VOLUME 16, NO. 2 ◆ 2008/09 WINTER ISSUE

the exchange

The Newsletter of the College of Respiratory Therapists of Ontario

HIGHLIGHTS

Allied Health Professional Development Fund is up to 78% utilization for the current year - See pg. 8.

Getting Ready for the *Health Systems Improvement Act*, 2006 - See pg. 14.

January 2009 HPRAC Report Recommendations for RTs regarding prescribing and administering drugs - See pg. 32.

INSIDE:

President's MESSAGE

Dear colleagues,

It is with great humility that I step into the role of President for the coming year. Ours is a relatively young profession and yet one that values its history. Whether it's embracing our technical roots or remembering the challenges we've had along the way, I'm both honoured to be joining the small group of leaders who have held this position before me and humbled at the prospect of trying to fill some very large shoes.

Kevin Taylor, RRT
President, CRTO

As I begin my term, I look at the events unfolding around us and feel that we're beginning a new chapter in our history. We find ourselves in the midst of a global financial crisis, placing additional stress on a system in which clinicians try to deliver "more with less" and still meet the highest standards of care for our patient public. We find the role of our government shifting within health care, with the Ministry of Health and Long-Term Care growing into its stewardship role and the subsequent transfer of regional operational accountabilities to the LHINs changing the framework within which we work. There now exists a greater emphasis on transparency and accountability, beginning with privacy legislation and extending to our Fairness Commissioner and an emphasis on public reporting, whether it's patient satisfaction, infection rates or wait times for service. This results in a more informed public with a different set of expectations than we've seen in the past. With the breadth of the current HPRAC review, we've seen professions engage in discussion about how to change our legislative framework along with their role and their scope of practice to address the emerging needs of patients in today's healthcare system. These discussions occur at a time when we're experiencing an interprofessional revolution, a changing workforce and patient demographic, and a system striving to involve our internationally-educated colleagues.

Couple these external events with a profession struggling to understand its role amidst these emerging roles and professions, an increasing need to be perceived as an equal partner in the interprofessional healthcare team, and the pressures of advancing technology reducing the demand for many of our technical skills, and one could argue that we find ourselves with an identity crisis. **We have a need to find our own voice, understand who we are as a profession and to move forward with a vision and sense of purpose.** I see this as an essential first step, because only once you clearly know what your role is can you then focus on how to best meet the needs of our patient public.

There are 2 directions that I'd like to explore during my Presidency. The first is an emphasis on governance. We are fortunate to have a talented and committed Registrar and college staff, complemented by a strong and balanced Council. With this foundation, we're well positioned to engage in the conversations necessary to make good decisions and to work through the challenging issues that face us as a profession and as a regulatory body. The second is the concept of targeted advocacy in the public interest. We've seen a paradigm shift in regulation wherein we now recognize, in the public interest, the value of supporting and encouraging our profession. We've learned the lessons of our past and move forward together with a comfortable understanding of our shared objective to continue to provide the safest and highest quality patient care possible – and an appreciation of our respective roles in meeting this goal.

So, as I look forward to the coming year, I welcome the challenges we face with the confidence that we are well-positioned to identify, collectively, the questions we need to ask and the answers that we seek.

Best wishes to you all.

Kevin

Registrar's MESSAGE

This fall was marked by an unprecedented level of activity for the CRTO Council, committee members and staff. This was due in part to an increase in the CRTO's accountability to government and legislative responsibilities, and in part to the addition of some new College initiatives.

Last summer the CRTO submitted a proposal for funding under the Ministry's *Optimizing Use of Health Providers' Competencies Fund*. The proposal, entitled "Optimizing Respiratory Therapy Services: A Continuum of Care from Hospital to Community" is a model for the provision of care for clients requiring long-term ventilation in the community. The College and its partners saw this as an excellent opportunity to fund community-based respiratory therapists, who in collaboration with health care team members, will provide the educational, technical and clinical services necessary to support patients requiring long-term ventilation and/or airway management and their caregivers. In September the CRTO learned it had received approval for up to $250,000.00 for this pilot project which is now well underway thanks to our partners at Pro Resp, West Park Healthcare Services, the Central Community Care Access Centre (CCAC), and the Respiratory Therapy Society of Ontario (RTSO) and with the support of Ontario's Ventilator Equipment Pool and the Toronto Central Local Health Integration Network (LHIN).

Christine Robinson
Registrar, CRTO

Over the years the CRTO has worked with its educator partners helping internationally trained individuals to access the resources they need in order to become eligible for registration. Many challenges remain and the College welcomed the opportunity to submit a proposal (funded by the Ministry of Citizenship and Immigration) to conduct a gap analysis and establish eligibility criteria for referral to bridging programs of internationally trained applicants. Once again the proposal was truly a team effort and thanks go to Rebecca Carnevale (consultant for Colleges Integrating Immigrants to Employment), Andrea White-Markham (PLA coordinator at the Michener Institute) and Mary Bayliss.

In 2008 the Health Professions Regulatory Advisory Council (HPRAC) began a review of whether the authorizing mechanisms that currently exist (such as regulations) regarding the prescribing and administering drugs are sufficient to protect the public. In October, in response to the review, the CRTO submitted a request that Respiratory Therapists be given the authority to prescribe oxygen. HPRAC has recommended that RTs be permitted to prescribe oxygen and details can be found on page 32.

For the second year in a row CRTO members were able to renew their registration on-line. In order to implement on-line registration, the on-line register, and comply with the AHHRDP requirements, the CRTO installed a new database in 2008. In addition, a new CRTO Web site was launched in February 2009.

In an effort to meet the challenge of communicating with members "live" the CRTO launched the first in a series of Webinars in October and November 2008 - *Professional practice issues, ICRC and duty to report* and *Quality Assurance Program and the new Member register*. Member feedback was positive and we plan to schedule additional Webinars and new topics in 2009. In the interim, a recording of the fall Webinars can be found on the CRTO Web site.

As part of our member outreach efforts the CRTO increased the number of e-bulletins to members this year.

In June of 2009 the CRTO along with all other health regulatory Colleges will be required to comply with changes to the umbrella legislation governing the Colleges, the *Regulated Health Professions Act*. These changes include amendments to the Public Register (including an

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on-line register on the CRTO Web site), mandatory reporting by members and facility operators and a new Inquiries Complaints and Reports Committee and process. Also, as a result of these amendments, College regulations, By-laws, policies and guidelines have, or are in the process of being, amended. Two articles prepared by our legal counsel, Richard Steinecke, in this issue of The Exchange elaborate on these changes: *Transparency and Privacy: What the World Will Know About You* and *Getting Ready for the Health System Improvements Act, 2006.*

The Office of the Fairness Commissioner was established in 2006 to ensure that Ontario's regulated professions have registration practices that are transparent, objective, impartial and fair. As part of this duty the Colleges are required to demonstrate their compliance with the requirements by:

- undergoing an audit of their registration practices
- submitting a fair registration practices report
- undertaking an internal review of their registration practices.

The CRTO has prepared its annual report and will be undergoing an audit in September 2009. In addition, the CRTO is conducting an internal review of its registration practices in order to ensure that they are transparent, objective, impartial and fair.

For the past few years the CRTO has been working with the Ministry of Health and Long-Term Care (MOHLTC) to create a database of information about Respiratory Therapists for the purpose of health human resources planning. This initiative is known as the Allied Health Human Resources Database Project (AHHRDP). In order to accommodate the MOHLTC the CRTO will be required to make a number of changes to its Application for Registration and Renewal Forms in order to collect additional information from members. A notice regarding collection of this information is contained in this issue and will be posted on the CRTO Web site.

The CRTO has been in consultation with government and RT regulatory bodies across Canada regarding labour mobility issues and specifically amendments to Chapter 7 of the Agreement on Internal Trade (AIT). In complying with the amendments, which were finalized in January 2009, regulatory bodies must ensure that qualified workers are able to move from one Canadian jurisdiction to another and work in their profession or trade without additional retesting, retraining or reassessment. In addition, the CRTO is engaged in dialogue with its counterpart in Québec (Ordre professionnel des inhalotherapeutes du Québec) concerning a similar Ontario-Québec Agreement.

Finally, the College held an election in October 2008 and we welcomed new members of Council Tracy Bradley, Michael Iwanow and Dave Jones on their election to Council and congratulate Kevin Taylor on his re-election. We also welcomed Melva Bellefountaine, Rob Blanchette and Daphne Marrs, our new non-Council Committee members, and congratulated retuning committee members Gary Ackerman, Dan Fryer and Carole LeBlanc. We said our goodbyes and heartfelt thanks to outgoing President Sue Martin and outgoing Council members Judy Dennis and Vito Maiolino, and non-Council Committee members Caroline Tessier and Mika Nonoyoma for their dedication and hard work. We wish them all the very best in their future endeavours.

