

The Exchange

The Newsletter of the College of Respiratory Therapists of Ontario

Questions and Answers about QA at the CRTO



RTs take advantage of the support offered at a Professional Portfolio Workshop held in Toronto.

Every College approaches Quality Assurance (QA) differently but each one is required to develop, implement and maintain a QA Program for its Members. With the exception of some components mandated by the Ministry, each regulatory College determines the specifics of its own Program.

Harold Featherston, RRT, Chair of the CRTO Quality Assurance Committee and Chief Professional and Diagnostic Services Officer, Muskoka-East Parry Sound Health Services, notes: "We as a Committee have struggled with what to call this *stuff*. The regulation talks about 'assessment' of Members' knowledge, skills and judgment. Naturally, we have to be consistent and comply, but we have chosen to take a supportive approach."

"We continue to try and accomplish this by developing a Program that focuses on professional improvement through self-evaluation while fulfilling what the Ministry requires us to do for the benefit of the Ontario public," Harold explained.

The Professional Portfolio is a result of QA Committee work of which Harold is particularly proud. The Portfolio was designed to encourage self-reflection with the intention that Members will gain understanding and obtain new information by completing this process. "I think we have the Portfolio to a point where it meets the regulatory requirements but is easy for Members to use and of value in helping them to identify learning needs and grow professionally," said Harold.

As an RT, Harold gets a sense of how some of his colleagues feel about the Professional Portfolio and the Professional Standards Assessment (PSA). "Often they are surprised and comment that it was a lot easier than they thought it would be. We have tried to make quality improvement the focus of the Program. Members will find that the Program is more about mentoring and supporting than it is about finding the 'bad apples'."

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QA Facts and Stats

How many randomly selected Members submitted their Professional Portfolios and completed the PSA in 2005?

176 Members

What was the average score?

Approximately 78%

How many Professional Portfolio reviews in 2004 resulted in assistance* from the College?

15 out of 202 submissions

**A one-on-one Workshop provided by College staff (by phone or in person) to help the Member improve his/her documentation.*

How many Professional Portfolio Workshops did the CRTO facilitate in 2005?

9 workshops across Ontario

How many Members attended?

25% of CRTO Members have attended Professional Portfolio workshops in their communities over the past 2 years.

How many RTs have had their Certificates of Registration revoked as a result of not meeting the College's QA requirements?

None—ever—in the history of the CRTO.

Thanks to **Melanie Jones-Drost**, CRTO's Co-ordinator of Quality Assurance for providing statistics giving a snapshot of how the Quality Assurance Program is working for RTs.

The CRTO invites Members to contact Melanie at (416) 591-7800 ext 30, toll free 1-800-261-0528 or by email at jones-drost@crti.on.ca with any feedback or questions about QA. ■

CONGRATULATIONS



to **DEBBIE COUTTS**, RRT who was honoured with the Michener's Clinical Teaching Award of Excellence.

DEBBIE has been the Clinical Co-ordinator for the Michener at Credit Valley Hospital in Mississauga since 1988.





James B. McCormick, RRT
President, CRTO

President's MESSAGE

How do we define ourselves as RTs?

Are we, by definition a professional body?

How will the College ultimately be viewed, as we continue to define and refine our provincial Regulatory Role within the health care sector?

Good questions for us as we greet the 2006 New Year.

Loosely paraphrased, John Donne once scribed that what affects one, affects us all. We are all part of the whole. In terms of defining ourselves as professionals, by extension we ultimately define our College and what it stands for. This is, as it ought to be, for we are, to a large extent, what we do. One of my greatest joys has been working with skilled and passionate RTs who believe that what they stand for matters a great deal. This is not limited to my CRTO Council/Committee Colleagues; it must also include those leaders of the RTSO, CSRT and our Inter-Provincial Stakeholders within the National Alliance who have raised the professional bar for all of us. All of these leaders demonstrate one thing in common: that as professionals they have professed to lead positive change.

If there were four cornerstones of what defines professionalism, I offer they might be these: Accountability, Exclusivity, Autonomy and a healthy sense of Pride/Passion for the work done.

Let me first speak to Accountability. The mandated role of the CRTO is clearly to afford our patient public with assurances that care is provided in a safe and ethical manner. We have matured as an organization to the extent that we also acknowledge that we want and need our Members to hold this to be true, on an individual and departmental basis. Moreover, your Council has acknowledged that the College cannot establish a unilateral accountability framework without buy-in from our Members at large who truly are "the College." In other words, Accountability works best when individual members believe this value defines professionalism. Accountability, when used as a hammer, leaves a bruise that benefits no one. To that end, I foresee your College, like most other Colleges, broadening our Mission Statement around providing services in a safe and ethical manner to include the codicil, "While guiding the profession." These four little words would have significant importance to our Members and our patient public, both on a philosophical and operational level.

Is it working? Are we Accountable? Yes! It gives me great sense of confidence to sit on the QA Committee and QA panels when we review the Professional Portfolios. To witness the effort, quality and excellence of the vast majority of the submitted Portfolios speaks to a healthy compliance with our QA Program. Moreover, the RTSO has been fully consulted and participatory in all steps of our new QA program. How reassuring to hear both the College's Executive Committee (consisting of both Profession and Public Members) and the RTSO agree that the QA Committee is on the right track in terms of assuring this accountability to our patients. However, we are only accountable when we have measures in place to ensure compliance with our mandated QA program. Indeed we owe it to our patient public to ensure that observed deficiencies are addressed in a professional, enabling and helpful manner. But addressed nonetheless. Anything else should challenge our own definition of what constitutes professionalism.

A second cornerstone of Professionalism might be that we are, to some extent an exclusive club, and yes, membership has its privileges. The Registrar and the Registration Committee are charged with both granting registration (membership) and ensuring that applicants for registration are in good standing, and that no unqualified, unprofessional or incompetent individuals holds themselves out as RTs. The development and refinement of our Professional Practice Guidelines (PPGs) help define what we do, how we do it and what limits ought to be in place to assure patient safety. A weighty mandate for the Patient Relations and Registration Committees. Another good example is work being done with the NCP to ensure a National Educational Process and hopefully a National Exam. Sue Jones, President of the CSRT, nicely summates the import of provincial commonality of approach in the CSRT Journal [Volume 41] and what a truly National process means to RTs coast to coast. What is your role in contributing to this effort? Do you see your input into PPG development as being



President's MESSAGE *continued*

meritorious? Do you appreciate the consultative process afforded by our new approach to College communications with Members? Do you see the work of College Staff and Council being none of your affair? If we all believe that what we do defines us, then we are not far from realizing the hope of our Registrar, Mr. Gord Hyland, that one day all Ontario RTs will feel a sense of pride in belonging to the CROTO. Admirable.

A third cornerstone of Professionalism is the privilege of being self-directed. We can exercise independent judgement but only if we are Accountable. In this province and others, that means we are Members of a self-regulating profession. Self-regulation is a privilege. Again, the College helps us define and refine the scope of practice for RTs by setting standards, providing guidance, and responding to evolutionary changes in respiratory care. Examples include the development, in consultation with Members, of the 2004 Standards of Practice Document; ongoing revisions, with the input of peers, of Professional Practice Guidelines (e.g., documentation, delegation; conflict of interest) and the development of new PPGs (e.g. dispensing medication) in response to change in Respiratory Therapy practice and protocols; the development of Position Statements in response to the growth of the profession (e.g. anesthesia assistants; medical directives).

The fourth pillar of professionalism should be a healthy sense of pride and passion that we bring to the bedside. While I could write volumes on this, my goal is to narratively link how the CROTO actualizes the values that denote professionalism programmatically and how we, as individual practitioners, are married to aims and objectives of the CROTO. When I think of the recently completed RT video produced by the

Communications Working Group (jointly funded by the CROTO and RTSO), I am filled with a tremendous sense of pride as an RT! I am reassured that we all benefit from being Members of a functional self-regulating College. How often do we complain that no one understands what RTs do? This video goes a very long way to helping us promote the profession and educate the public concerning the roles and responsibilities of RT's as valued regulated Members of the health care team. Those images have a powerful impact, for they re-enforce the truism that, as RTs, the professional whole is greater than simply the sum of its parts. Metaphorically, the collective whole is the CROTO, for professionally no man is an island. We are all Members, stakeholders and contributing professionals. By extension we are therefore all accountable for the image we own. It is said that the rising tide lifts all boats. When I see, hear and feel the passion of those "representative RTs" in this video, that truism is re-enforced. For my part, I am beyond proud to serve a tiny role as President of the CROTO, the regulatory ship in a bigger navy of professional navigators. Let Accountability and Passion be your professional compass, for those two values will always steer you in the right direction. Towards stellar patient care.

As I have stated once before in this space, Optimism and Pessimism are polar opposites. Both are contagious. Choose the former, for it will positively affect your patients, your life and your co-workers. And what you are reflects who we are as the CROTO. For we are all part of the whole. Be the solution. Be proud. Believe in yourself and your role as a valued professional within the larger health care team. ■



Gord Hyland,
Registrar & CEO, CRTO

Registrar's MESSAGE

THE CRTO STAFF: WE ARE HERE TO HELP YOU

CRTO Members sometimes question the need for all of the College's Staff, believing that once the annual renewal fees are gathered, that's most of the work we do. In this short message, I will try to give Members a better idea of the many other areas of work done in the CRTO office.

In my 15 years as the Registrar and CEO of two health care regulatory Colleges, I have always been amazed at the increasing work and responsibilities taken on by staff, especially since the start of the *Regulated Health Professions Act* (RHPA). As you know, this Act, passed in 1991, but not put into effect until December 31, 1993, is the "umbrella" Act which established all the 21 health care "Colleges", which are responsible for the licensing of 23 professions. Respiratory Therapy was regulated for the first time under the RHPA, and the CRTO came into existence for this purpose. All at once, the mandate and obligations of a regulatory College were created and continue to expand to this day.

