facility that there is a team approach to disclosure of harm.

At this time, the CRTO does not have standards specifically addressing the issue of disclosure of harm. However, a working group composed of representatives of CRTO Committees is presently reviewing

and revising the Standards of Practice (1996) document to include standards on disclosure of harm. The CRTO will be seeking Members' input on the proposed revisions this summer.

The following scenario has been included to assist RRTs through an instance of disclosing harm to a patient.

(This scenario, in its original form appeared in the March 2002 issue of the CNO's Communiqué and was used with permission from the CNO.)

Jane is a full-time Registered Respiratory Therapist (RRT) covering a busy medical-surgical unit in City Hospital. Jane gets paged to assess Mr. X, who has become moderately short of breath after walking to the lounge and back without his nasal prongs. On her way to the ward, Jane gets called overhead to a "stat" call in the Emergency Department. Jane rushes to the "stat" call and subsequently forgets to follow up with Mr. X. Two hours later, Jane receives a "stat" call to the ward to assess Mr. X who has now become severely short of breath. Jane quickly treats the patient with oxygen and the patient's symptoms are soon relieved. Mr. X expresses that he is very angry and disturbed that he had to wait for 2 hours even though he felt as though he "couldn't breathe". This situation could quickly escalate to a complaint about Jane being made to the hospital administration and to the College. However, there are a few steps that Jane can take to manage the situation professionally, disclose the error to the patient/client and decrease the chance of a complaint.

1. Acknowledge

Acknowledge the situation. Jane can agree with Mr. X that she did forget about him and then explain that she was busy with an emergency. People are less likely to remain angry when you agree something went wrong and explain what happened.

2. Apologize

Apologize for what happened. Jane could say: "I'm very sorry that this happened to you. I know you must have felt very uncomfortable and SOB." Sincere apologies are powerful. It shows a caring attitude toward someone's feelings and experience. Often this alone is enough to diffuse the situation.

3. Act

Do something now to correct the situation. Jane could offer to show Mr. X again how to use the portable oxygen tank with his nasal prongs at the prescribed level so that he may ambulate without becoming short of breath. In similar situations acting upon the event may involve calling the physician, collaborating with a colleague or getting help.

4. Communicate Once

Talk to the client. By explaining directly to Mr. X what happened, Jane will begin to rebuild his trust in her and help defuse his anger.

5. Communicate Twice

Talk to the client's family about what happened and what you did to fix it. Even when the family is not directly involved, the client may tell the family what happened.

6. Communicate Again

Tell your colleagues and health care team about what happened and what

you are doing to resolve the situation. Don't wait for the client/family to tell them. Your team and colleagues can help diffuse the situation and reassure the client and family.

7. Document

Put it in writing. Jane should chart the incident and what was done to resolve it. In some situations, a formal incident report may be needed. If the unit manager is unavailable, write her/him a note about the situation. Make a personal note of what happened, date and sign it, and keep it in a safe place. If there is a complaint, these notes will serve as an important reminder of what happened. In serious situations, ask a colleague to read and sign the notes as well.

8. Debrief

By talking with colleagues, the unit manager or a friend, Jane can reflect on what happened, what she did to deal with the situation and what she could do differently if it happens again. Talking will also give her an opportunity to look for ways to avoid repeating the incident.

9. Plan

Have an action plan. It is inevitable that misunderstandings, emergencies and disappointments will happen. To ensure that they are handled professionally and consistently, every department should have an action plan to deal with problem situations. If your department doesn't have a plan, advocate for one. The plan should include steps to alleviate the tension, correct the problem, and notify the appropriate staff of the situation.

10. Perception

Negative perceptions sometimes lead to complaints regardless of the quality of care. When the client/family feels ignored, it does

not matter why or how the situation occurred. Change the client/family perception by showing concern, communicating and taking action. These 10 suggestions can help you handle difficult situations, regain trust and defuse anger. Even if the client/family still complains, being able to show that the situation was managed professionally can lead to a favorable outcome.

Q2 What is the difference between a SRT and a GRT practicing Respiratory Therapy. (Note: the designations SRCP and GRCP must also still be used at this time.)