Administrative Update

2008 CRTO Elections

The 2008 CRTO Elections were held in October 2008. Congratulations to all of the following newly elected and acclaimed Council Members and Non-Council Committee Members, welcome aboard. Thanks also to all those who allowed their names to stand for election.

Elected Council Members

Bradley, Tracy RRT	(District 3)
Iwanow, Michael RRT	(District 4)
Taylor, Kevin RRT	(District 4)
Jones, Dave RRT	(District 6)

Elected Non-Council Committee Members

LeBlanc, Carole RRT	(District 3)
Marrs, Daphne RRT	(District 3)
Ackerman, Gary RRT	(District 4)
Bellefountaine, Melva RRT	(District 4)
Blanchette, Rob RRT	(District 6)
Fryer, Daniel RRT	(District 6)

Congratulations also to our Public Member Kathleen Keating, who was re-appointed by the Ministry of Health and Long-Term Care on October 5, 2008.

Amelia Ma,
Finance and Office Manager

CRTO Staff

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

BACK ROW *(left to right)*:
Christine Robinson, *Registrar*
Janice Carson-Golden, *Communications Co-ordinator*
Melanie Jones-Drost, *Manager of Quality Assurance*
Mary Bayliss, *Manager, Policy and Investigations*

FRONT ROW *(left to right)*:
Amelia Ma, *Finance and Office Manager*
Carole Hamp, *Professional Practice Advisor*
Ania Walsh, *Co-ordinator of Registration*
Shah Amarshi, *Administrative Assistant*

Council Highlights

- **New Executive Committee**
  At their meeting on November 28, 2008, the Council members elected a new Executive Committee including the President and Vice President. The following Council members were elected for a one-year term as members of the Executive Committee:

President	Kevin Taylor RRT
Vice-President	Dorothy Angel
Members	Jim Ferrie, Jim McCormick RRT and Lorella Piirik RRT

- **By-law Changes Approved**
  Council approved proposed changes to the By-law regarding the Public Register and Inquiries Complaints and Reports Committee. As part of consideration of the changes, Council reviewed input from Members of the CRTO.

- **Strategic Plan**
  The CRTO's Strategic Planning Report was approved. A summary of the report and list of the CRTO's 2008-2011 strategic initiatives are posted on the CRTO Web site.

- **Optimizing Respiratory Therapy Services**
  Council received a report on project entitled "Optimizing Respiratory Therapy Services: A Continuum of Care from Hospital to Community". The project, which is focussed on developing the capacity to successfully transition patients requiring long-term ventilation (LTV) into the community, is funded under HealthForceOntario's Optimizing Use of Health Providers' Competencies Fund.

- **Submission to HPRAC on Ordering/Prescribing Oxygen**
  Council received a report on the CRTO's submission to the Health Professions Regulatory Advisory Council requesting that Respiratory Therapists (RT) be authorized to prescribe/ order oxygen. The submission was made in response HPRAC's investigation into whether non-physician health professions should be granted the authority to prescribe and/ or administer specific drugs in the course of their practice.

- **Proposal to MCI**
  Council received a report on the CRTO's submission to the Ministry of Citizenship and Immigration in response to an invitation for proposals for bridging projects that *improve access to occupational certification/registration and/or employment for internationally trained individuals.* The CRTO's request centres around funding for a gap analysis and the establishment of eligibility criteria for referral to bridging programs of Internationally Educated Healthcare Professionals.

All approved Council minutes are available on the CRTO Web site.

CRTO Council Meeting Dates - 2009

DATE	DAY	MEETING	TIME	LOCATION
May 22, 2009	Friday	Annual General Meeting	9:00 a.m. - 10:00 a.m.	Shanghai Room Metropolitan Hotel 108 Chestnut Street Toronto, Ontario M5G 1R3
		Council Meeting	10:00 a.m. - 3:00 p.m.	
		Open Forum	3:00 p.m. to 4:00 p.m.	
September 18, 2009	Friday	Council Meeting	9:00 a.m. - 3:00 p.m.	180 Dundas St. W. Conference Room, 19th Floor Toronto, Ontario M5G 1Z8
		Open Forum	3:00 p.m. to 4:00 p.m.	
November 26, 2009	Thursday	Council Meeting	9:00 a.m. - 3:00 p.m.	180 Dundas St. W. Conference Room, 19th Floor Toronto, Ontario M5G 1Z8
		Open Forum	3:00 p.m. to 4:00 p.m.	

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

2008 Stethoscope Ceremony – a rite of passage for Michener RT students

Second year Respiratory Therapy students at the Michener Institute for Applied Health Sciences received their stethoscopes and recited the Respiratory Therapy Student Oath to mark the beginning of their clinical rotations. The event took place in Schatz Hall on October 27, 2008. CRTO Registrar Christine Robinson was invited to speak to the students on professionalism.

An RRT in Shanghai

Julie Brown, RRT who is a faculty member at Fanshawe College and staff therapist at London Health Science Centre traveled to Shanghai, China, this past summer as part of the International Training Program in Neonatal-Perinatal Medicine through the **Canadian Neonatal Network**. The goals of this program are to train neonatologists from across the People's Republic of China, to upgrade standards of care, to establish a national training centre similar to those in Canada, as well as to create new opportunities for collaboration between Canadian and Chinese hospitals and staff.

The first year of this 2 year program consists of training provided by a team of Canadian instructors made up of Physicians, Nurses, Respiratory Therapists and Physiotherapists, rotating on a monthly basis. During the second year the Physicians come to Canada to work and learn on site. This program has been in existence since 2004 and over 30 neonatologists from China have completed the program and spread their new knowledge around the country.

Julie spent one month teaching many aspects of respiratory care to the neonatologists, who provide much of this support alongside Nurses since they do not have Respiratory Therapists in China. The focus for the month was on Canadian standards of care as well as detailed learning of modes of ventilation specifically for infants with congenital heart defects, CXR and ECG interpretation as well as the use of oscillation and nitric oxide. The focus was also to work as part of a team and interact with patient families.

The current health care realities of modern day China and the unique cultural differences provided Julie with some challenging work. In addition to enriching her own learning experience the trip provided a fresh perspective on both Chinese and Canadian society that could never be obtained as a tourist. It proved to be a very beneficial experience for the health care professionals in Shanghai, their patients and for Julie herself.

MESSAGE RECEIVED!

This past fall the College sent notification to the Members who were randomly selected to submit their Portfolios and complete the Professional Standards Assessment by email. Although we had announced this in the Summer issue of The Exchange and have an up-to-date database containing over 80% of Members' email addresses, we still ran into some problems. Just over 10% of the 223 Members who were sent the email notices did not receive them due to security settings, anti-virus software or firewalls.

As this was the first time that the College had used email for this purpose we followed up with Members by telephone to verify their receipt of the information, which is how we found out that there was an issue. The College has identified ways to prevent this from happening in the future since we plan to continue to use email in our ongoing efforts to reduce paper usage.

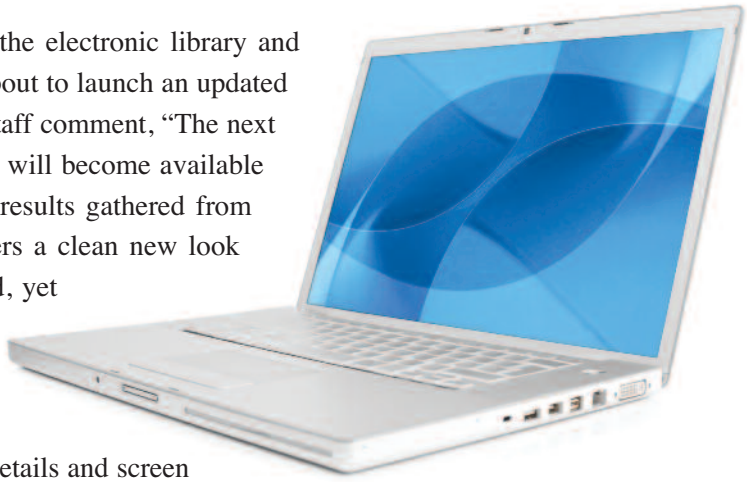
Allied Health Professional Development Fund (AHPDF)

Just a reminder that this educational fund is still available for Respiratory Therapists through **HealthForceOntario**. RTs who are members of the CRTO and eligible to practice in Ontario are able to apply for **up to $1,500** to reimburse the cost of professional development activities (workshops, courses, conferences). To meet the criteria of the fund, the activity must be completed between **April 1, 2008 and March 31, 2009** and should lend itself to the overall goal of enhanced patient care. All Members of the College should have received paper copies of the AHPDF application form in the mail. For additional information, you may also go onto the Web site at www.ahpdf.ca to view the Application Guide and print off additional application forms. You must submit one course per application but may submit more than one application during the funding year. **We are please to announce that the current utilization rate for Respiratory Therapy is 78% of the total fund, and we expect that number to increase as the fiscal year draws to a close (the rate was only 28% for the same time period last year). This indicates how enthusiastic RTs are about continuing education and helps ensure the continuation of this valuable funding source.**

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

Allied Health Professional Development Fund

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



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

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

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

FAQs

Q: Can I search for a specific title?
A: *Yes. If you need help with this, a help section is available as well, webinars are also available by clicking the help link in the main menu.*

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

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Degree *Entry to Practice* Project

Update - January 2009

As we reported in the last issue of the Exchange, the College sent a *letter of intent* to the Deputy Minister of Health and the Deputy Minister of Training, Colleges of Universities of Ontario requesting that the issue of an increase in entry-to-practice education to a baccalaureate degree be referred to the Pan-Canadian process. The letter of intent was sent to the Deputy Ministers on August 21, 2008 and we received an acknowledgment from government representatives in October that our request was under consideration. We have not yet been informed of the decision but we will communicate the decision to you as soon as we are informed.