But what does the College Staff really do? If you could spend some time in the CRTO office "shadowing" our busy Staff, I believe it would give you a better appreciation of the wide range of important jobs they perform, for you the Members, and the Public.

Here is a brief summary of each Staff Member's duties:

Shah Amarshi, our new *Administrative Officer*, started with the College on January 23rd. Shah is the CRTO's front line for general telephone inquiries, incoming mail and faxes, general email messages, and Members and the Public who just drop in for many reasons. Data entry, photocopying, meeting setup, filing, outgoing mail/faxes, ordering, receiving and monitoring supplies and services and general assistance to other Staff and Committee Members are also on the Administrative Officer's plate.

Working closely with the Administrative Officer is **Amelia Ma**, our *Co-ordinator of Administrative Services*, who came to us seven years ago from the College of Nurses. Amelia oversees a myriad of activities and services that keep the office functioning at a high level, from handling the College's bookkeeping, including daily accounting functions, payroll, human resources in conjunction with the Registrar, co-ordinating Council and Committee Members' reimbursement of expenses, administering

the College's election process, document management, as well as overseeing all the administrative functions needed by a busy office. Amelia's attention to detail ensures that all these are kept up to date and accurate.

Ania Walsh, our *Co-ordinator of Registration*, previously worked at the College of Chiropractors. She has responsibility for maintenance of the Member Information Database, support for the Registration Committee and its Panels, and giving fast and informative assistance to applicants for registration, CRTO Members, the Public and other stakeholders such as the RT educational programs and professional associations. Ania ensures that all the mountain of information that we must gather from Members, including their home and practice locations and areas of practice, etc., is current, accurate, and kept securely. She also provides the Registrar and the Registration Committee with the tools and information necessary to conduct their meetings and make decisions on whether referred applicants can be registered. Ania represents the CRTO at various advisory groups and meetings of Registration staff from other health care Colleges.

Barb Saunders, our *Co-ordinator of Communications and Member Services*, looks after the CRTO website, sending of email and other communications to Members, and editing and publishing the Exchange newsletter. She also supports the work of the Patient Relations Committee and the joint Communications Working Group (CWG) in which the CRTO works on an equal basis with the RTSO. Barb was responsible for overseeing the fabulous new RT video, which was a production of the CWG. She liaises with the media, the public, other professions and external interest groups such as high school guidance counselors. She has authored a number of articles about RTs in the Hospital News, and is one of the 2 computer "gurus" in the office. She is the ever smiling "face" of the CRTO at many meetings and conferences.

The College's longest-serving employee, **Melanie Jones-Drost**, is our *Co-ordinator of Quality Assurance*. Melanie is in close contact with those Members who have been randomly selected to let the College know about their QA activities (QA Portfolio) and to take the new online, self-invigilated, assessment tool, the



Registrar's MESSAGE *continued*

PSA. Melanie administers the QA Program and supports the QA Committee in their meetings and Panels. She is the friendly voice assisting Members with their QA queries and conducting Portfolio Workshops with Mary Bayliss. Melanie also represents the College at various QA-related external meetings.

Historically, as one of the more "sensitive" areas of the College's work, the Quality Assurance Program is constantly being monitored to ensure that Members and the Public perceive it to be fair, reasonable and effective. Melanie plays a large role in this endeavour.

Mary Bayliss, RRT, CAE, is the College's *Professional Practice Advisor* (PPA), and one of the two Manager-level Staff persons on the CRTO Staff. Mary is a long-experienced RT. As CRTO Members, many of you will have already come into contact with, met or spoken to Mary, and received her sage advice, especially if you had a practice concern or a question about any aspect of today's health care system. Mary also supports a number of CRTO Committees which deal with all aspects of RT practice, including Registration (for certification programs), Patient Relations (for Professional Practice Guidelines) and Quality Assurance. Mary, as the PPA, keeps tabs on the pulse of the profession and stays up to date on current practice, and our relations with patients and other professions. She represents the CRTO at meetings with associations, other professions, Ministries and Schools, and is a leader in the current pandemic planning work.

Christine Robinson has served the CRTO for seven years, and is our *Manager of Policy and Investigations*. She is a Certified Investigator and uses these skills administering the work of, and

doing investigations for, the Executive, Complaints, Discipline and Fitness to Practise Committees. She ensures that the Complaints and Discipline processes required by the RHPA are fair and efficient for both Members and the Public. In addition, Chris provides expert analysis and assurance of currency of the Legislation, Regulations, Bylaws, Policies, Practice Guidelines, position statements, etc., all of which are intended to help our Members practise to their fullest potential. Chris maintains contacts with Members, the Public, and the Ministries of the Government, as well as other professions and Colleges. Her in-depth knowledge of the RHPA system was honed in her previous jobs as Registrar for the College of Chiropodists, and Acting Registrar of the CRTO.

Gord Hyland, *Registrar & CEO*, was a Senior Medical Laboratory Technologist for 25 years, including 14 years in the Toronto Western and General Hospitals' Oncology research labs, and then the Registrar of the College of Opticians for over 11 years. He is charged with the global oversight of all the College's activities, finances, services and programs, and for implementing all the decisions and directives of the Committees, Panels and the Council. Working with his colleagues, the CRTO Staff and the Council and Committees, the Registrar ensures that the College complies with its obligations under its legal mandate and mission statement, that the Public interest is well served, and that RT Members are supported and guided in their practices in a fair, informative and friendly manner. The Registrar also has the very pleasant task of registering new RRTs and Graduate Members.

We hope that your experience with the College and its Staff is a "stellar" one, and we want you to let us know at any time how we are doing, and what we can do better for you. ■

How to Contact CRTO Staff

Tel.: (416) 591-7800 • Toll free: 1-800-261-0528

Fax: (416) 591-7890 • General email: questions@crto.on.ca

GORD HYLAND

Registrar and CEO
hyland@crto.on.ca ■ ext 23

SHAH AMARSHI

Administrative Officer
questions@crto.on.ca ■ ext 22

MARY BAYLISS RRT, CAE

Professional Practice Advisor
bayliss@crto.on.ca ■ ext 24

MELANIE JONES-DROST

Co-ordinator of Quality Assurance
jones-drost@crto.on.ca ■ ext 30

AMELIA MA

Co-ordinator of Administrative Services
maa@crto.on.ca ■ ext 26

BARB SAUNDERS

Co-ordinator of Communications
and Member Services
saunders@crto.on.ca ■ ext 27

CHRISTINE ROBINSON

Manager of Policy and Investigations
robinson@crto.on.ca ■ ext 21

ANIA WALSH

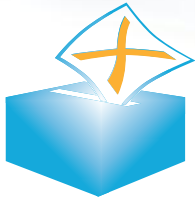
Co-ordinator of Registration
walsh@crto.on.ca ■ ext 25



FRONT ROW: Ania Walsh, Shah Amarshi, Amelia Ma

BACK ROW: Melanie Jones-Drost, Christine Robinson, Barb Saunders

Photos of Gord Hyland and Mary Bayliss appear elsewhere in this issue.



Administrative Update

2005 CRTO ELECTION RESULTS

DISTRICT 3		NON-COUNCIL	Two to be Elected
COUNCIL	One to be Elected	Summers, Ian	Acclaimed
MacGregor, Judy	Acclaimed	Tessier, Caroline *	Appointed by Council

* Since there was only one nomination for two Non-Council Committee positions in this district an invitation for applications for this position were sent to eligible Members in District 3 and Council approved the appointment of Caroline Tessier on November 24, 2005, upon the recommendation of the Executive Committee.

DISTRICT 4		
Total number of eligible voters		949
Total number of ballots received		232
• TWO TO BE ELECTED		
COUNCIL	Votes Cast	Elected
Martin, Susan	174	X
McCracken, John	61	
Taylor, Kevin	146	X

Spoiled ballots		-
Total number of valid ballots cast		232
• TWO TO BE ELECTED		
NON-COUNCIL	Votes Cast	Elected
Ackerman, Gary	176	X
Dupont, Donna** (resigned before taking office)	164	X
Konstantakos, Stamatina	32	
Martins, Ginny***		Appointed

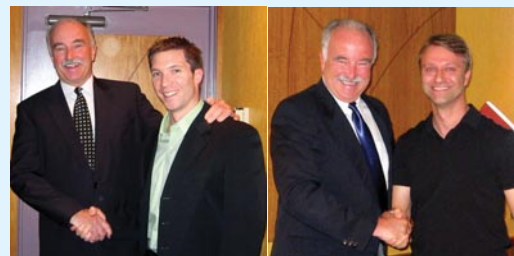
** As a result of the resignation of this Non-Council Committee Member in District 4, an invitation for applications of this vacancy was sent out to eligible Members in District 4 on December 2, 2005.

*** Ginny Martins was appointed by the Executive Committee on February 2, 2006 to fill the vacant position.

DISTRICT 6		Spoiled ballots		1
		Total number of valid ballots cast		140
Total number of eligible voters		411	• TWO TO BE ELECTED	
Total number of ballots received		141		
COUNCIL	One to be Elected	NON-COUNCIL	Votes Cast	Elected
Maiolino, Vito	Acclaimed	Aquilina, Mario	31	
		Fryer, Daniel	75	X
		Jones, David	109	X

We welcome our newly elected Council Members Judy MacGregor, Susan Martin, Vito Maiolino and Kevin Taylor and Non-Council Committee Members Gary Ackerman, Dan Fryer, Dave Jones, Caroline Tessier and Ian Summers. Last but not least we welcome our new public Council Member, Kathleen Keating-Burghardt. **WELCOME ABOARD!**

At the same time, we said farewell to the following out-going Council Member, Peter Szkorla, and Non-Council Committee Members, Mario Aquilina, Chris Harris, Cheryl Homuth, Melissa McLean, Ginny Martins and Martin Rennick. We also said goodbye to two of our public Council Members, Richard Levert, whose term ended on October 8, 2005 and Susan Bryson, who resigned on December 23, 2005. We would like to thank all of them for their valuable contributions during their terms. They will be missed. We wish them the very best in their future endeavors.