A2 Student Respiratory Therapists are not actually Members of the CRTO. However, they are allowed to use the titles and the designations as recognized by the CRTO. Respiratory Therapy (RT) students who are enrolled in a CRTO approved RT program, are allowed to practice Respiratory Therapy, including performing authorized acts, according to an exemption under the RHPA (section 29). Student RTs are only allowed to act within the scope of RT practice, during student hours and under supervision or direction of a Member of the CRTO. Students are covered for liability by their educational institution. (Ref. PPG-Registration and Use of Title)

Graduate Respiratory Therapists on the other hand, are Members of the CRTO. These Members are permitted to practice RT according to the terms, limitations and conditions as specified on their certificates of registration. Typically these include:

- 1) the Member must advise current and future employer(s) of the terms, conditions and limitations on your certificate of registration;

- 2) the Member may only perform a controlled act, authorized to Respiratory Therapy, if performed under the general supervision of a regulated health professional who is authorized to perform the controlled act and available within 10 minutes;
- 3) the Member may not perform added or advanced prescribed procedures below the dermis;
- 4) the Member may not delegate any controlled acts to other individuals; and
- 5) the Member must successfully complete examinations approved by the Council of the College within 18 months from the date he/she is issued a Graduate certificate of registration or the certificate of registration will be automatically revoked at midnight on that date.

Graduate Respiratory Therapists are required to provide the CRTO with satisfactory evidence of professional liability insurance as outlined in the Professional Liability Insurance Policy starting March 2005.

Jennifer Harrison BSc, RRT, RRCP
Professional Practice Advisor

CORRECTION TO THE FEES COMPARISON CHART

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Please note a correction in the information we provided in the December 2003 Issue of The Exchange. In the article, *Fees: How does the CRTO Compare*, we noted the fees for the College of Medical Laboratory Technologists of Ontario were incorrect.

The correct CMLTO fees are as follows:

Initial application Process	150
Initial registration	200 or 100
Annual renewal (active)	200
Annual renewal (inactive)	100

Our sincere apologies to the CMLTO for the error.

RTSO and CRTO

support the Ontario Lung Association Bike Trek



LIKE TO RIDE?

Why not use it as an opportunity to support the Ontario Lung Association and promote your profession.

To join, contact one of the following Lung Association locations and sign-up to the team named: Respiratory Therapists: Helping people breathe

- Sunday, September 12, 2004 Kawartha and Haliburton Area
- Sunday, September 19, 2004 Halton Region
- Sunday, September 19, 2004 York Region
- September 25-26, 2004 Kingston and The Thousand Islands

For more information contact Barb Saunders at the CRTO at 1-800-261-0528 ext 27 or email saunders@crt0.on.ca or Nikki Wright at the RTSO at office@rtso.org

PPA'S TEST YOUR

KNOWLEDGE...

July 2004

Take the Professional Practice Advisor's quiz to assess your knowledge on College-related standards.

1. Who determines the Standards of Practice for RRTs?
 - (a) The government via the Respiratory Therapy Act.
 - (b) The CRTO's Registrar and staff.
 - (c) The CRTO's Council, Committees and its Members.
2. An RRT explains to a client how to use their puffers and spacer device over the telephone. Should this be documented?
 - (a) No. The RRT is not communicating a diagnosis. It is not necessary.
 - (b) Yes. In the patient's chart or on another approved patient record.
 - (c) Yes. At least in the staff's telephone messages communications book.
3. There are special standards for RRTs to consider when using electronic charting systems, these differ from the standards applied to written patient records.
 - (a) True
 - (b) False

ANSWERS: 1c, 2b, 3b
References: 1. Reference Standards of Practice Document. 2. Ref. PPG Documentation. 3. Ref. PPG Documentation.

around the province in 90 days!



Portfolio Workshop at St. Joseph's Hospital in Etobicoke

During the first 3 months of 2004, the College offered free workshops on the QA Professional Portfolio process. Mary Bayliss, Professional Practice Advisor (currently on parental leave), and Melanie Jones, Co-ordinator of Quality Assurance, traveled to a dozen cities across the province – from Sarnia to Ottawa, and Hamilton to Timmins – to assist Members in meeting their responsibilities under the Quality Assurance Program. More than 15% of College Members attended overall!