As a reminder, and as we have previously reported, the College has been studying the issue of entry to practice education for RTs for over 3 years. The government has put in place a rigorous national process that examines the need for any health profession to increase their entry-to-practice (ETP) education requirements. *Therefore, any possible change (increase) in ETP for RTs can only occur with government approval.* We have been informed by Ministry representatives that should the Deputy Minister of Health and Deputy Minister of Training, Colleges and Universities refer our request to the pan-Canadian process, it will take 6-8 months before we learn of the outcome. Should we receive approval to change ETP it is very likely that this will take several years to implement.

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

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

Ontario Ministry of Health and Long Term Care (MOHLTC) announcement regarding Community Care Assess Centres (CCAC)

The Ontario MOHLTC announced this past December that it will increase the range of home care services it provides to its clients. This expanded service procurement model is intended to include Respiratory Therapy. This is very exciting news as there has previously been no funding stream for RT services in the community. Meetings are ongoing at a provincial level to determine how the available funds will be distributed among the various interprofessional groups of care providers. The CRTO is currently working with some representatives from the CCAC's to provide information regarding the role that RTs can play in the community.

The **Ontario School Counsellors' Association** (OSCA) annual conference was held recently at the Doubletree Hotel on **November 2nd & 3rd, 2008.** Representatives from the **CRTO/ RTSO Joint Communication Working Group** were on hand to help inform high school guidance counselors from across the province about Respiratory Therapy as a potential career option for their students. Present on Sunday were Jim McCormick, RRT; Julie Brown, RRT & Stephanie Rotella, student RT from Fanshawe College. On Saturday, Katherine Scrimgeour (left) and Dorota Onufer (centre), both student RTs from Fanshawe, joined Carrie-Lynn Meyer, RRT (right) in enthusiastically promoting the profession.

Public Notice regarding collection of data for the Allied Health Human Resources Database

The CRTO, along with other allied health regulatory Colleges, will be expanding its collection of personal information about members, including basic demographic, geographic, education and employment information, and providing this information to the Ministry of Health and Long-Term Care in anonymized form, at the request of the Ministry for health human resources planning purposes.

The authority for the collection of data for the Allied Health Human Resources Database comes from section 36.1 of the *Regulated Health Professions Act, 1991* (RHPA), where it states that the Ministry of Health and Long-Term Care (Ministry) can request that regulatory Colleges collect information, including personal information, from their members, and that this information be provided to the Ministry. The RHPA provisions authorize the Ministry to collect this information from the Colleges, and use and disclose it, only for the purpose of health human resources planning, which means ensuring the sufficiency and appropriate distribution of health providers.

If you have any questions about the collection, you can contact the Ministry's Allied Health Database Project Lead at forecasting@healthforceontario.ca or walsh@crto.on.ca.

RTs on a "Military Operation"

By Carole Hamp, RRT
Professional Practice Advisor

In March of 2008, 23 year old Private Robert Webster of the Canadian Armed Forces suffered a C2 complete fracture. He was treated acutely in Calgary then transferred to Peterborough and in August of the same year he was relocated to the Chronic Ventilation Assisted Program at Toronto East General. It was there that this young soldier, who was just starting to learn about life with a spinal cord injury, was asked by the military to attend the first Canada Army Run in Ottawa. The event was being held as an opportunity for our injured soldiers to draw inspiration from each other and show people that the fight continues. It was also an occasion to honor those who could not be present

Two short days before the event, the College of Respiratory Therapists of Ontario (CRTO) was contacted by the Canadian Military to see if we could somehow assist in arranging to have RTs provide care for this young man while he was in Ottawa. We suggested that they contact Carole LeBlanc, RRT (who is also a non-Council member of the College) at The Ottawa Hospital Rehabilitation Centre and Renée Pageau, RRT at The Ottawa Hospital. Carole and Renée didn't hesitate for a moment. They joined forces with a team of dedicated health care professionals from Toronto East General Hospital, the Ottawa Hospital and the military with one goal in mind; which was to plan a safe transfer and 36 hour overnight stay in Ottawa to allow Private Webster (who is 24 hour ventilator dependent) to attend this military event.

Andrea Craig, RRT to the left of Private Robert Webster

The respiratory therapy planning team was comprised of Katie Hanson, RRT from Toronto East General Hospital along with Carole and Renée. Private Webster departed from Toronto East General at 0830 on the 20th of September and traveled to Ottawa with Global Airlines medical transport company arriving at The Ottawa Hospital Rehabilitation Centre. A quick meet and greet was followed by a medical, Nursing, Respiratory Therapy and Occupational Therapy assessment. Once the appropriate equipment modifications were completed, the young soldier was off to attend an informal event at the Cartier Square Drill Hall military mess with 2 nurses (one military and one from Rehab) and one Respiratory Therapist from The Ottawa Hospital. Needless to say, Private Webster was very exited to have an opportunity to relax with his colleagues and experience the ambiance of the military mess. He returned to The Ottawa Hospital Rehabilitation Centre later in the afternoon, where the soldier and the RT watched the hockey game together and shared a pizza.

The next morning Private Webster was up very early (0500) to start his morning spinal cord care plan and to get ready for the day's event. At 0800 the gun went off to mark the first Canada Army Run near the Ottawa City Hall. There were lots of activities including the music from the Army Band and a welcome by Canada's top soldiers at the starting line. Crowds lined Queen Elizabeth Drive to watch the runners sprint past and to cheer them on. The RT ran beside Private Webster while the military nurses pushed his wheel chair (about .5 km of the run). After the event was over, Private Webster returned to Toronto East General by medical transport.

RTs on a "Military Operation" (continued)

The Respiratory Therapists involved with this "operation" expressed that it was the best coordinated patient transfer they had ever experienced and most of all they enjoyed Private Webster's company and good humor.

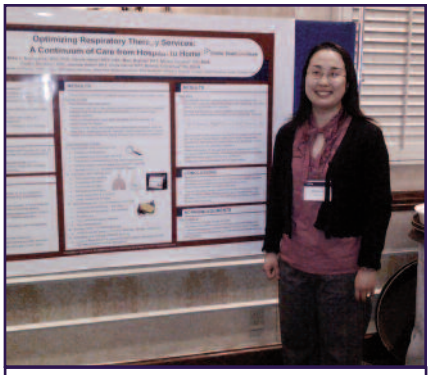
Thanks to all of the individuals who have made this possible and to the RRTs of The Ottawa Hospital who cheerfully offered their services during the visit. You pulled it off in true RT style and we salute you!

Joanne McNamee, RRT third from the right

HealthForceOntario
Optimizing Respiratory Therapy Services: A Continuum of Care from Hospital to Home.

As mentioned in our previous e-bulletins, the CRTO has received funding through a HealthForceOntario initiative to develop the capacity to transition patients on long term ventilation into the community and to provide RT support for these patients along the continuum.

We have been fortunate to partner with a number of organizations and individual RTs in order to build this model of care. Our project partners are the Respiratory Therapy Society of Ontario (RTSO), Professional Respiratory Services (ProResp), West Park Healthcare Centre and the Central Community Care Assess Centre (CCAC). We are also working in consultation with the Critical Care lead for the Central East LHIN as well as RT representative from Ontario's Ventilator Equipment Pool (VEP) Kingston, McMaster Children's, London Health Sciences, Credit Valley and St. Michael's hospitals.



Mika Nonoyama, RRT at the IPE Conference

The first quarter of the project is complete and the tools that have been developed are in the process of being reviewed by the RT advisory group. We are moving forward now with discussions with various facilities, both in the acute care and long term care sector, regarding identifying and transitioning some patients into community settings. The tools will then be refined, based on what we learn, and outcome measurements taken to determine successes and continuing challenges.

We are tremendously excited about this opportunity to assist in formalizing this role for RTs in the community. If you have any questions or perhaps would like to assist in any way, please contact either the Project Manager, Rosanne Leddy, RRT at rosannerrt@yahoo.ca or Carole Hamp, RRT – Professional Practice Advisor for the CRTO at hamp@crto.on.ca.