CRTO President Jim Mc Cormick, RRT, congratulates and thanks:

Left: New Council Member [Kevin Taylor, RRT](#).

Right: Out-going Council Member [Peter Szkorla, RRT](#).

Administrative Update continued

Renovation Update

As the result of the free rent for the first three months of the new lease (January, February and March 2005) granted by the landlord, the College was able to carry out some necessary improvements to the premises.

Along with the general renovation, we converted the open workstation areas of Barb Saunders and Ania Walsh into two offices. We also reconfigured the filing and storage areas in order to create extra filing space, which allows a more efficient filing system for membership. The renovation is going very well and we are at the final stage of the project.

Please note that our CRTO general email address has changed to questions@crtto.on.ca. The old address, crtto@crtto.on.ca, was closed because it was vulnerable to a large number of spam emails.

CRTO Staff Update

We welcome Shah Amarshi who was recently hired to the position of Administrative Officer for the College. ■

Amelia Ma

Co-ordinator of Administrative Services

Academic RT Member to be elected to CRTO Council

On November 24, 2005, Council approved amendments to Article 10 of the CRTO By-law which provide for the election of an Academic Member of Council. Under the new Bylaw amendments a CRTO General Member is eligible for election as an "Academic" Member of Council if, on the date of the election, the Member is a faculty member and meets certain other eligibility requirements (see Article 10.09).

A "faculty member" means an instructor and/or an administrator employed by one of the approved Respiratory Therapy educational programs in Ontario.

A new Electoral District (7) from which the Academic Member will be nominated/elected has been created which is composed of the whole of the province of Ontario. When an Academic

Member is to be elected, eligible voters (all RTs in Ontario) may elect a member both in their own geographical electoral district (where applicable) and in the Academic Member District.

The term of office for the Academic Member is the same as for other RT Council Members, three (3) years. If an academic Member of Council ceases to be a faculty member for more than 90 days, the Council seat automatically becomes vacant.

To view the entire By-law on our web site go to

<http://www.crtto.on.ca/pdf/bylaws.pdf>

Paper copies of the By-law are available on request. ■

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 the Respiratory Therapy in Ontario.



HERE ARE JUST A FEW OF THE MANY RTs WHO HAVE VOLUNTEERED RECENTLY:

- | | | |
|------------------|-------------------|-----------------------|
| ■ Sandy Annett | ■ Rick Culver | ■ Lori Pepler-Beechey |
| ■ Jackie Bernard | ■ Susan Dunington | ■ Jason Proudman |
| ■ Ron Black | ■ Jeff Hunter | ■ Sydney Redpath |
| ■ Julie Brown | ■ Marilyn Hyndman | ■ Gary Tang |
| ■ Paula Burns | ■ John Langis | ■ John Traill |
| ■ Bill Butler | ■ Emily Louca | ■ Cary Ward |
| ■ Andrea Craig | ■ Jason Macartney | ■ Martha Williams |

MEMBER SPOTLIGHT

A Respiratory Therapist goes to AFRICA



When Lakeridge Health Corporation was asked to recommend and support one employee to participate in Rotary International's *Group Study Exchange* program, the hospital selected Andrea BurrIDGE RRT, a Respiratory Therapist from Ajax, Ontario. Her destination: *Africa*.

"I applied to the program through the hospital and wrote an essay expressing all the reasons why I wanted to participate. I have to say, that in an organization that can often be strongly influenced by nursing, I was especially happy to be chosen," said Andrea.

Andrea was fully supported by Lakeridge Health Corporation for the 6 weeks she traveled to Malawi, Mozambique, Zimbabwe and Zambia, receiving full income and vacation. The *Group Study Exchange* program is a cultural and vocational exchange opportunity for young business and professional men and women between the ages of 25 and 40. Andrea was required to go to the Oshawa Rotary Club for a personal interview as part of the selection process. As one of the chosen professionals, she became a member of a team that went on to experience the host country's institutions and ways of life.

In Ontario, we are challenged to educate the government and the public about the role of Respiratory Therapists in health care. If you lived in Africa, your task would be especially difficult because there are no Respiratory Therapists. Anesthesiologists are doing the job.

"We need you here," said a physician in Zimbabwe to Andrea. The doctor was one of the few who knew what a Respiratory Therapist was.

Critical care is almost non-existent in many parts of Africa. "There is always a distance to travel and without transportation, cars or bikes—they just don't make it. Access to adequate health care is an area where Rotary is involved," said Andrea.

Like many Ontario hospitals, the Lakeridge Health Respiratory Therapy department has seen re-organization, including the closing of the Asthma Clinic in the spring of 2005. Andrea herself was laid off in the spring from Lakeridge Health Corporation. Because of her experience in Africa, Andrea has a comparative perspective on cutbacks that often leave Ontarians lamenting for better health care.

"Think about when SARS hit and we were double masked. In the Malawi TB ward there are no gowns, no gloves and stacked beds. Much of the equipment is donated from Asia. There are no parts, no manuals; circuits are used and reused as are syringes and needles. From this perspective, we come from such abundance," said Andrea.

"In Mozambique there was an overnight power outage—three children lost their lives by morning."

"We need you here," said a physician in Zimbabwe to Andrea. The doctor was one of the few who knew what a Respiratory Therapist was.



Member Spotlight

A Respiratory Therapist goes to Africa continued



Andrea went on to explain how clinically astute health care practitioners have to be in a place where there is no money for tests and a shortage of trained health care professionals to treat people.

“It is how you see Africa portrayed on TV. The HIV AIDS epidemic is to the point where employers hire two people for every job because of attrition—people are dying and they don’t come back to work.” Andrea continued to explain that HIV AIDS does not discriminate. The disease is common among urban working professionals as well. A major focus of the Group Study Exchange program is providing education to people around the world about the dangers of AIDS.



“I have to say, that in an organization that can often be strongly influenced by nursing, I was especially happy to be chosen.”

Andrea’s most memorable experience in Africa was the homecare visits she made to the sick and suffering with a Nurse and a Social Worker. Together, they assessed the need for any further support that could be provided and distributed antibacterial soap.

“I really got the chance to see how people live and often it was not easy to find them,” said Andrea in describing these families’



“Think about when SARS hit and we were double masked. In the Malawi TB ward there are no gowns, no gloves and stacked beds.”

circumstances. There are no phones and your travels take many turns to find those in need. One man and his two sons lived in a broken down Volkswagen van with no wheels with a mattress in the back. He raised Guinea pigs in the flat bed of an abandoned truck so that he could feed his two growing boys protein every so often. His wife had left him because he was HIV positive.

“He was so grateful that we had visited him—just for the companionship and a bar of soap,” said Andrea.

Andrea shared a few of these stories from her homecare travels and the common thread was a portrayal of people working hard to feed their children and stay alive. One woman, a grandmother living in a cargo train car, had knit a sweater that Andrea bought from her. Incredibly, the woman fretted about the fact that she was not able to add buttons to the sweater to make it complete. ‘Sweating the small stuff’ must be a universal trait.

We don’t seem to have a lot of control over the timing and coincidences that happen in our everyday lives, yet it seems no surprise that Andrea would end up working in homecare after returning from Africa. Bringing her expertise as an RT to treat people in their homes in Durham is not that different from giving people words of support and a bar of soap in Africa. It is all a matter of perspective. ■

Update on the Respiratory Therapy Degree Project

The CRTO has completed the first phase of the study into the potential impact of degree level entry to practice credentials for Respiratory Therapy.

In the fall of 2005 the firm Harry Cummings and Associates was contracted to seek feedback from the CRTO Membership through focus groups and key informant interviews. In addition, the College has sought input from key stakeholders including employers, Respiratory Therapy educational programs, Respiratory Therapy regulators in other provinces, professional associations, OHA and OPSEU.

A report of the feedback received through the consultation process will be presented to Council early in 2006. Council will then make a decision whether to move forward with Phase 2.

Phase 2 of the study would include identifying options and transitional issues associated with degree level entry to practice credentials, meeting with government, college and university representatives, and canvassing a broad range of stakeholders, including the entire CRTO Membership.

We would like to emphasize that any future change in CRTO entry to practice requirements must first receive government approval, and will not affect the registration status of current Members.

Should you have any questions concerning this project please contact Mary Bayliss, RRT (ext 24, bayliss@crtto.on.ca) or Christine Robinson (ext 21, robinson@crtto.on.ca). ■

www.cliquezsante.ca

A NEW PLANNING TOOL FOR FRANCOPHONE HUMAN RESOURCES...

Ontario is home to more than 500,000 Francophones – and they want health care in French!

In Ontario's health and social services sectors, there are scores of professionals dedicated to helping and caring for the public, including opticians, addiction counsellors, physiotherapists, pharmacists, doctors and acupuncturists, to name but a few.

Cliquezsanté.ca is a new database that will allow Ontario's Francophones to readily access health care and social services in French. By visiting www.cliquezsante.ca, they can consult a comprehensive directory of French-speaking professionals in these sectors and find the one they need in their region.

"I am well aware of the importance of receiving care in one's own language. **cliquezsanté.ca** is an essential tool in that it enables Ontario's Francophone community to obtain services in French in the health and social services sectors," said Christiane Fontaine, Executive Director of RIFSSSO. "Your support in this matter is vital. Please tell everyone you know about **cliquezsanté.ca**!"

And register today!

A message from the Regroupement des intervenantes et intervenants francophones en santé et en services sociaux de l'Ontario (RIFSSSO)

College of Respiratory Therapists of Ontario

COUNCIL MEETING DATES 2006

- **Friday, February 24, 2006**
9:00 a.m. - 4:00 p.m.
- **Friday, June 16, 2006**
9:30 a.m. - 4:00 p.m.
- **Friday, September 22, 2006**
9:30 a.m. - 4:00 p.m.
- **Thursday, November 23, 2006**
9:30 a.m. - 4:00 p.m.