Mary and Melanie provided some background information on the College and the QA Program and then walked Members through the Portfolio document page by page, explaining the expectations for each item. The

feedback that we received was overwhelmingly positive and included:

- “Clearly defined what is required and cleared up any questions and anxiety.”
- “Setting goals was clarified very well and since that was a major sticking point for me, I was very happy with this workshop – it has quieted a lot of anxiety and fears about the whole selection process. I would highly recommend for all RT’s to attend a session.”
- “The tone of the College has definitely changed. The information was definitely important to know.”

You are reminded that the Professional Portfolio form is on the College’s Web site (www.crto.on.ca) in a PDF version

that can be downloaded and printed, and in an MS-Word version that can be downloaded and saved to your computer. You can also find the Assessment Criteria and the College’s policy on Professional Portfolios on our Web site. If at any time, you have questions about the QA Program or the Professional Portfolio, please contact Melanie Jones at extension 30 or jones@crto.on.ca, or Jennifer Harrison at extension 24 or harrison@crto.on.ca

The Quality Assurance Committee is dedicated to helping Members with their on-going professional development and plans to offer Professional Portfolio workshops in other cities beginning again in January, 2005.

are your goals s.m.a.r.t.?

One of the tricks learned by Members who attended the Professional Portfolio Workshops, is to use this acronym to help set appropriate learning goals:

Specific
Measurable
Achievable
Realistic
Timely

By setting goals that meet these criteria, you will be able to complete the four steps of the Professional Portfolio more easily. Questions? Contact Melanie Jones at jones@crto.on.ca

update on Privacy Legislation (HIPA)

The government introduced the Health Information Protection Act (HIPA) to ensure that personal health information is private, confidential and secure. This legislation received Royal Assent on May 20, 2004, and will come into effect on November 1, 2004. The HIPA consists of two parts: the *Personal Health Information Protection Act*, and the *Quality of Care Information Protection Act*. It will provide consistent and comprehensive rules for individuals and organizations that collect, use and disclose personal health information. The Federation of Health Regulatory Colleges of Ontario was consulted on behalf of the Colleges and had a number of opportunities to make recommendations, which were well received and many of which have been implemented. A Federation Working Group is planning to meet in the near future to discuss education packages for Members, particularly highlighting where HIPA conflicts with the Federal legislation, the *Personal Information Protection and Electronic Documents Act* or PIPEDA. Please watch the CRTO Web site for new information.

member spotlight

One of the many career options for Respiratory Therapists.



Mika Nonoyama BSc, RRT, RRCP

Ever felt like you were low on the health profession totem pole? Has an other health care professional ever pointed out that RTs in Ontario don't graduate with a university degree or said, "I've never thought of RTs being involved in rehab?"

You could stand your ground and have a well-honed comeback comment. You could change your profession completely and become a teacher or join the fire department. Or you could say, "Enough! I'm getting a PhD."

And that is what Mika Nonoyama is working toward. In 1994 she entered the Michener Institute of Applied Health Sciences with a BSc in physiology and graduated from the respiratory therapy program in 1997. Currently, she is working on her Masters and studying with University of Toronto's Graduate Department of Rehabilitation Science (GDRS). Her goal is to transfer to a PhD program by June 2004.

"I'd love to work somewhere I could promote the Respiratory Therapy profession. Rehab Science is made up of mostly physiotherapists and occupational therapists, many of whom never thought of respiratory therapists as being part of rehabilitation," said Mika.

The job situation has changed dramatically since she graduated. In 1997 the job opportunities were modest and now she perceives that job prospects are good for RTs.

Mika sees the possibility of full degree respiratory therapy programs as a natural progression for the profession. In fact, she said she learned more about physiology at the Michener Institute than she did at U of T—mainly because she had the opportunity to learn by doing.

Her Masters thesis studies the influence of oxygen on quality of life in COPD patients with transient exercise hypoxemia and dyspnea. This project is taking place through West Park Healthcare Centre and is funded by the Ministry of Health and Long Term Care.

This study involves an individualized approach to measuring the effect of home oxygen for patients who do not meet the Ontario government eligibility criteria for funding long-term oxygen therapy. The primary outcomes are health status and exercise capacity. For a year now she has been a travelling road show driving from Cambridge, Keswick and Wasaga Beach—in all kinds of weather. Every two weeks Mika visits these patients, provides their treatment gases (oxygen or air), assesses their quality of life, records and analyzes the results.