We would like to sincerely thank Mika Nonoyama, RRT PhD for her work to date on this initiative. Mika has worked very hard to develop the written tools and has presented a poster on the project at the Interprofessional Education (IPE) Ontario Conference on January 19, 2009 at the University of Toronto Conference Centre. Mika will continue to lend her expertise and support as the project progresses.

Getting Ready for the *Health Systems Improvement Act, 2006*

This article by Richard Steinecke is being reprinted with kind permission of the College of Chiropractors of Ontario. Richard Steinecke is the senior partner in the law firm of Steinecke Maciura LeBlanc. He practises exclusively in the area of professional regulation. He represents about three dozen regulators and associations across many professions, including the CRTO.

You can judge your age by the amount of pain you feel when you come in contact with a new idea.
Pearl S. Buck

If you don't like change, you're going to like irrelevance even less.
General Eric Shinseki [Chief of Staff, U. S. Army]

Change is inevitable, except from vending machines. Unknown

The *Regulated Health Professions Act, 1991* ("the RHPA"), which is the legislation that governs Ontario's 21 health regulatory Colleges, including the College of Respiratory Therapists of Ontario ("the College"), is about to change significantly. These changes, which come into effect on June 4, 2009, will impact almost every area of the College's operations. Although many of these changes relate to College processes, a significant number of the revisions will have a direct impact on members. The purpose of this article is to highlight some of the biggest areas of change and to explain the specific impact those revisions will have on some of the College's processes as well as the membership. The majority of the legislative changes touch upon one of the following three subject areas: (i) mandatory reports; (ii) the register; and (iii) the Inquiries, Complaints and Reports Committee ("the ICRC").

Mandatory Reports

Members must report certain information to the College. Under the current RHPA, members and facility operators are required to advise the appropriate College when they have reasonable grounds to believe that a member has sexually abused a patient. Similarly, employers are required to advise the appropriate College when they terminate the employment of a health professional for reasons of professional misconduct, incompetence or incapacity. As of June 4, 2009, however, the reporting obligations for members and facility operators have significantly expanded.

Members

Members of all health regulatory Colleges will be required to advise their regulator, in writing, if they have been found guilty of an offence. The College is working with the Ministry and other Colleges to identify the types of offences that are intended to be covered by this duty. In addition, members will also be required to file a report with the College if there has been a finding of professional negligence or malpractice made against them by a court. These findings relate to the outcome of civil proceedings or law suits. The onus to apprise the College of these two new categories of information rests with the member and such reports are to be filed "as soon as reasonably practicable" after the member receives notice of the finding against them.

These obligations are not retroactive. Thus, there will be no duty to report findings made by a court before June 4, 2009 (unless the College had already asked the member to provide this information in the past).

Facility Operators

In addition to the existing requirement to report sexual abuse, facility operators will also be required to report to the appropriate College where they have reasonable grounds to believe that a member who practices at the facility is incompetent or incapacitated. In order for facility operators to fully understand and appreciate the obligation that this new reporting requirement creates, however, they

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will need to have a clear understanding of how "incompetence" and "incapacity" are defined by the RHPA. Members should pay particular attention to upcoming mailings from the College as to what constitutes a facility (e.g., is a home care company office a facility?).

The Register

The public, including potential employers, obtain information about members through the College's register. The changes to the register affect both the amount of information available to the public as well as the overall accessibility of that information. Three of the most significant areas of change related to the register impact: (i) form; (ii) content; and (iii) permanence.

Form

One of the biggest changes to the RHPA is the new requirement for every College to post its entire register on its Web site. This will allow the public to view all of the register information about every member directly through the internet. In addition, the new legislation will require the College to advise individuals who inquire about a member, whether in person, by phone, letter, email, or through the College's Web site, of all of the register information that is available regarding that member.

Content

In addition to the information already required for the register, several new categories of information will be added on June 4, 2009. These include: (i) referrals to the discipline committee; (ii) findings of professional negligence or malpractice made against the member unless the finding is reversed on appeal; and (iii) a notation of the resignation and agreement where a member, during or as a result of an investigation, has resigned and agreed never to practice again in Ontario. Additional public information will also be included under an amended CRTO By-law such as Member's former name(s), registration number, active/inactive status and information related to interim suspensions (please see article in this issue of The Exchange related to the public register - *Transparency and Privacy: What the Word Will Know About You*).

Permanence

One of the most significant changes to the current register requirements relates to the length of time that information is expected to remain on the register. Under the current RHPA, a significant portion of a member's history with respect to most discipline and/or fitness to practice proceedings would automatically be removed from the register after six years. Under the new provisions, however, all register information remains posted indefinitely, subject to a few limited opportunities for the member to ask for the information to be removed.

ICRC

Under the current RHPA, concerns about members are screened by two of the College's Committees, the Executive Committee and the Complaints Committee. Under the new legislation, the screening functions of both committees have been merged under one committee, the Inquiries, Complaints and Reports Committee. As a result, the ICRC will see all complaints and will also screen all member-specific concerns that arise from other sources, including mandatory reports. Although there are many significant process changes that have resulted from the creation of the ICRC, two areas of change that will be of particular interest to members relate to: (i) notice requirements, and (ii) dispositions available.

Notice requirements

Under the new legislation, members will receive notice of a complaint within 14 days of it being filed with the College and will receive notice of a Registrar's report to the ICRC within 14 days of that report being filed with the committee. In addition to receiving notice of the complaint or report, the new legislation also requires members to receive copies of any prior history of that member with the College. The ICRC is required to consider and review that prior history when looking at new concerns. Prior decisions could include any earlier decision of the Executive, Complaints, Discipline or Fitness to Practice Committees (except for frivolous and vexatious matters).

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Dispositions Available

The ICRC will have significant new options for disposing of the matters that it reviews. The ICRC will be empowered to require members to complete a specified continuing education or remediation program to address practice concerns. This could include, for example, successfully completing a continuing education course or a mentorship program. Even certain self-study programs could be ordered (e.g., to read and summarize, to the satisfaction of the Registrar, the standards, guidelines and policies of the College).

In addition, the ICRC will be able to require members to attend before it for an oral caution in all matters, not just formal complaints.

The ICRC will also deal directly with incapacity matters. Under the current legislative scheme, the Executive Committee deals with incapacity matters by appointing a Board of Inquiry to inquire into a member's health. The results of those inquiries are then reported back to the Executive Committee which, depending on the information contained in the Board's report, decides whether a formal hearing is necessary. Under the new legislation, however, a "panel" selected by the Chair of the ICRC will fulfill all of these functions directly.

What's Next?

Over the coming months members can expect to receive additional information from the CRTO with respect to the upcoming changes and the impact these will have on the College, the profession and individual members. Members, in turn, should pay particularly close attention to the communications that they receive from the College over the next several months to ensure that they are aware of and understand their new obligations.

National Competency Profile (NCP) Review Update

The *National Competency Profile* (NCP) was developed in 2003 by the consolidation and harmonization of existing competency profiles used by provincial regulatory bodies (CARTA, MARRT, CRTO, and OPIQ) and the Canadian Society of Respiratory Therapists (CSRT). The members of the National Alliance of Respiratory Therapy Regulatory Bodies (National Alliance) have agreed to conduct an extensive systematic review of the NCP every five years. The goal of the review and subsequent revision of the document is to provide an up-to-date profile of the competencies that entry-level respiratory therapists are expected to be able to perform competently in the workplace. The data collected in this review can be used by the educators to update their curricula and education programs. It will also provide the regulators with guidance regarding the entry-level scope of practice in the profession.

The actual review process has a number of components including the NCP review, the NCP update, a web-based NCP validation survey, data analysis of the survey results, and finally, compilation and approval of the new document. This process began in March 2008 and is anticipated to be completed by June 2009. Below is an update of what has occurred to date.

Steering Committee

In March 2008 a Steering Committee of National Alliance members was created to provide oversight and guidance throughout the project to the consultant, Professional Examination Service (PES), and to the Task Force (see below).

Task Force

In the summer of 2008 an invitation was sent out to all Respiratory Therapists across Canada with the intention of nominating RT subject-matter

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experts for participation on a Task Force to review and update the NCP. The nominations were reviewed and members of the Task Force were selected by the Steering Committee according to predetermined geographic and area of practice criteria. The 12-member Task Force met in Toronto on September 26 – 27, 2008, and included representatives from New Brunswick, Nova Scotia, Québec, Ontario, Alberta, Manitoba, Saskatchewan, and British Columbia. In addition to updating the NCP, the Task Force members also reviewed and provided recommendations on the rating scales and assisted with the validation survey. The Task Force members are:

- Shelly Brown - New Brunswick
- Renee Desrosiers - Québec
- Darlene Fetaz - Alberta
- Mike Giesbrecth - British Columbia
- Karen Hamilton-McNutt - Nova Scotia
- Elenore Haywood - Manitoba
- Ray Hubble - National Alliance
- Elisa Ilic - Ontario
- Warren Schrader - Saskatchewan
- Allan Shemanko - National Alliance
- Diane Soulière - Québec
- Ian Summers - Ontario
- Patricia-Ann Therriault - Québec
- Kim Tilly - Alberta

Pilot Test Group

The Steering Committee has invited 25 RTs to pilot test the survey instrument. The Pilot test, which will be finalized in February 2009, involves critiquing and completing a Web-based survey to evaluate the competencies in the profile.