All Council meetings are held at:

**Metropolitan Hotel
Shanghai Room, 25th Floor
108 Chestnut Street, Toronto**

If you are planning to attend an upcoming Council meeting, in order to reserve a seat and receive a Council package at the meeting, please contact the College at 416-591-7800 or 1-800-261-0528 or questions@crtto.on.ca to advise us of your attendance and reserve a seat.


CRTO UPDATES



Patient & Member Relations

The Patient Relations Committee and the Registration Committee have completed extensive work on the Professional Practice Guidelines that were passed by Council in the fall of 2005. It is a PRC goal to conduct a review of all CRTO Professional Practice Guidelines at a minimum of every 5 years or more frequently, as required.

The following is a table of all the PPGs revised over the last 6 months. The documents can be found on the CRTO website at <http://www.crto.on.ca/html/profpactguidelines.htm>.

PROFESSIONAL PRACTICE GUIDELINE:	BACKGROUND AND RATIONALE:
Conflict of Interest (November 2005)	The MOHLTC published new guidelines for conflict of interest. The revisions to our document were made to be consistent with the Ministry guidelines and to make the document less ambiguous and more concise.
Delegation of Controlled Acts (November 2005)	This PPG was updated to reflect the information in the proposed new PPG on Dispensing Medications . Clarification and information about what RTs can and cannot do around applying forms of energy and about dispensing medications was added to the document.
Dispensing Medications (November 2005) 	The Patient Relations Committee began to explore this matter following Member inquiry into this issue. After discussions with the Ontario College of Pharmacists and the College of Physician's and Surgeons of Ontario, the CRTO Council (September 2004 meeting) agreed in principle to permit CRTO Members with no terms, conditions or limitations on their certificate of registration to accept delegation of this controlled act, provided a PPG on Dispensing Medications was developed.
Documentation (November 2005)	This PPG was originally published in August 2000 and was scheduled for a review. The PRC struck a working group to conduct a full review of the document and draft any revisions. The Working Group comprised of CRTO Members Carole Hamp (Non-Council member), Regina Pezutti (Kingston), Shelley Prevost (Thunder Bay), Lisa O'Drowsky (Toronto) and Carrie-Lynn Meyer (Hamilton) met twice during the summer months. In addition, Gail Crook, the Executive Director of the Canadian Health Information Management Association (CHIMA) also provided some assistance to the working group. The changes that were drafted were also circulated to CRTO Members via a Survey Monkey questionnaire that was done during the month of October.
Registration and Use of Title (September 2005)	The Registration Committee conducted an extensive review of the Registration and Use of Title Professional Practice Guideline in relation to the change in the Registration Regulation.
Responsibilities of Members as Educators (September 2005)	The Registration Committee conducted a review of the Responsibilities of Members as Educators Professional Practice Guideline. Most of the suggested changes are based on current CRTO policies and update of terminology.

Looking forward into the New Year, the PRC will be working with Ginny Myles, RRT from Royal Victoria Hospital in Barrie. Ginny is currently doing research about infection control and will be working with the College on this project. She is working towards the completion of the practicum portion of her Ryerson program in a Bachelors Degree in Health Services Management at Ryerson University. Ginny's role will be to assist in the evidence gathering process and to help with identifying RT experts in the field who can assist us with this important project. We are grateful that this project

provides an opportunity for Ginny to meet her degree requirements, at the same time, having her expertise and assistance with this project. ■

Mary Bayliss RRT, CAE
Professional Practice Advisor

Barb Saunders
Co-ordinator of Communications and Member Services



CRTO UPDATES

Communications

The College continues to strive to improve communications with its Members, the public and all stakeholders. One way we work toward this goal is through the Communications Working Group that includes members of the RTSO Board and Members of the College's Patient Relations Committee.

The following are our goals and our achievements since July 2005.

Goal 1: Educate the Ontario public on the role of Respiratory Therapists—who they are, what they do and how they are regulated

Results:

Hospital News:

Our story about RTs working in critical care, featuring RT and Non-Council Committee Member Bernie McNamara, was published in the August issue of Hospital News.

RT Posters featuring RTs working as Anesthesia Assistants were mailed to 450 RT Managers across the province to post in areas for public viewing.



The RTSO/CRTO **Respiratory Therapy Video** was launched during RT week. The purpose in developing the video was to raise awareness about the profession of Respiratory Therapy and the diverse areas of practice. Copies have been distributed to Ontario Teachers and High School Guidance Counsellors upon request.

If you would like to request a copy for your workplace, please send an email to Barb Saunders, Co-ordinator of Communications and Members Services, at saunders@crtto.on.ca or call (416) 591-7800 ext. 27.



On the eve of RT Week, Saturday October 22nd, we exhibited at the Air Canada Centre during a Leafs game generating public awareness about the profession of Respiratory Therapy.

Martha Williams, RRT, from the Michener and **Andrea Craig, RRT**, from Hamilton, represented the profession to many enthusiastic Leafs fans.

Goal 2: Generate awareness about the profession to potential students as part of the effort to ensure that an adequate number of qualified Respiratory Therapists are available to meet anticipated demand.

On November 6th and 7th the RTSO/CRTO communications working group exhibited at the Annual Ontario School Guidance Counsellors Conference. Respiratory Therapists, Rick Culver and Julie Brown from the RTSO plus Carole Hamp and Jim McCormick from the CRTO, met with Ontario School Guidance Counsellors to generate awareness about the profession and offered a copy of our RT video as a resource for educators and students.



Also in November, we participated in a high School career fair at Birchmount Collegiate in Scarborough. Thanks to our RT volunteer, **Jason Proudman, RRT**, from North York General, for taking the time to meet with the students and answer their questions.

Goal 3: Create a positive atmosphere in the relations between the College and its Members.

The CRTO continues to encourage feedback from Members by using web technologies like online surveys and email bulletins to make it easier for Members to respond.

This fall an online survey was developed to collect Member feedback about the extensive revisions to the *Documentation* PPG. Member feedback is important because it helps to guide



Committees in presenting items for decision before the Council. Thanks to all those Members who responded to the survey.

Another way to have your say

We encourage Members to submit group responses to surveys as a way to get more Members involved. Please let us know the number of people in your response group for statistical purposes.

Free Professional Portfolio Workshops

The 2005 Professional Portfolio Workshops started in May and were facilitated by Mary Bayliss, RRT, CAE, Professional Practice Advisor and Melanie Jones-Drost, Co-ordinator of Quality Assurance. This year the CRTO partnered with the

Ontario Respiratory Care Society (ORCS), offering Portfolio Workshops following the ORCS educational seminars to attract more participants. It worked!

A note to RT managers and practice leaders

The CRTO would like to ask RT managers and practice leaders to share College emails and other communications with their colleagues by printing information and posting it on their department's bulletin boards. ■

Barb Saunders

Co-ordinator of Communications and Member Services

Quality Assurance

At the beginning of September, 192 Members were notified by mail that they had been randomly selected to submit their Professional Portfolios and complete the Professional Standards Assessment. In that letter, Members were reminded that the Quality Assurance (QA) Committee would consider requests for extensions or deferrals of the requirements based on: parental/maternity leave, illness or other personal leave. The Committee granted 14 Members deferrals of varying lengths.

Members had 45 days in which to send their Portfolios to the College. During that time the Portfolio Reviewers (who are your fellow RRTs) met for two days for additional training. Also, the QA Committee ran its own quality control program last year in which it compared each of the Reviewers' assessments to ensure that all Portfolios were being measured to the same level. The Reviewers were given the Committee's feedback at their training session.

Around the same date that the Portfolios were due at the College, the randomly selected Members were emailed unique logins and passwords. This information was used to access the web-based Professional Standards Assessment (PSA). The 50 question multiple-choice assessment on the College's standards, guidelines and legislation was available online for 30 days.

In that time, Members could login/out as many times as they wished and use whatever resources they thought necessary to

answer the questions – CRTO website, Members' Manual or even discussion with a colleague. The un-official average score on the PSA is 78%! (The official score will be arrived at by statistical analysis.)

Some of the comments the College received from Members regarding the QA Program included:

- "This experience was much better than my experience in 2001."
- "Some of the questions are ambiguous but no more so than they are in most tests I have done."
- "A good learning tool. Can be used to create a good discussion among co-workers."

The QA Committee will meet in the next few weeks to review Members' Portfolio Review reports and PSA results, taking into consideration personal circumstances such as scope of practice, parental leave, etc. Members should expect to receive feedback from the Committee by the end of March. ■

Melanie Jones-Drost

Co-ordinator of Quality Assurance



Registration

Here is a brief summary of what the Registration Committee has been working on in the last few months:

Registration and Use of Title Professional Practice Guideline

Following the Ministry's approval of the Registration Regulation amendments regarding labour mobility and title & designations, the Registration Committee conducted an extensive review of the *Registration and Use of Title* PPG. The revised PPG was approved by Council on September 23, 2005. The following list highlights some of the changes:

- change in title/designation – all references to “Registered Respiratory Care Practitioner” / “RRCP” have been removed or replaced with “Registered Respiratory Therapist” / RRT
- Participation in a hospital/facility wide, non-clinical orientation by a person who is not a Member of the College (but awaiting registration) is now permissible
- Mutual Recognition Agreement section has been added
- The Use of Name Badges section has been amended – for example Member's CRTO registration number is no longer required on a name badge
- Examples of “Using the Title” section has been amended – for example all references to job specific titles have been removed.
- The terms, conditions and limitations typically imposed on Graduate Certificates of Registration are now listed in the practice guideline.
- A section on Life Members has been added.
- A description of Honourary Members has been added.
- Active/Inactive Section has been amended to reflect the current CRTO policy regarding inactive Members returning to active practice after three or more years of being inactive.
- Active /Inactive status has been added to the “public” information portion of the College register.
- Section on maintaining registration has been added.