She'd like to work in an environment where there is a mixture of teaching and research—maybe for the GDRS at U of T.

Wherever Mika ends up, it sounds like she will always have time to do some public relations work promoting the profession of respiratory therapy.

Mika Nonoyama BSc, RRT, RRCP spoke at the 40th annual CSRT Forum about the implementation and challenges of an innovative method of assessing the effects of oxygen therapy.

council approves

Professional Liability Insurance Policy

At the June 11, 2004 meeting, Council approved the CRTO Policy on Professional Liability Insurance. The policy, which was circulated to Members for consultation last December, requires Members in the “active” category to carry professional liability insurance coverage (sometimes called “malpractice” insurance) of at least \$2,000,000.00 for each occurrence. Members will be required to provide the College with satisfactory evidence of professional liability insurance coverage beginning the 2005/2006 registration period, and details concerning this will be included with the 2005 registration renewal package and all new registration applications starting March 1, 2005.

Under the new policy for Members in the “inactive” category, the amount of coverage required by the College is set at “zero” providing that the Member provides the Registrar with a signed declaration attesting that he or she is complying with the requirements of inactive Membership as outlined in section 59 of Registration Regulation.

Members who have coverage of at least \$2,000,000.00 per occurrence through their employer’s professional liability insurance plan are not obliged to obtain additional liability insurance coverage. However, Members should review the section on “Individual considerations” to determine if they have sufficient coverage. Please note that a Member who performs any Respiratory Therapy services, even on a part time or temporary basis, outside of the organization must obtain additional professional liability insurance coverage.

Members may obtain their liability insurance from any source, including their employer, the professional association, or directly from an insurance company. A copy of the entire policy is included as an insert with this issue of The Exchange and is posted on the CRTO Web site.

Council approves Life Membership Category

On June 11, 2004, Council approved a by-law amendment permitting Council to designate a person who is or was a Member, and who is permanently retired from the practice of Respiratory Therapy, to be a Life Member. A Life Member may vote in an election of Council Members and Non-Council Members, may be invited to attend all meetings of Members and receive regular mailings to Members, but cannot, by virtue of his or her Life Member status, run for election to Council or Non-Council, perform a controlled act or hold himself or herself out as a person who is qualified to practise in Ontario as a Respiratory Therapist.

It is intended that a Life Member will not be required to pay the annual renewal fee. The by-law amendment is included in this mailing as an insert and the complete version of CRTO By-law No. 12 – 2004, may be found on the College’s Web site at www.crto.on.ca.

College takes legal action against a non-Member’s use of a restricted title and holding out as an RT

In February 2004, the College was made aware that an individual who was not a Member of the College was allegedly holding himself out as a Respiratory Therapist. The College conducted an investigation and learned that Mr. Deodat Lillie had used the title “Respiratory Therapist” and “Registered Respiratory Therapist” and held himself out as a Respiratory Therapist to patients and staff while he worked at Therapist’s Choice Medical Supplies Inc. Prior to this investigation, Mr. Lillie had been told on at least two occasions by the College’s Registrar, that he was not permitted to hold himself out as a Respiratory Therapist.

At the direction of the Executive Committee the College brought an application for a restraining order requiring Deodat Lillie to comply with the legislation. Mr. Lillie consented to the Order and on May 19, 2004, the consent Order was presented to the Superior Court of Justice and the Court ordered that Deodat Lillie comply with section 9 of the *Respiratory Therapy Act, 1991* and, in particular, that Deodat Lillie refrain from:

- (a) using the title “Respiratory Therapist” or a variation or abbreviation or equivalent in another language, and from:
- (b) holding himself out as a person who is qualified to practise in Ontario as a Respiratory Therapist or in a specialty of Respiratory Therapy.