Survey Instrument

Because the output of the study will be used by regulators and educators, two different surveys will be conducted to gather validation evidence with respect to the competencies updated by the project Task Force. One survey will be administered to practicing respiratory therapists across Canada. Participants in this survey will be asked to indicate how frequently they perform each competency and how important it is to patient health and safety. The other survey will be administered to faculty in all respiratory therapy educational programs in Canada. Participants in this survey will be asked to indicate how students should demonstrate the competency: didactic instruction, low fidelity simulation, high fidelity simulation, or clinical practice. The large-scale survey will be conducted in early 2009 and the results of both surveys will be used to identify a final set of competencies that will make up the revised National Competency Profile.

The National Alliance will be sending invitations to participate in the NCP validation survey to all RTs in Canada this spring. We are hoping for a 100% response rate from Ontario RTs. Please watch your email and regular mail box for further information on how to participate in this important initiative.

Next Steps

It is anticipated that data analyses of quantitative and qualitative survey ratings, as well as development of recommendations regarding content outline, will be completed in summer spring 2009. Preparation of the final document and approval by the National Alliance is anticipated to occur in June 2009.

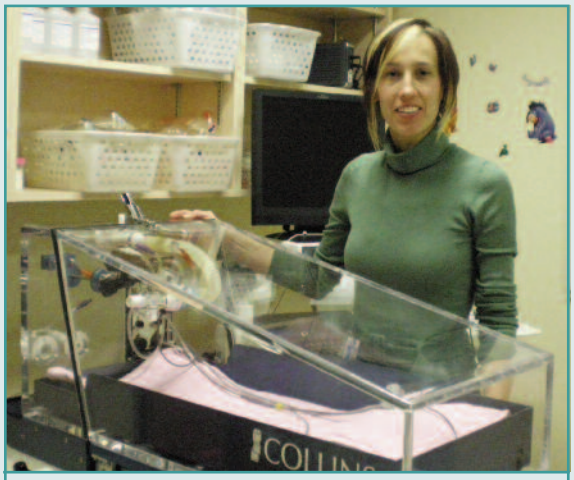
The National Alliance would like to thank PES, the members of the Task Force and Pilot Survey Group members, for their valuable contributions to date.

Infant Pulmonary Function Testing at Sick Kids

Three years ago, Sick Kids, (The Hospital for Sick Children - HSC, Toronto) launched their Infant Pulmonary Function Testing (PFT) laboratory as part of their Respiratory Medicine service. The performance of this type of testing on children from birth to around 2 ½ years of age began in North America, Europe and the United Kingdom in the early 1980's. Standardized testing techniques were developed approximately ten years ago and there are currently 36 infant PFT labs in existence in North America. However, the testing facility that is now at HSC is the only program in Canada that offers standardized PFTs for patients in this age group. The Infant Pulmonary Laboratory by nSpire Health that is being used at SickKids was developed with support from the Cystic Fibrosis Foundation. The intent of the test is not diagnostic but is performed in order to establish a baseline and tract the lung development in children presenting with Cystic Fibrosis, Idiopathic Lung Disease, Reactive Airway Disease and other growth and development concerns. It can also evaluate the therapeutic response of a particular treatment or intervention.

Susan Balkovec, RRT came to Sick Kids after graduating from the Michener Institute in 1998. She spent 6 years in the NICU before being asked to help develop the infant PFT program. Due to the fact that this clinic is one of a kind in Canada, a great deal of work had to go into setting up the equipment and the testing protocol. She has had to work closely with several physicians, Dr. Padmaja Subbarao, Dr. Felix Ratjen, and Dr. Per Gustafsson, at HSC and in a number of other countries. The plexiglas Collins plethysmograph which is used in their lab was designed in Columbus, Ohio and the RT there who was instrumental in its development still serves as an essential resource for the HSC program.

In addition to Susan, there is another RT who works in the lab, Colleen Keast. The tests are performed with 2 personnel at all time; either an RT and a physician or 2 RTs. One person monitors the infant and adjusts the settings on the equipment while the other operates the computer. The infant is sedated prior to the test with oral Chloral Hydrate and then fitted with a vest, under which is a small inflatable bladder. The child is also fitted with a mask that is sealed around the mouth and nose with flexible putty. A number of breathing maneuvers can be performed by manipulation of the pressure in the inflatable bladder, such as pre & post expiratory flow/ volume loops. Reproducible values can be obtained for a number of parameters such as FVC, FEV0.5, FEV0.5/FVC, FEF25-75%, PEFR and FRC_{pleth} as well as compliance and resistance measurements (Crs and Rrs).



Susan Balkovec, RRT with the Collins plethysmograph

In order to fulfill this specialized role, Susan has travelled to Europe and the U.S. to receive training. She now serves as a resource at HSC and the broader health care community by providing education in infant pulmonary testing. There are also numerous research projects that the infant

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Infant Pulmonary Function Testing at Sick Kids... continued

pulmonary lab is involved with that are evaluating such things as exhaled breath cytokines and exhaled nitric oxide. In addition, Susan is active in HSC's Asthma Clinic that provides assistance to many children with high-risk asthma.

Infant pulmonary function testing offers a comparable picture of lung function to that obtained in the adult population and is emerging as an important clinical tool. The Infant Pulmonary Function lab at HSC will become involved in over the next few years with several multi centre clinical trials, such as the CHILD study and the Inhaled Hypertonic Saline Study. In order to accommodate the resulting increase demand for testing capacity, Susan is already busy making plans to set up another lab at Sick Kids.

Carole Hamp
Professional Practice Advisor

Volunteer Highlights!

Shawna MacDonald, RRT, Portfolio Reviewer

"Why would anyone want to help the College?" That's the kind of question that Shawna MacDonald was first asked by her colleagues when they found out that she had become a Professional Portfolio Reviewer. Shawna understood that there was a lot of negativity about the College, but she wanted to see first hand what the Portfolio expectations were and she thought that there would be no better way than to be trained to review them.

That was nearly five years ago and much of the skepticism that surrounded the Quality Assurance Program and the College has waned thanks to Members like Shawna - who has taken the time to educate her peers, both about Portfolios and the CRTO. Now Shawna holds Portfolio workshops at her hospital each fall and answers questions whenever her colleagues come to her.

The teaching/mentoring approach appears to come naturally to Shawna, who beams when talking about her role as the RT Educator and Michener RT Student Clinical Coordinator at McMaster Children's Hospital (MCH). Her primary responsibilities are to provide ongoing education/development opportunities for the staff and student RTs at MCH, but she also has the opportunity to teach a number of different disciplines, which fits well with her pursuit of a Bachelor of Adult Education through Brock University.

As someone who enjoys learning, Shawna really appreciates that as a Portfolio Reviewer she gets to see what a varied profession Respiratory Therapy is. "It has helped me understand how RRTs across the province are practicing, and I take great pride in our diversities," says Shawna. "It has also greatly aided me in my feedback and assessment skills."

Aside from the Portfolio Reviewer training workshop that takes place in Toronto over one or two days, Shawna commits about 10-15 hours of her own time assessing Portfolios. When she initially became a Reviewer, she said that it took a little more time but now each evaluation takes "a little over an hour on average."

When asked what she would like other RTs to know about the College or Portfolio review process, Shawna doesn't hesitate. "The CRTO is not the big, scary place that Members often perceive. They have a great staff but they need volunteers to help with projects like this to keep our annual fees down and also advocate for the profession and provide valuable input. Each of us CAN make a difference!"

Thanks Shawna!

Melanie Jones-Drost
Co-ordinator of Quality Assurance

New Clinical Best Practice Guideline (CBPG)

The CRTO Council has approved the CBPG for **Chest Needle & Chest Tube Insertion** and it is now available on the CRTO Web site. This learning package can be utilized in the development of a certification program for these skills at your clinical site. For more information on how to use this and other CBPG's, please see the updated *Certification Programs for Advanced Prescribed Procedures below the Dermis* Professional Practice Guideline.

New Approval Process for Advanced Prescribed Procedures below the Dermis.