Responsibilities of Members as Educators Professional Practice Guideline

The Registration Committee conducted a review of the *Responsibilities of Members as Educators* PPG. A number of revisions have been made. The revised PPG received Council approval on September 23, 2005. The following list highlights some of the changes:

- All references to RRCP have been replaced with RRT.
- A section on supervision of students has been added.
- A section regarding educator RTs developing relationships with patients/students has been added.

You can find the latest versions of both PPGs at www.crto.on.ca/html/profpactguidelines.htm.

Prescribed Procedures Regulation

The Committee continues its review of the *Prescribed Procedures Regulation*. Following lengthy discussions, the Committee agreed that a clinical practice guideline would help to address some of the issues associated with certification programs' approval process. The main goal of this guideline would be to streamline the process and make it more consistent. At the November 24, 2005 meeting, Council agreed to approve this initiative “in principal”.

In the upcoming months, the Committee will be focusing on developing a systematic approach to the regulation review, and reviewing government guidelines regarding regulation change. The regulation review will focus on the following two issues:

- Categories of prescribed procedures: are they reflective of current practice? Do we need to re-evaluate the procedures and categories as listed in the regulation?
- Relevant implications to Graduate Members.

Degree level entry to practice requirements:

Following the February 28, 2005 Council meeting, Staff drafted a blueprint for studying degree level entry-to-practice for Respiratory Therapy. Council approved the blueprint at the June 10, 2005 meeting. The project is divided into two phases Phase



CRTO UPDATES

Registration continued

1 - Preliminary Information gathering and Phase 2 – Study. A report on the outcome of Phase 1 will be presented to the Registration Committee and Council early in 2006. For more information please see page 11 of this issue.

Registration Committee Panels:

Where there is doubt, on reasonable grounds, as to whether an applicant for registration fulfils the registration requirements, the Registrar refers such applications to the Registration Committee. There are many different reasons for referrals, for example:

- Applicant graduated from a non-approved program,
- Applicant has not been practising for more than two years immediately prior to his/her application to the College;
- Applicant has been found guilty of a criminal offence.

Since June 1, 2005 the Committee reviewed 24 referrals. After reviewing an application, a panel of the committee may:

- direct the Registrar to issue a certificate of registration;
- direct the Registrar to issue a certificate of registration, but attach terms, conditions or limitations on the certificate
- direct the Registrar to refuse to issue a certificate of registration.

It is the Committee's job to review all relevant submissions to ensure the individual has met the entry-to-practice requirements for registration. If an applicant for registration is dissatisfied with the Registration Committee decision he/she may appeal the decision to the Health Professions Appeal and Review Board (HPARB) which is a government-funded independent body constituted by members of the public who are not health care professionals.

2006/07 Registration Renewal

The 2006 Annual Update of Registration Forms were mailed out in December 2005 and are **due on or before March 1, 2006**.



HOW TO SUBMIT?

You can submit your renewal by regular mail, courier or in person. Please make sure to use the self-addressed, prepaid return envelope, which was included

with your renewal package. Renewal forms **will not** be accepted by fax. If you have not received your renewal package, please notify us as soon as possible either by phone or

e-mail. You can also download a blank form from our Web site at www.crto.on.ca/html/maintmem.htm

To avoid delays and late fees we encourage you to return your renewal form right away.

FEES: Fees for 2006/07-registration year remain the same as the previous year.

General Certificate of Registration	\$500.00
Graduate Certificate of Registration	\$500.00
Limited Certificate of Registration	\$500.00
Inactive General Certificate of Registration	\$50.00
Inactive Limited Certificate of Registration	\$50.00
Resigned	0.00
Late Fee (applied to renewals that are incomplete or mailed after March 1st)	\$100.00
NSF Charge	\$35.00

PROFESSIONAL LIABILITY INSURANCE: Members are required to declare that they are covered by personal/employer professional liability insurance in the amounts and coverage set out in the CRTO Professional Liability Insurance Policy. The policy requires that active Members carry coverage of 2 million dollars for each occurrence. For inactive Members the amount of coverage required by the College is set at "zero" providing that the Member has indicated on the renewal form that he or she is inactive, and signed the declaration.

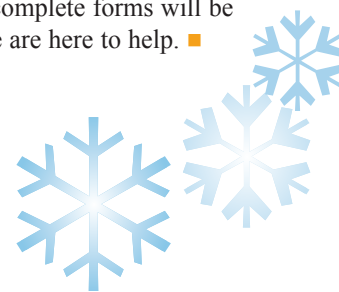
RESIGNATION: If you are not renewing your membership, please complete the Resignation section of the form and return it to the College on or before March 1, 2006. If you fail to renew your membership with the College and do not resign, your membership will be suspended for non-payment of fees.

QUESTIONS ABOUT THE RENEWAL PROCESS?

If you have any questions about the renewal process, please contact Ania Walsh at 416-591-7800 ext 25, toll free 1-800-261-0528 or by e-mail walsh@crtto.on.ca. Incomplete forms will be returned to members—so please call. We are here to help. ■

Ania Walsh

Co-ordinator of Registration



Investigations & Hearings

Concerns about Members are usually brought to the College's attention in one of two ways:

1. Through a complaint lodged against a Member.

- The complaint may be submitted by anyone including a member of the public (patient/client or patient /client representative), an employer, a Member of the CROTO or another College.

2. Through an employer or other report where:

- the Member's employment has been terminated for reasons of professional misconduct, incompetence or incapacity (*mandatory report*);
- there are reasonable grounds, obtained during the course of practicing the profession, to believe that a Member has sexually abused a patient/client (*mandatory report*).
- a Member has reason to suspect incompetence, professional misconduct or incapacity regarding a CROTO member (report under the Standards of Professional Conduct and Accountability);
- a Member reports incidents of unsafe professional practice or professional misconduct physical, verbal, emotional and/or financial abuse of a patient/client to the CROTO (report under the Standards of Professional Conduct and Accountability).

The Executive Committee also considers allegations of unauthorized practice and use of title and referrals from the Registrar and other Committees (e.g., the Quality Assurance Committee).

Since the Summer 2005 issue of The Exchange, the following matters have been considered by the Executive Committee.

	CONCERN	RESOLUTION
Registrar's referral	Behaviour and remarks of a sexual nature.	Under investigation
Registrar's referral	Incapacity	Resolved through an undertaking and agreement
Referral from the QA Committee	Failure to comply with the Quality Assurance Program	Still under consideration.

Discipline Committee Report

At the hearing held on September 21, 2005, Richard Suozzi, RRT, admitted to allegations outlined in an Agreed Statement of Facts relating to contravening a standard of practice of the profession, falsifying a record, signing or issuing a false document and engaging in unprofessional conduct. The admission, along with a joint submission on penalty by the Member and the College, was accepted by the Panel who made a finding of professional misconduct. The Discipline Committee ordered:

That the Member's Certificate of Registration be suspended for a period of 6 months, but that 2 months of the suspension be suspended if the remainder of the Order is successfully completed.

That the Registrar impose the following specified terms, conditions and limitations on Mr. Suozzi's certificate of Registration:

- Mr. Suozzi review the standards relating to documentation/recordkeeping;
- Mr. Suozzi must provide evidence of reviewing and understanding the standards in the form of a 1,000 word essay, complete with references by September 21, 2006, on the topic of documentation/recordkeeping.
- Mr. Suozzi appear before a Panel to be reprimanded.

Mr Suozzi also agreed to pay \$4,500 toward the costs of the investigation and hearing.■

Christine Robinson

Manager, Policy & Investigations

YOUR HEALTH CARE: Be Involved

"Your Health Care – Be Involved" is an initiative developed by the Ontario Hospital Association's Patient Safety Support Service with funding from the Ministry of Health and Long-Term Care. "Your Health Care – Be Involved" is the first of its kind in Ontario, providing patients with five "common sense" tips to engage and encourage them to be more involved in their health care. The initiative is guided by the concept of patient empowerment and on the important role patients can play at each stage in their care.

The materials, available in 14 languages, are high-resolution files to enable cost-efficient reproduction. To download go to <http://www.oha.com>

For more information about this initiative, contact **Cyrelle Muskat** at 416-205-1378 or cmuskat@oha.com or contact Ann Higgins at ahiggins@oha.com or 416-205-1316.

Internationally Educated *Health Care Professionals*

Offered Access to Practise Respiratory Therapy in Ontario via the Prior Learning Assessment Process

By Kathleen Olden-
Powell, RRT

Program Leader,
Respiratory Therapy,
Office of Access and
Options for International
Health Professionals for
the Michener Institute

In a study published in 2001, The Conference Board of Canada announced that “more than 540,000 Canadians stand to gain an average of \$8,000–\$12,000 each year from improved learning recognition. The income they forgo today is due to the gap between the amount of their learning that is recognized, credentialed, accepted and rewarded through work and the amount that *could* be recognized and rewarded in the workplace” (Bloom and Grant, 2001, p. 1). Immigrants are among those who stand to gain from greater recognition of their prior learning. As we all know, Canada is a land of immigrants. Except for our First Nations Peoples, each of us is an immigrant or the descendant of an immigrant.

Internationally-trained professionals who have practised Respiratory Therapy elsewhere may be eligible to have their prior learning and experience assessed by applying to the College of Respiratory Therapists of Ontario (CRTO). Not only is this step one of ‘good citizenship’ it is also required under the RHPA.

As we know, there are a limited number of countries where Respiratory Therapy is taught and practised as an entity unto itself. We also know that not all knowledge is obtained in formal classroom or clinical teaching and learning. Tacit knowledge, that which we would describe as ‘learned by osmosis’ is a valuable part of learning. If a health care provider in a country where Respiratory Therapy is not a recognized profession is doing work included in the scope of practice for Ontario RTs, they may have received formal or on-the-job training. The Prior Learning Assessment (PLA) process is a means for internationally trained health care professionals to demonstrate their knowledge, skills and judgement in the realm of Respiratory Therapy.