The Court also ordered Deodat Lillie to pay partial legal costs to the College of the application in the amount of \$3,000.00.

registration changes

december 1, 2003 – may 31, 2004

New Members

GENERAL CERTIFICATES OF REGISTRATION ISSUED

ABUSOMWAN, Edith Eki
ADAMS, Cally Marie
AGUILAR, Edwin Mauricio
ANTKOWIAK, Barbara Jadwiga
DOWNEY, Kimberley
FINK, Tiffany Alicia
FRANKLIN, Jeffery G.
GAGNE, Derek T.
GOODFELLOW, Leanne Elizabeth
GRAINGER, Jane Elaine
HINES, Scott K.
HOM, Nathen
IVANSKI, Mark A.
JOHNSTON, Lindsay Erin
JOSEPH, Darryl
KOURY, Lara
LAFLAMME-PROCYSHEN, Sylvie
LAMB, Christina Lynn
LAMBERT, Diane P.
MANNING, Rudy
MARSHALL, Sheri L.
MAYNARD, Douglas J.
MAYNARD, Michelle Dawn
MCKAY, Robert Elias
MENDOZA, Ana Lee
PARCHMENT, Dion W.
PEVATO, Shauna
RAMIREZ-ARIAS, Ana M.
ROACH, Teresa
RYAN, Kristin
SAULNIER, Michelle E.
SCHMIDT, Joan A.
SIROSKY, Karen
WILCOX, Kelly

GRADUATE CERTIFICATES OF REGISTRATION ISSUED

AHOPELTO, Krsitina E.
BEAUDIN, Christina L.
BENEDITO, Christi Leila
BOUCHER, Sabrina
CADIEUX, Tia D.
CHENIER, Julie
COOL, Christine
DAMRON, Derk Matthew
DICKEY, Barbara
DORRINGTON, Sara N.
DUGAS, Marie-Josée
DUNSTER, Stephanie
FANCEY, Shannon R.
FLORES, Reynaldo B.
FOURNIER, Melanie R.
GIROUX, Myriam
GONDOSCH, Karin N.
HEENE, Joy Diane
KEMP, Andrea
LAFONTAINE, Francois
LALONDE, Marc
LEROUX, Jennifer
MCCORMICK, Trevor L.
MCFARLING, Matthew
NOLTE-RONDELEZ, Sylvia
PAGE, Wendy CR
PARENT-GAGNE, Jo-Anne Claire
PAYNE, Crystal
RAGHUNATHAN, Amrita
REGIER, Lindsay R.
REICHHELD, Jessica N.
RICHARDSON, Mary Amy
ROY, Sara C.
SERNOSKIE, Erin
SHARECK, Jeffrey H.
SIKORA, Andrea
STEPHENS, Michelle L.
SWAN, Jonathon
TEMAM, Sultan
TIMMONS, Catherine L.
TRUDEAU, K. Ryan

TRUONG, Huyen
VAN LOOSEN, Nicole
VANDERWERF, Robert
WARREN, Melissa
WATKINS, Nicole Louise
WIEBE, Valerie
WIGGINS, Jeremy
WINDATT, Amanda

MAYER, Marc
NESBITT, Lisa
ROCHON, Marc
SCHROTT, Debbie
TYE, Raymond

GRADUATE
BISTAK, William
CLARK, Karyn J.

Members Suspended

For failure to pay the prescribed fees.

GENERAL

BOURDAGES, Andre N.
COONS, Sarah E.
HANNOUCHE, Fadi
NASTAI, Horatio
PENNER, Martin E.
PERNA, Nick
PICHETTE, Lina Charline
SMITH, Gregory B.
VALADKA, Ramona

GRADUATE

ARISS, Abdul Ghani Al
EDWARDS, Kelly M.
FRENCH, Kelly Lynne

Members Revoked

Under Registration Rules.

GENERAL

BOWMAN, Richard C.
CAMPBELL, Stewart D.
COLAS, Placide
DICKIE, J. Lynne
DUBOIS, Roxanne J.
GATES, Susan

Members Resigned

GENERAL

BELEC, Taina
BERNARD, Lesa Louise
CORRIVEAU, Jos,e
DONALDSON, Carol
DOSTIE, Cynthia
GALLANT, John H.
GEORGE, Dave
HAGERMAN, Rupal
HILL, Wrae V.
LANDRY, Cathy A.
MACDONALD, Cheryl Lynn
MACKAY, Mary
MACRAE, Bruce
MEHTA, Sapna
MINICK, Catherine
PROWSE, Crystal Gail
REID, Ian
TARNAWSKY, Michael
TAYLOR, Roxanne Nicole
THORNTON, Darren A.
WOODEN, James

GRADUATE

BONNI, Karwan
EALDAMA, Monica

LIMITED

IDLE, Sandra
SPURWAY, Bradly

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