The Registration Committee has approved a new process by which RTs can utilize the Clinical Best Practice Guidelines developed by the CRTO as the learning packages for several of the procedures in the advanced category of the Prescribed Procedures Regulation. The following packages are available for use on the College Web site:

- Peripheral & Femoral Vein Cannulaltion
- Radial & Femoral Artery Cannulaltion
- Umbilical Artery & Vein Cannulation
- Chest Needle & Chest Tube Insertion

If your facility decides to use one of these packages for your certification program, all that is required to be sent to the College is a letter of intent to use the package and a draft copy of the hospital policy for the procedure. For more information on the current certification processes, please see the updated CRTO Professional Practice Guideline entitled *Certification Programs for Advanced Prescribed Procedures below the Dermis.*

CBRC Exam Results
Reminder to Graduate Members

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

Please send a copy of the CBRC results letter to the CRTO as soon as you receive it. This can be done by:

email: walsh@crto.on.ca

fax: 416-591-7890 Attn: Ania Walsh

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

Your fellow RTs

...hard at work helping you!

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

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

- Brian Anthony
- Carlos Bautista
- Gary Cambridge
- Noreen Chan
- Elizabeth Cochrane
- Cathy Dowsette
- Lori Elder
- Janet Fraiser
- France Gauthier
- Chris Harris
- Jane Heath
- Dianne Johnson
- Richard Kauc
- Jeannie Kelso
- Vanessa Lamarche
- Gail Lang
- Lise LaRose
- Adrienne Leach
- Shawna MacDonald
- Shelley Monkman
- Patrick Nellis
- Marg Oddi
- Regina Pizzuti
- Patti Redpath-Plater
- Rob Ryan
- Amer Syed
- Miriam Turnbull
- Kathy Walker
- Jane Wheildon
- Andrea White-Markham

Patient & Member Relations Update

Patient & Member Relations Update

Strategic Initiatives

A number of the initiatives stemming from the CRTO 2008 – 2011 Strategic Plan will be undertaken by the Patient Relations Committee (PRC) in the coming years.

This will involve...

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

The PRC is now looking at each broad strategy and determining the most appropriate first steps.

Interpretation of Authorized Acts Professional Practice Guideline

The last version of this practice guideline was drafted in April 2004 and so it is due for revision this year. The committee has already begun work on reviewing the document in order to update it and ensure that it supports current clinical practice.

Position Statements

The PRC committee has also begun work on 2 position statements; one on Narcotics and the other on Scope of Practice/Competencies. Feedback from the Membership and key stakeholders will be sought as the development of these position statements moves forward.

Joint RTSO/CRTO Communications Working Group (CWG) Update

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

Ontario School Counselors' Association Conference

The CWG sent representatives to this event on November 2 and 3, 2008 in order to provide information on the profession to this gathering of high school guidance counsellors. Jim McCormick, Julie Brown and Carrie-Lynn Meyer graciously volunteered their time to man the booth, along with 3 students from Fanshawe College, Stephanie Rotella, Dorta Onufer and Katherine Scrimgeour.

Media placement contest for RT week

This year the CWG offered an award for the winning submission of a media placement that highlighted the profession during RT week. The closing date for the contest was November 29, 2008.

The winners were as follows:

- 1st prize was awarded to Jeff Dionne
- 2nd prize was awarded to Alison Jones
- 3rd prize was awarded to Cynthia Welton

Thank you to all who entered the contest and congratulations to the winners.

Carole Hamp
Professional Practice Advisor

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

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

CRTO: carson@crto.on.ca or Toll Free: (800) 261-0528
RTSO: office@rtso.org or Toll Free: (800) 267-2687

Quality Assurance Update

Members who have completed the Professional Standards Assessment (PSA) know that you are given the opportunity to comment on each of the questions in the online test of standards, guidelines and legislation. The College then downloads all of these comments and the PSA Item Review Working Group reviews them in detail when analyzing the overall results on the PSA. Here's an example of a question and some of the comments the Working Group sees:

What's the most effective way to prevent the transmission of infection?

A. Avoid handling soiled linen.
B. Obtain immunization semi-annually.
C. Cover wounds with sterile dressings.
D. Hand hygiene using alcohol rubs.

Member 1.	*"Clear question."*
Member 2.	*"Poor question."*
Member 3.	*"Infection prevention and control – best practice!!"*
Member 4.	*"A combination of best practices helps to avoid transmission of infection. The easiest and often missed is hand-washing on the part of the care team, family, patient."*
Member 5.	*"C & D are both correct. If I have a cut – I should cover it. Washing hands or using alcohol rubs are both effective in helping eliminate transmission of infection."*

A comment that doesn't appear for this question but is often seen is that the College is trying to "trick" Members by including more than one correct answer or making a questions purposefully unclear. The PSA Item Writing Working Group develops questions in accordance with strict guidelines in the PSA blueprint. The blueprint sets out the framework for the PSA and specifies how many questions should be:

- knowledge (straight-forward recall),
- application (knowing what standard to apply in this situation), or
- critical thinking (knowing that usually X standard would apply but because of atypical circumstances/results, Y standard applies).

The majority of questions on the PSA are not straight-forward recall for several reasons. Firstly, the PSA is an open-book test so Members have the opportunity to refer to resources. Secondly, the PSA is aimed at helping Members understand what the CRTO standards, guidelines and legislation requires or recommends. Occasionally, Members think about what they would do at their workplace as opposed to thinking about what the College would recommend. Of course most times the answers would be similar but regional or facility practices vary, and Members are not always aware of the College's position. Finally, PSA questions are not always simple because RT practice is not simple. Respiratory Therapists work in a complex environment with any number of other health care practitioners providing input, where critical thinking skills are required in every practice situation. Indeed some of the best PSA questions come from real-life examples brought forward by Item Writers.

If you would like to become an Item Writer or have any additional comments on the PSA please contact Melanie Jones-Drost, Manager of Quality Assurance at extension 30.

Registration Update

2009 Registration Renewal

The deadline for the registration renewal was March 1, 2009. The 2009/10 Certificates of Registration and tax receipts will be mailed to all Members at the **end of March**.

Completing all sections of the renewal form is an important part of being a Member of a self-regulating profession. The CRTO, as the regulatory body for Respiratory Therapists in Ontario, requires that you provide your address and employment information. Much of the information collected by the College is confidential. This includes your home address, telephone number and email address.

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

At any time during the year, if you have questions about the renewal process, please contact us at 416-591-7800 or toll free 1-800-261-0528 extension 25, or by e-mail at walsh@crto.on.ca.

On-line renewal: In 2009 Members were able to renew their CRTO registration on-line at **www.crto.on.ca**. This option is available to all Members whose valid email addresses are on file with the College and who do not wish to change their registration status (e.g. from Inactive to Active).

"Paper" Renewal: Members could also renew their membership using a paper copy of the renewal form.

Registration Fees		Other Fees	
$500.00	General Active	$100.00	Late Active
$500.00	Limited Active	$25.00	Late Inactive
$500.00	Graduate	$35.00	NSF Charge
$50.00	General Inactive		
$50.00	Limited Inactive		

Registration Renewal fees are processed upon receipt unless post-dated. A late fee will be levied on renewals that are incomplete or **postmarked after March 1, 2009.** A $35.00 fee will be charged on cheques returned for insufficient funds.

Online Credit card payment: The most efficient way to submit your registration fee is through online credit card payment. Payments made online are secure; credit card information is not stored online.

Offline Payment: This year, for the first time, Members had an option to complete the renewal form online and pay the registration fee separately using one of the following methods of payment:

- Personal cheque, money order, employer cheque or CSRT cheque (made payable to the CRTO);
- Tele/Internet Banking.

To ensure accurate allocation of payment, Members must provide their correct CRTO registration numbers with their payments.

Please note that your renewal is not complete until both the form and payment have been received.

Resignation: If you do not plan to practise Respiratory Therapy in Ontario you may choose to resign your membership. To do so you must notify the College by completing the resignation section of the paper renewal form or sending a letter of resignation to the College on or before March 1. If you fail to renew or resign your membership with the College by the deadline your membership may be suspended for non-payment of fees. Once you have resigned your membership you are no longer a Member of the College and therefore, not entitled to use the title Respiratory Therapist or practise Respiratory Therapy in Ontario. If in the future you wish to return to practising Respiratory Therapy in Ontario you will need to re-apply and meet the entry to-practice requirements at that time.

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Inactive Status Q and A

During the registration renewal period we usually receive many questions from members with regard to the Inactive Membership Status. We hope you find these questions and answers helpful and informative.

I will be going on maternity leave in the middle of April and was wondering if I am required to pay the full amount of $500 for the year, or should I become Inactive for the year?

Because your maternity leave will begin in April, (and you will be working as a Respiratory Therapist in March) you cannot renew as an inactive Member on March 1st; you will therefore need to pay the full $500.00 registration fee and renew as an active member. The CRTO By-law specifies that the registration fee is an annual fee i.e. it covers the full registration year regardless of status or employment changes that may happen during the year. Unfortunately, the annual fee cannot be prorated at the start of the registration year. Also, there is no rebate on fees paid for the year.

I will be starting my leave of absence (academic) as of September 1 and I am just wondering what steps need to be taken in order to change my status to Inactive? Also, I am curious as to what happens to the money that I have paid thus far for my membership and what dues will I be required to pay in March for my membership?