The process begins with an application to the CRTO and a review by the Registration Committee. When appropriate, the Registration Committee of the CRTO refers an applicant into the PLA process. Prior to the first stage, an applicant goes on a tour of a hospital with an RRT to gain insight into the role of the Ontario RRT. Currently, the PLA process is contracted to The Michener Institute for Applied Health Sciences. Initially, applicants meet with the PLA co-ordinator to describe their previous learning and work experience based on a survey developed by the CRTO. Where there is a solid ‘match’ between prior learning and practice, an applicant is eligible to

have their knowledge tested using the same examinations as students completing the full-time didactic RT program at Michener. A successful challenge of these examinations is followed by a comprehensive assessment of clinical skills. There is also assessment of skills in English as a second language.

Since any of us would need to prepare extensively to re-challenge our entry to practice examinations, these applicants also need to prepare. They can do this by self-study, and/or taking refresher and continuing education courses in person or at a distance. One set of courses is available through the Office of Access and Options (A&O) at Michener. These courses offer the applicants the opportunity to refresh their knowledge, learn about the Canadian health care system, gain a greater understanding of the professional and communication expectations of a Canadian RRT and fill gaps in their knowledge and skill set. For example, one common gap is in the field of anesthesia. As we know, this is a significant component of Canadian RT programs, but this is not always present in an applicant’s skill set. A&O offers a 50-hour course to address these needs.

At each step, applicants pay fees for assessment and learning. Applicants must have a strong motivation and commitment to the process. Many are currently working in low-paid service-sector jobs and are consequently juggling work, financial, learning and family obligations, all at great energy, emotional and economic expense.

The July issue of *The Exchange* covered a story about Ruchi Dhall, a foreign trained physician from India who, after much work, successfully completed the CRTO Prior Learning Assessment. Ruchi went on to pass the CBRC exam last summer and became a General Member of the CRTO by the end of August. She is presently working as a part-time RRT at Peel Memorial Hospital in Brampton. A second applicant is currently engaged in his clinical assessment and a third applicant was recently successful in challenging his didactic examinations and is ready to move into the clinical component. Applicants have 18 months to complete the entire PLA process.

Internationally Educated Health Care Professionals continued

The A&O program offerings, including clinical experience, have also provided an opportunity for American graduates preparing for their CBRC examinations and Canadian graduates re-entering practice or changing specialties.

Our profession has evolved and matured. As RRTs, we are respected members of health care teams. Part of our maturity is our ability to recognize and acknowledge the talents of others. The PLA process provides the opportunity to recognize and acknowledge the talents of others and welcome them to Ontario.

If you are interested in accessing these services or providing opportunities at your site for clinical learning, please contact Kathleen Olden-Powell, RRT, from the Michener at **416-596-3154**.

REFERENCE

Bloom, M., & Grant, M. (2001). *Brain gain: the economic benefits of recognizing learning and learning credentials in Canada*. The Conference Board of Canada. [Electronic version]. Retrieved January 13, 2006 from <http://www.conferenceboard.ca/boardwiseii/temp/BoardWise2MLCANPCDAKMPCGFLCIJDALL2006113114222/323-01df.pdf> ■



ONTARIO

Chronic Ventilation Strategy

TASK GROUP

In 2004 the Ministry of Health and Long-Term Care (MOHLTC) launched a four-year Critical Care Transformation Strategy as part of the broader Access to Services and Wait Times Strategy. As part of Year One of the strategy, the Ontario Critical Care Steering Committee, established by the MOHLTC, conducted a comprehensive review of the state of critical care services across the province. Among the recommendations presented in its Final Report to the Minister of Health, the Committee identified the need for a detailed care strategy to address the needs of chronically ventilated patients.

As part of the ongoing efforts to implement the Committee's recommendations, the Ontario Chronic Ventilation Strategy Task Group has been established to provide directions and specific recommendations for improving the efficiency and quality of care for ventilator dependent patients. The committee is developing an inventory of the services available across the province, how the delivery of care is organized for these patients, and what the more pressing challenges are in

By Ginny Myles, RRT

meeting the needs of these patients. Recommendations are to be submitted in the first part of 2006.

Three CRTO members have been asked to participate in the *Chronic Ventilation Task Group*. Regina Pizutti, Manager, Ventilator Equipment Pool in Kingston contributes information about the VEP client experience. Jane Montgomery is the Manager of Respiratory Therapy & Respiratory Community Care Services, London Health Sciences Centre and represents a hospital based service. I practise community based Respiratory Therapy and am contracted by the Community Care Access Care Centre, Simcoe County through Barrie Royal Victoria Hospital.

We are all gratified to be able to make a contribution on behalf of our patient/clients and Respiratory Therapists in Ontario. ■

Ontario Ventilator Inventory Survey

Emergency Management Unit seeks assistance of RRTs

By: **Jennifer Harrison, RRT**

*Independent Consultant, Emergency Management Unit
Ministry of Health and Long Term Care*

As Respiratory Therapists we have all - at one time or another - experienced and dealt with health emergencies. After all, “*Breathing is our Business*”. In addition, many of us have experienced large scale emergencies such as responding to the SARS crisis or a Code Orange. Respiratory Therapists (RT) have been so successful at handling emergencies because of our advanced training and preparedness to respond to a variety of scenarios quickly. Our profession now has another opportunity to assist with emergency planning in Ontario.

There has been a lot of discussion recently about the avian flu and the next pandemic influenza, especially in the media. In fact, many RTs are actively involved in pandemic influenza planning at work. Nonetheless, most would agree that we are overdue for an influenza pandemic.

The Ministry of Health and Long Term Care first published the *Ontario Health Plan for an Influenza Pandemic* (OHPIP) in 2004 and have been updating and revising it on an ongoing basis. The latest version was released in June of 2005. I can assure you that through the involvement of individual RTs, the CRTO and the RTSO, RTs throughout the province have been consulted as key stakeholders in many capacities since the plan’s inception.

The Emergency Management Unit also known as EMU now oversees the development and implementation of the OHPIP. EMU is again seeking the expertise of Respiratory Therapists to determine the actual number of ventilators in the province. The ventilator inventory is an essential building block to constructing the best provincial response possible, to respond to a massive health emergency.

It is anticipated that in the case of a pandemic influenza for instance, there would be a surge on critical care unlike any other emergency. This major surge will greatly exceed the resources of local and regional health care systems. The EMU will be ready to step in with a provincial plan. Knowing how many ventilators are out there and where they are will be key to making decisions that will not only affect the lives of individuals but populations of people throughout the province. The availability of ventilators, all reasonably safe ventilators

with the ability to provide mechanical breaths to those patients in need, will determine life or death for many. There are ventilators available over and beyond the 1,096 ventilator supported beds reported in 2005. RTs know where they are.

The EMU asked Respiratory Therapists from all health care settings to inventory all types of ventilators - those in use, in storage and those that may need minimal servicing to get them up and running.

As you know time is of the essence in planning for an influenza pandemic. Thanks to everyone who provided input. If you have any questions please contact **Jennifer Harrison, RRT** at (905) 683-1912 or email her at jenh@convergentthinking.com. ■

To frame the problem of a massive health emergency such as a pandemic influenza, here are some numbers for you to consider:

- Ontario has planned for an attack rate of 35% for the overall duration of an influenza pandemic, which is expected to spread in two or more waves lasting 8 weeks, either in the same year or in successive influenza seasons
- In Ontario this could mean 61,000 hospitalizations and over 12,000 deaths
- 7.5 % of hospitalizations (~4500) could require mechanical ventilation
- In the peak period of a pandemic wave (week 4) influenza pandemic patients alone could require up to 74% of all the ventilator supported beds in Ontario

NEW LEGISLATION:

ROUTINE NOTIFICATION AND REQUIRED REQUEST (RNR) & HEALTHCARE PROFESSIONALS (HCP)

By: Trillium Gift of Life Network

In an effort to improve organ and tissue donation in the province of Ontario, Part II.1 of the Trillium Gift of Life Network Act has been proclaimed to take effect, January 9th, 2006 for Type “A” facilities. This directly affects **Respiratory Therapists, Nurses and Physicians** in hospitals across the province.

Routine Notification and Request (RNR) is a strategy to improve organ and tissue donor rates to save and enhance more lives in Ontario. This updated legislation requires type ‘A’ hospitals* to report every death to *Trillium Gift of Life Network* (TGLN). Reporting of every death ensures that accurate identification can be made of a potential donor and that eligible families are provided the opportunity to donate and fulfill their loved one’s wishes.

At this time, TGLN is working closely with hospitals to facilitate and support the implementation and compliance with RNR legislation. TGLN will be providing reports regularly to designated facilities informing them of their compliance with reporting and approaching families. Based on these reports, TGLN will work with the hospitals to improve performance.

In addition, TGLN will also provide information to the hospitals regarding the donation outcome of the RNR processes to reflect the benefits of donations to people waiting in our community.

TGLN will assist hospitals in developing back-up plans related to hospital staff workload.

At the time of the notification call to TGLN, there will be a short discussion regarding the availability of staff to contact families for donation. TGLN staff will work with the hospital staff to develop an action plan for ensuring that families are provided the opportunity to donate.

TGLN understands that this may prove to be an uncomfortable situation for many healthcare providers. TGLN will provide as much educational support as possible to ensure that hospital staff have the knowledge to perform RNR. In addition to the initial in-services providing information on the RNR process, there is in depth training for companioning donor families, which is available in multi-media training forums.

If an HCP is still uncomfortable with any part of the process, s/he can consult with their direct supervisor and TGLN for additional training.

The need for tissue allograft in Ontario is substantial. Currently tissue donations do not meet the demand for surgical grafts that can enhance the lives of thousands who wait in our province. Anticipating increases in donated tissue due to RNR, TGLN is working with the tissue community to develop and establish a system that can handle future increases in tissue donations, tissue recovery, tissue processing and distribution. Currently, tissue banks have the capacity to process and store donated tissue.