You may change your status to inactive by submitting a written request to the Registrar. This can be done by email, fax or mail. Unfortunately, your registration renewal fee cannot be prorated retroactively. Once paid the annual registration fee applies till the end of the registration year. Please note however, that at the next registration renewal (March 1, 2010) your inactive membership fee will be $50.00.

I am working for the XYZ Lab doing blood gases. Since I am not actively working in respiratory therapy, could I change my membership to Inactive?

No. The Registration Regulation specifies that an Inactive Member cannot provide direct patient care within the scope of practice of the profession (in Ontario). Thus, if you are working in blood gases (which is part of the scope of practice of Respiratory Therapy, and is considered part of direct patient care), you must remain an Active Member.

I am presently employed as an Infection Control Co-ordinator at XYZ Hospital. My position is strictly administrative; I do not perform any of the controlled acts authorized to respiratory therapy and have no direct patient contact. Can I change my status to Inactive?

No. The Registration Regulation specifies that an Inactive Member cannot act as an administrator, supervisor or educator in the field of health care. Even though you have no direct contact with patients, you are still working in health care in Ontario and therefore do not meet the criteria for inactive status. The Inactive status was established for Members who are not working in health care in Ontario i.e. they are either on parental leave, sick leave, or perhaps are working outside of Ontario but want to maintain their CRTO membership .

I am an unemployed Graduate Member of the College. Can I change my status to Inactive?

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

Am I required to renew my Inactive Membership with the College?

Yes. Inactive Members must renew their membership on an annual basis, by submitting the Annual Update of Information form and by paying the $50.00 Inactive renewal fee. In addition, Inactive Members of the College are required to participate in the CRTO Quality Assurance Program.

Can I maintain my Inactive status for more than one year?

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

How do I change my Inactive CRTO membership back to active status?

You may change back to active status by: Completing the Request to Active Status Form (available on our Web site at www.crto.on.ca) and paying the prorated (active) registration fee.

The fee for an Inactive Member resuming active membership is pro-rated as follows:

$500.00 as of March 1st

$375.00* as of June 1st

$250.00* as of September 1st

$125.00* as of December 1st

**minus the $50.00 renewal fee paid on or before March 1st.*

You **must** await confirmation from the College of your status change before resuming active practice.

In addition, please note that, in order to help ensure that Members uphold the minimum level of current practice required by the College, the Registrar is required to refer Members who remain Inactive for more than **three (3) years** to a Panel of the Quality Assurance Committee, upon their request to resume Active Status.

Referrals will be considered on a case-by-case basis. However, based on previous practices, and in-keeping with other currency of practice requirements, the following will generally be considered the minimum requirements for Members who are resuming active practice:

- for an assessment of his/her knowledge, skills and judgement (utilizing the PSA) within 3 months of registration, and
- to submit his/her records of continuous quality improvement activities (utilizing the Professional Portfolio) within 6 months of registration.

Registration Committee Highlights

Members of the Registration Committee continue to discuss the possibility of amending the Prescribed Procedures Regulation in order to better reflect the evolving clinical practice.

We are happy to report that the following **Clinical Best Practice Guidelines** have been approved and are now available on the CRTO Web site:

- Peripheral & Femoral Vein Cannulation
- Radial & Femoral Artery Cannulation
- Umbilical Artery and Vein Cannulation
- Chest Needle & Chest Tube Insertion

A new process has been developed in order to streamline the approval of certification programs. The process utilizes the College's approved Clinical Best Practice Guidelines (see above) and authorizes the Professional Practice Advisor to approve programs that meet the Registration Committee requirements.

The Committee continues to monitor the College's Prior Learning Assessment process. We are pleased to report that a Respiratory Therapy Bridging Program has been developed by the Michener Institute. The program will address areas of universal weaknesses identified through the PLA, reduce the load on current clinical sites as well as offer upgrading / refresher opportunities for Canadian graduates returning to practice. The program will enable PLA applicants to access classroom and lab learning environments and will provide opportunities for the applicants to work with students in the full time program during the Clinical Section to begin their integration into the Canadian Health Care culture. In addition, changes to the Self Assessment Form and the Clinical Competencies Checklist have been reviewed and subsequently accepted by the Committee. Timothy Owen, Director, World Education Services (WES) was invited to present to the Committee in the fall. The presentation focused on WES services, in particular document authentication and credential evaluation. Staff will follow up with WES to find whether it would be feasible to utilize WES services in the College's registration processes.

The Committee reviewed Members feedback received in response to the proposed **Register By-law** amendments. We would like to thank all Members who responded to the Register By-law amendments consultation paper. 36 responses were received and reviewed by the Committee. At the November 28, 2008 meeting Council approved the proposed changes. The new By-law provisions relate to the following and will come to effect on June 4, 2009:

1. Content of the Register - what information will be contained on the Public Register and posted on the College Web site.
2. Duty to report - what information must be reported by members to the College and kept on the College database.
3. Reporting changes of information - what changes in information must be reported to the College with 30 days.

Ania Walsh
Co-ordinator of Registration

Investigations and Hearings Update

2008 was a busy year for investigations. As a result of some complex cases it was necessary for the College to engage the assistance of an external investigator. This practice is not uncommon among the smaller health Colleges. We are very fortunate to be working with a very experienced investigation firm, Benard + Associates and are grateful for their assistance to the College.

Overall, we had 14 cases in 2008 and of those, 2 matters were considered by a Panel of the Complaints Committee. Nine matters were considered by the Executive Committee and 2 matters were ultimately not referred to either the Executive or the Complaints Committee because information that came to the College's attention was not sufficient to make a Registrar's report to the Executive Committee.

2008 Summary

- The College received 5 termination reports from employers. Of these 5 mandatory reports:
  - One matter was referred to the Discipline Committee (see the Discipline Hearing Summary in this issue of the Exchange);
  - In one matter the Executive Committee took no action;
  - Two matters remain under investigation;
  - One matter was referred to a *Board of Inquiry* from the Executive Committee because of suspected incapacity.
- The College received 2 complaints:
  - In one matter a panel of the Complaints Committee took no action;
  - In the other matter the Member was asked to enter into an agreement and undertaking with the College.
- The Registrar made one report to the Executive Committee (the Registrar must report any information that she receives if she has reasonable grounds to believe that a Member is incompetent, incapacitated or has committed professional misconduct):
  - This matter is still under investigation.
- The College received a Member self-report of a criminal conviction (made under the registration renewal obligations). This matter was considered by the Executive Committee:
  - The Executive Committee took no action.
- The Quality Assurance Committee referred two matters (allegations of non-compliance with the QA program) to the Executive Committee:
  - In one matter the Executive Committee took no action;
  - One matter is under consideration.

Hearings

The College had two discipline hearings in 2008 and no fitness to practice hearings.

Mary Bayliss, RRT
Manager, Policy and Investigations

Discipline Hearing Summary

CRTO vs. Wendy Stuart, RRT

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

Allegations

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

Member's Response or Plea

The member pleaded guilty and the hearing proceeded on an agreed statement of facts and joint submission on penalty.

Evidence (Agreed Statement of Facts)

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

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

Finding

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

Order

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

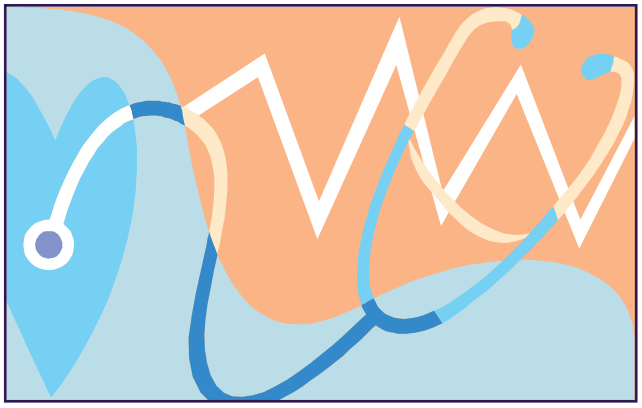
- Ms. Stuart was required to appear before a panel of the Discipline Committee to be reprimanded, the fact of which shall appear on the College register. Ms. Stuart waived her right to appeal and the Discipline Committee administered the reprimand immediately following the Hearing.

- The Registrar was directed to suspend the certificate of registration of Ms. Stuart for 3 months, on a date to be set by the Registrar. One month of the suspension is suspended if Ms. Stuart completes customized learning packages on ethics and record keeping in consultation with the College within 120 days from the date of the Discipline panel's Order.

- Ms. Stuart is to pay $2,000.00 in costs toward the investigation and hearing.

Mary Bayliss, RRT
Manager, Policy and Investigations

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



Complaints Committee becomes the Inquiries, Complaints and Reports Committee (ICRC) on June 4, 2009

On June 4, 2009, amendments to the *Regulated Health Professions Act* (RHPA) come into force. In an effort to keep you informed, you will note quite a few references to the upcoming changes in this issue of the Exchange.