TGLN has also developed short-term contingency plans to address tissue recovery needs in specific regions of the province. Tissue donations can be a simple, straightforward process with minimal resource requirements and coordination. In fact, over the years, thousands of eye donations have occurred through the hospital’s own support and system.

If a tissue donation case becomes more complex, a TGLN coordinator is initially available to provide telephone support. If further complications arise, and the hospital staff is unable to resolve the situation, at that point the TGLN coordinator can provide on-site support.

If you require more information regarding RNR, please view our TGLN website:

<http://www.giftoflife.on.ca/>

**Together, we can
reduce the number of
people waiting for
organ and tissue
donation in the
Province of Ontario.**



* Type ‘A’ hospitals are hospitals with Neuro Trauma Centres.

PPA's

Test Your Knowledge

1. Nasogastric tube insertion, nasal airway insertion, feeding tube insertion and transesophageal balloon insertion are procedures that fall under which RT authorized act?

- ☐ a) Authorized act #1
- ☐ b) Authorized act #2
- ☐ c) Authorized act #3
- ☐ d) Authorized act #4

2. Which of the following information must be included on a name badge for all CRTO Members?

- ☐ a) CRTO registration number
- ☐ b) Full first and last name of the CRTO Member
- ☐ c) Category of Registration
- ☐ d) Designation and/or professional title

3. Which of the following scenarios describes the controlled act of dispensing medications?

- ☐ a) RT gives a patient a nebulized bronchodilator in the ER
- ☐ b) RT gives a patient a 3-day supply of syringes filled with a saline/liquid bronchodilator

- ☐ c) RT prepares a dose of narcotic for administration during conscious sedation
- ☐ d) Injecting a dose of heparin into a bag of saline for an arterial line set-up

4. Which of the following statements are true regarding documentation standards and requirements?

- ☐ a) *The Public Hospitals Act* states that all patient/client health records be maintained for at least 7 years following the date of last entry in the record.
- ☐ b) You are required to document consent in all situations.
- ☐ c) All entries made by an RT student working under direct supervision, must be co-signed by the supervising RT
- ☐ d) CRTO members must only use College-approved abbreviations when documenting in a patient/client record.

CORRECT ANSWERS:

1. b, 2. d, 3. b, 4. c
References: CRTO's Interpretation of Authorized Acts
PPG: Registration and Use of Title PPG, Dispensing
Medications PPG, Documentation PPG

Educational Opportunities for RESPIRATORY THERAPISTS

The CSRT Educational Forum 2006: Waves of Change

When: May 25-28, 2006

Where: Hilton Saint John, Saint John Trade
and Convention Centre
Saint John, New Brunswick

For more information: CSRT web site at www.csrt.com

**The Respiratory Therapy Society
of Ontario (RTSO)** is holding an
Education Day on **March 24th, 2006** at the
Best Western Stoneridge Inn in London, Ontario.

For further information please visit our website at
www.rtsso.org or contact the RTSO office at
office@rtsso.org.

Airway Management in Neuromuscular & Spinal Cord Injured Patients

When: Friday, May 19th, 2006

Where: The Rehabilitation Centre, Ottawa, Ontario

Topics:

- prevention of chest infections
- techniques to improve maximum inspiratory capacity for chest wall range of motion and measures of cough efficacy
- indications and contraindications of lung volume recruitment
- mechanical in-exsufflator/CoughAssist™
- non invasive mouthpiece ventilation

For more information: 613-737-8899 ext. 75461
or email cleblanc@ottawahospital.on.ca

Anesthesia Assistant Graduate Certificate Programs AT THE *Michener Institute*

Call: (416) 596-3117 or Toll Free 1-800-387-9066

TYCO HEALTHCARE CANADA is pleased to offer **FREE** continuing education courses to all Members of the CRTO. To register, please visit our new e-learning website:

www.tycoeducation.cmecentral.ca

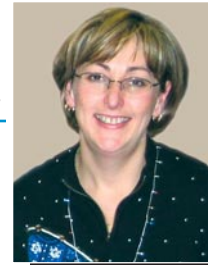
The Tyco Education website is easy to use:

- no need to upgrade your computer
- no need to install software
- no need for high speed internet access

QUALITY EDUCATION
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Professional Practice FAQs

Mary Bayliss RRT, CAE
Professional Practice Advisor



Q1 I keep hearing about all of the planning that is taking place for a possible influenza pandemic. What should I be doing to help?

A1 You are right, there is a lot of buzz about the possibility of an influenza pandemic in addition to avian influenza. It is important to note that the 2 are not one and the same. Avian influenza or bird flu primarily affects birds although it has been known to infect other species, including pigs and humans. Because of this reason, the avian H5N1 virus has a pandemic potential since it might adapt into a strain that becomes virulent to humans.

All levels of government are planning for a pandemic and it is imperative that CRTO Members keep abreast and informed of what is happening in the world. The first step is to stay informed and a good way of doing that is to bookmark some important websites:

- **Ministry of Health and Long-term Care (MOHLTC)**
(http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_mn.html)
- **World Health Organization** (<http://www.who.int/en/>)
- **Health Canada** (http://www.phac-aspc.gc.ca/influenza/pandemic_e.html)
- **Centres for Disease Control & Prevention (CDC)**
(<http://www.cdc.gov/flu/pandemic/>)

The next step is to determine what is happening in your own community and place of employment. Most employers are now well into pandemic planning and it is imperative that Respiratory Therapists are involved. CRTO Members who work in hospitals, home care and long-term care facilities all need to be involved and aware of planning efforts. Some of the main issues that will affect our patients are as follows:

- Human resource issues
- Supplies and equipment – specifically but not limited to mechanical ventilators and bulk oxygen supply.

Regarding the issue of ventilators and the predicted shortfall of them during a pandemic, please read the article written by Jennifer Harrison in this issue of the Exchange. The provincial government needs the help of CRTO Members to determine the total number of ventilators that could be accessed during a pandemic. If you have any questions about the ventilator inventory please contact Jennifer Harrison at jenh@convergentthinking.com.

According to the World Health Organization (WHO) there are 10 things we need to know about a pandemic influenza:

1. Pandemic influenza is different from avian influenza.
2. Influenza pandemics are recurring events.
3. The world may be on the brink of another pandemic.
4. All countries will be affected.
5. Widespread illness will occur.
6. Medical supplies will be inadequate.
7. Large number of deaths will occur.
8. Economic and social disruption will be great.
9. Every country must be prepared.
10. WHO will alert the world when the pandemic threat increases.

If you have any questions or comments regarding pandemic planning please contact **Mary Bayliss**, Professional Practice Advisor at bayliss@crtto.on.ca or by calling 1-800-261-0528 ext. 24.

Q2. I work in a small community hospital and am one of two Respiratory Therapists on staff. We do not provide 24 hour coverage, nor do we provide on-call coverage after hours. Recently our hospital has purchased several bi-level non-invasive ventilators for use in the emergency department. I have provided several educational in-services to the medical and nursing staff and the equipment will now be put into use. Since this equipment may be initiated for the first time without the presence of an RT, I'm concerned about potential liability if a patient is set-up on this equipment and a problem arises that could not be resolved. Am I liable for any patient problems because I provided the education?

A2. When you are educating others including regulated or non-regulated health care professionals, you are accountable for your actions, however, you do not assume professional responsibility for another individual's performance of the procedure. In this particular scenario, both the medical and nursing staff are accountable to their own professions' standards of practice. You are also limited due to the constraints of your position and the fact that RRTs are not available 24 hours/day. As with any intervention it is expected that CRTO Members clearly document their actions/interventions – in this case a detailed description of the education you provided. If, in your professional judgment

Professional Practice FAQs continued

you believed that additional education was required prior to using this equipment on a patient, then it is your responsibility to document your concerns and raise this issue with the appropriate authority at your institution in order to resolve your concerns.

The newly revised PPG called *Responsibilities of Members as Educators* will provide additional information and clarification surrounding your responsibilities when educating others.

Q3. Our hospital has recently introduced medical directives in a variety of patient areas. I'm confused about my responsibilities and whether I can now accept medical orders from Acute Care Nurse Practitioners (ACNP). Please advise.

A3 Medical directives or “authorizing mechanisms” are becoming more and more prevalent in Ontario health care facilities. The main reason cited is to facilitate patient care and permit health care professionals to work to their full scope of practice. The CRTO developed a Position Statement which outlines our position on medical directives, which we believe is consistent with other regulated health professions (e.g. College of Nurses and the College of Physicians and Surgeons). We support the use of medical directives provided they have been developed in a collaborative fashion with all health care professions represented that are affected by the medical directive.

Where the problem appears to be is the introduction of medical directives in the absence of a collaborative process or when medical directives are produced in isolation without the necessary elements included. Please see our Position Statement called Medical Directives and the Ordering of Controlled Acts for a detailed list of essential elements of a properly constructed

medical directive (<http://www.crto.on.ca/pdf/medicaldirectivespositionstate.pdf>).

In many hospitals Acute Care Nurse Practitioners have been employed to serve a particular need. In many instances these individuals who generally hold a masters degree, do not hold registration in the extended class (RN(EC)) with the College of Nurses. It is important to note however, that even if they are Registered Nurses in the Extended Class, the *Public Hospitals Act* would prevent them from writing orders for medical care on in-patients. CRTO Members may accept an order from a RN(EC) but for hospital out-patients only.

If a medical directive has been developed in a collaborative process with all team Members participating and the essential elements are included then it is acceptable for a Respiratory Therapist to act on the direction of the ACNP since she/he is only communicating an order from the medical directive which has been approved by a physician(s). In this particular case, the medical directive is the order for care. It is the responsibility of the RRT to perform their own assessment and act upon the order if they agree – as they would do for a direct physician order. The communication from the ACNP may take the form of a written order. If the RRT carried out an intervention based on the authority of a medical directive they must indicate this when they document in the patient/client health record.

The Federation of Health Regulatory Colleges of Ontario (FHRCO) recognizes some of the challenges that Ontario facilities are facing and have struck a working group comprised of many Colleges to look at the issue and produce a common set of terms and templates to assist Ontario facilities to meet the requirement of current legislation. The CRTO is represented on this working group and is optimistic that the deliverables will be extremely valuable. ■

Respiratory Therapy Services in the Community

Increasingly the College is receiving inquiries from patients and their families looking for access to RRTs who provide Respiratory Therapy services to patients in the home. For example: patients who have a tracheostomy or who require a ventilator but are not on oxygen. We are interested in knowing if there are any CRTO Members who provide this type of service either self-employed or as an employee/contractor of an organization (e.g. CCAC, home oxygen company).

Please note that CRTO Members may provide Respiratory Therapy in the home provided they have an order from a physician. Members must carry minimum liability insurance coverage of 2 million dollars. Coverage may be obtained through an employer, through the professional associations (i.e. RTSO or CSRT) or individually.

If you are currently offering, or are thinking of offering, this type of service, which may include direct patient billing, please contact **Mary Bayliss**, Professional Practice Advisor at ext. 24 or bayliss@crtto.on.ca. ■

National Competency Profile:

CRTO Hosts a Meeting with Ontario RT Educators

On November 5th and 6th, 2005, the College was pleased to host a meeting with representatives from the 6 Ontario RT programs (Algonquin College, Canadore College, Conestoga College [new program], Fanshawe College, La Cité Collegial and The Michener Institute). The purpose of the meeting/workshop was to review the National Competency Profile (NCP), identify any problems with the implementation of the NCP and most importantly identify the solutions to implementing the NCP. The NCP spells out the necessary competencies for all new RT graduates. The NCP will be used by all RT programs across the country beginning in September 2006. It was developed by the National Alliance of Respiratory Therapy Regulatory Bodies which includes the CRTO, OPIQ (Quebec), MARRT (Manitoba), CARTA (Alberta) and the CSRT who represents the non-regulated provinces.

The Workshop was attended by program faculty and clinical educators from the field. A great deal of brainstorming and problem solving occurred and all participants indicated that they had a better understanding of the NCP and how to implement it. Another benefit of this weekend was the collaboration and networking that resulted with all 6 RT program representatives attending. The Educators are now planning another meeting to carry on the good work that was started in November.

For more information on the NCP please contact **Mary Bayliss**, *Professional Practice Advisor* or **Gord Hyland** *Registrar & CEO* or visit our website to view the NCP at <http://www.crto.on.ca/pdf/NCP.pdf>. ■

Education Day 2005

The College's annual Education Day is an opportunity for all Council Members, Non-Council Committee Members and Staff to come together to add to their knowledge and improve their effectiveness in steering all areas of the College. The group consisted of 15 Respiratory Therapist Members, four Public Members and College staff were on hand to keep things running smoothly and to help facilitate the day.

Acknowledging that we can't always do it on our own, we asked the experts to come and speak to the group about the following:

- **How are we measuring up? Self-evaluating performance in governance**, Jack Shand, CAE, President, Leader Quest Inc. and Paulette Vinette, CAE, President, Solution Studio Inc.
- **Understanding the value of evaluating**, Harry Cummings PhD, RPP- Director, Harry Cummings and Associates Inc.
- **The Respiratory Therapy Society of Ontario - What is the fit with the CRTO?** Marg Patell, RRT and RTSO Board Member

Judging from the evaluations, the 2005 Education Day was well received by all attendees and great ideas were shared, providing good input for the planning of the 2006 event. ■

Did you know?

Congratulations to CRTO President, **Jim McCormick RRT**, who was recently elected President of The National Alliance of Respiratory Therapy Regulatory Bodies.

Our congratulations are also extended to CSRT President, **Sue Jones RRT**, from Royal Victoria Hospital in Barrie who was elected as Vice-President of The Alliance.

We hope that Ontario Respiratory Therapists will have confidence that the views of Ontario RTs, along with other groups across the country, will be well represented, especially in regards to the National Competency Profile (NCP), the MRA and other National initiatives. ■

NEW RESPIRATORY THERAPY PROGRAM

At Conestoga College, Kitchener, Ontario

Conestoga College is pleased to announce the partnership with the Southern Alberta Institute of Technology (SAIT) to offer a new program in Respiratory Therapy beginning in September 2006. This three year advanced diploma program will meet the education requirements set by the College of Respiratory Therapists of Ontario (CRTO) and will be submitted for CRTO approval. The program will be put forth for accreditation by the Council on Accreditation of Respiratory Therapy Education

(CoARTE). It is designed to prepare students with the minimum knowledge, skills, attitudes and judgment necessary to perform their role within the scope of practice as Registered Respiratory Therapists.

The theoretical portion of the program is delivered at Conestoga College while the practical instruction is provided by our affiliated hospitals. Students will have the opportunity to augment their learning in our new clinical simulation lab.

FOR FURTHER INFORMATION ON THE PROGRAM PLEASE CONTACT:

Lori Peppler-Beechey BSc, RRT

Program Coordinator, Respiratory Therapy

Conestoga College ■ 299 Doon Valley Drive ■ Kitchener, Ontario N2G 4M4
519-748-5220 x 3948 ■ lpeppler-beechey@conestogac.on.ca

Registration Changes

June 1, 2005 – November 30, 2005

NEW MEMBERS

General Certificates of Registration Issued (RRT):

AGNEW, Joanne
ALLEN, Douglas
ARMSTRONG, Kristen
ASTROLOGO, Sabrina A.
AUSMAN, Michele C.
BEAUCHAMP, Mélanie C.
BENSON, Kelly
BLACK, Jessica L.
BROAD, Jeannette O.
BROWN, Karen
BUJOLD, Sylvie
CHENG, Andrew
CLOUTIER, Sarah J.
CONTANT, Rhonda L.
COTTER, Toni E.
CRAIG, Andrea M.
CUDMORE, Jane
DELORENZO, Stephanie Brooke
DEREMO, Melanie A.
DESLAURIERS, Kelly S.
DESROCHERS, Lucie
DHALL, Ruchi
DODDS, Matthew
DOSTIE, Cynthia
DUSKY, Tiffany S.E.
ENGLISH, Stephen Martin
FERTUCK, Tania M.
FOURNIER, Melanie R.
GAGNON, Christopher
GAHUNGU, Georges
GANGNON, Robert J.
GAUTHIER, Sarah E.
GERMYN, Nadine Nicole
GORDON, Valene N.
GRAHAM, Sheila E.
HARRIS, Adrian Robert
HEATHERS, Tryna L.
HENRY, Mélanie
HILL, Adam
HULL, Amy E.
HURST, Holly E.
IGNAT, Georgiana Alexandra
JARVIS, Paula
JONES, Alison
JORDAN, Lisa J.
KAASTRA, Nicole
KAMP, Shannon
KEENAN, Gabriela Maria
KOSUB, Cécile M.
LAMB, Marilyn

LAVIGUEUR, Michèle J.
LAWRENCE, Jennifer
LEE, Julia
LEGDON, Martyn James
LINCOURT, Julie
LINDSAY, Stephanie A.
LIPPERT, Melissa R.
LUC, Jenny
LUKIC, Dejan
MA, Carmen
MA, Philip J.
MACLEAN, Natasha L.
MAINVILLE, Jennie L.
MARTINS, Concetta
MCIPHERSON-BROWN, Melissa
MENDIS, Nadika
MOON, Angela M.
MOORE, Sara-Anne
MOREAU, Amanda A.
MORROW, Heather M.
MULLINS, Kendra
NAQSHBANDI, Shakib A.
NGUYEN, Diana Trinh
PAGE, Wendy CR
PALERMO, Matthew
PARADIS, Michelle
PARK, Christina Sarah
PARKER, Helen
PETTENUZZO, Sean Michael
PIKE, Jill
POLLARD, Rhonda A.
REESE, Judy A.
ROBERT, Melissa
ROBERTSON, Vanessa L.
ROBICHAUD, Michelle Andree
ROUSSEAU, Manon
SANDERS, Catherine J.
SARTY, Jennifer
SAVAGE, Stephanie
SORIA III, Juan G.
STANMORE, Doug
STEVENS-GUILLE, Karen
STEWART, Abby Nicole
TESSIER, Mélanie
THIELE, Jennifer
TILGNER, Andreana
TROMBINO, Nadia Anna
VAN ALLEN, Jon D.J.
WELTON, Cynthia F.
WHITMAN, Nicole
WILKINSON, Alicia D.
WILSON, Jillian
WOLFE, Natalie

YARASCAVITCH, Julie Anne
ZAANONI, Julio
ZELEZNIK, Catherine L.

Graduate Certificates of Registration Issued (GRT)

AHUJA, Sarina
BARCA, Kristy
BUZIAK, Stephen M.
CHASSÉ, Lisa C.
CHAUDARY, Anila
DENIS, Shauna Janet
FRATAROLI, Erin E.
HAMEL, Brigitte
KY, Uyen N.
MORRISON, Melissa
MULLIN, Kelly
RASOLZADEH, Mohsen
REISE, Katherine S.
SHANMUGATHASAM, Preshanthini
TURNER, Kelly E.
WARD, Kimberly-Anne

MEMBERS SUSPENDED (DUE TO DISCIPLINARY DECISIONS)

General

SUOZZI, Richard [Reinstated on January 21, 2006]

REVOKED MEMBERS UNDER REGISTRATION RULES

Graduate

AL ARISS, Abdul Ghani
BENEDITO, Christi Leila

MEMBERS RESIGNED

General

BABINEAU, Lyne
BELISLE, Thevia
SHELSTED, Nancy
STEWART, Jessica
MORAIS, Angela

Graduate

LACROIX, Jennifer

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

180 Dundas Street West, suite 2103
Toronto, Ontario M5G 1Z8
Tel: 416.591.7800 • Fax: 416.591.7890
Toll free: 1.800.261.0528
e-mail: questions@crto.on.ca
web site: www.crto.on.ca