A major change in how health Colleges function with regard to complaints/reports, investigations and hearings is the change of the name and role of the Complaints committee, one of 7 statutory committees of health regulatory colleges. The Complaints committee becomes the new Inquiries, Complaints and Reports Committee (ICRC) and in so doing takes over the role of the Executive Committee as a screening committee for Reports (Mandatory reports, Registrar's reports etc). Effective June 4, 2009, the ICRC will consider all complaints and mandatory reports. The Chair of the ICRC will appoint panels (or subcommittees) comprised of at least 3 members of the ICRC: 1 RRT Council member, 1 RRT non-Council committee member and 1 public member of Council.

A panel of ICRC will act as a screening committee to determine whether a member should be referred to a hearing to determine if that member is incapacitated (through the Fitness to Practice hearing) or is incompetent or has committed an act of professional misconduct (through a Discipline hearing).

ROLE OF THE ICRC

A panel of the ICRC reviews all complaints/reports and determines if an investigation needs to be conducted. If a formal investigation is conducted, the panel reviews the outcome of the investigation and determines what, if anything, should be done. The ICRC panel has a number of options available including one new option (SCERPs) that is not currently available:

- *Take no action* (dismissal) – the panel may determine that there is insufficient information or evidence to support the allegations as outline in the complaint or report;
- *Frivolous and Vexatious* (F & V) – applies to complaints only: a panel can decide that a complaint is "frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process" and take no action. Frivilous means that the complaint is silly; vexatious means that the complaint is repetitive; moot means that it no longer matters (e.g. member has already resigned from the College and is no longer practicing).
- *Verbal caution* – member is requested to meet with panel members to receive a caution;

continued...

- *Refer to incapacity* – information suggestive that the member is incapacitated (incapacitated means the member is sick. For example mental or physical problem such as substance abuse or mood disorder)

- *Refer to the Discipline* Committee for allegations related to incompetence or misconduct;

- *Specialized continuing education and remediation programs (SCERPs): a panel of the ICRC may compel a member to undergo a SCERP – this is a new option open to the ICRC that does not exist for the current Complaints committee. The Member does not need to consent to the SCERP however the SCERP does become part of the Decision and Reasons for the disposition of the Complaint and therefore is appealable to the Health Professions Review and Appeal Board (HPARB).*

- *Acknowledgement and Undertaking* – this is a negotiated agreement made between the Member and the College in which the Member agrees to undertake a number of things. For example, the Member may agree to take a communications course or agree to supervised practice for a period of time. The Agreement and Undertaking is noted in the Decision and Reasons and is appealable by both parties of the complaint (i.e. the complainant and the Member) to HPARB. Agreements and Undertakings are also a possible disposition of Reports and so are not appealable to HPARB but instead to the divisional court.

What is a SCERP?

SCERP stands for Specified continuing education and remediation programs.

REPORTS

You will note that there are additional reporting obligations effective June 4, 2009. These reports will be considered by a panel of the ICRC. Disposition options are the same as they are for Complaints. The difference between the two processes is that the outcome of the ICRC is not appealable through HPARB. Instead, the Member's option for appeal is through Divisional Court.

Mandatory Reports - New Reporting Obligations to begin on June 4, 2009

As most RT managers/leaders will know, mandatory reporting (to the College) obligations are outlined in the *Regulated Health Professions Act, 1991*. Employers must submit a report to the regulatory College, within 30 days, if they terminate the employment of a member due to incompetence, incapacity or misconduct. Other reporting obligations are found in other statutes including the *Child and Family Services Act* (please see the College's Web site for Mandatory Reporting Fact Sheets)

What's new? On June 4, 2009, *RHPA* amendments come into force and with these changes come the following new reporting obligations:

- "**operators**" of a health care facility, will need to report to the applicable regulatory college when they have reasonable grounds to believe a member is ***incapacitated*** or ***incompetent*** (i.e. member has not been terminated, but progressive discipline/action (warning/suspension) is in place).

  The RHPA states: *"incapacitated" means, in relation to a member, that the member is suffering from a physical or mental condition or disorder that makes it desirable in the interest of the public that the member's practice be subject to terms, conditions or limitations, or that the member no longer be permitted to practise.*

- **Members** will be required to self-report when found guilty of an "offence". The report must include the name of the member filing the report, the nature of and description of the offence, the date the member was found guilty of the offence, the name and location of the court and information related to an appeal. Under the CRTO By-law members must report ;information about any finding by a court made after June 3, 2009 that the member is guilty of any of the following:

  i. an offence under the *Criminal Code of Canada;*
  ii. an offence related to prescribing, compounding, dispensing, selling or administering drugs;
  iii. an offence that occurred while the member was practicing or that was related to the practice of the member (other than a municipal by-law infraction or an offence under the *Highway Traffic Act*);
  iv. an offence in which the member was impaired or intoxicated; or
  v. any other offence relevant to the member's suitability to practice the profession.

- Members must also report if they have been found to have engaged in professional negligence or malpractice (e.g. if an RT was named in a law suit brought against their employer (e.g. hospital) by a patient/family and there was a finding of negligence or malpractice against the RT, then that member will now have to report this information to the College.

What will happen when you submit a mandatory report to the college?

A panel (or subcommittee) of the new Inquiries, Complaints and Reports Committee will review the matter. If necessary, they can request that an investigation be conducted. The outcomes can range from the panel deciding to take no action to the other end of spectrum of possibilities which could include a referral to the Fitness to Practice or the Discipline Committee for a hearing.

As always, should you have any questions or require clarification about your responsibilities under the RHPA amendments please do not hesitate to contact the College.

Mary Bayliss, RRT
Manager, Policy and Investigations

January 2009 HPRAC Report - Recommendations in relation to prescribing and use of drugs in the profession of Respiratory Therapy.

The Health Professions Regulatory Advisory Council (HPRAC) has released its latest report to the Minister of Health and Long Term Care on *Mechanisms to Facilitate and Support Interprofessional Collaboration and a New Framework for the Prescribing and Use of Drugs by Non-Physician Regulated Health Professions.* Entitled *Critical Links: Transforming and Supporting Patient Care,* the report contains some important recommendations relating to:

- Scope of practice reviews for the professions of medical radiation technology and medical laboratory technology.
- Prescribing and use of drugs by 11 non-physician health professionals including chiropody, podiatry, nursing, optometry, physiotherapy and respiratory therapy.
- The establishment of a new independent regulatory oversight body, the Council on Health Professions Regulatory Excellence (CHPRE).
- Enforceable standards of practice and the establish interprofessional standards committees.
- Common rules for professions in some areas such Codes of Ethics.
- Mandatory liability insurance for all health professionals.
- A new drug approvals framework which includes enabling the independent agency (CHPRE) to establish Designated Drugs or Agents outside the regulation-making and approval process.

Of particular interest to CRTO Members is the report on Prescribing and Use of Drugs in the Profession of Respiratory Therapy. In November 2008 the CRTO proposed that Respiratory Therapists be granted the authority to prescribe oxygen. The rationale for this request is that it is routinely the RT who assesses the patient to determine the need for oxygen therapy or its adjustment. As a result of delays in obtaining an order from a physician for oxygen, patients might not receive optimal treatment or treatment in a timely manner, resulting in adverse consequences for patients or longer hospital stays. Granting the controlled act of prescribing to RTs should improve patient safety both in hospitals and in the community.

HPRAC has responded that "Providing RTs with the authority to prescribe oxygen will enable members of the profession to practise to the full extent of their recognized competencies and to independently initiate and adjust oxygen therapy according to patient needs. This will provide patients with appropriate care with no increased risk of harm, recognize the knowledge, skills and judgment of members of the profession and reduce unnecessary wait times for discharge from hospitals to home care or long-term care facilities".

Four broad recommendations have been made by HPRAC in relation to prescribing and use of drugs in the profession of Respiratory Therapy.

1. That RTs be authorized to prescribe oxygen.
2. That complementary amendments be made to section 24 (1) of regulation 965 of the *Public Hospitals Act* to authorize RTs to make orders for oxygen therapy in hospitals.
3. That RTs be required to advise the attending physician of the order or prescription in a hospital, or the attending health professional in the community, and cause the order or prescription to be recorded in the patient health record.
4. That the CRTO engage in discussions with the Home Oxygen Program of the Ministry of Health and Long-Term Care's Assistive Devices Program concerning applications from registered RTs on behalf of patients who are eligible for home oxygen therapy and respiratory equipment.

In addition, and with respect to whether oxygen should be considered a drug, "Because of the risks of transport and storage, and its use in emergency situations and conscious sedation, HPRAC considers oxygen to be a drug for the purposes of this review and includes it in the class of medical gases or emergency medications".

If the recommendations are adopted the CRTO will be undertaking broad stakeholder consultation as part of the implementation of the recommendations.

The full HPRAC report is available at:
http://www.health.gov.on.ca/english/public/pub/ministry_reports/hprac_08/5_critical_links_200900202.pdf

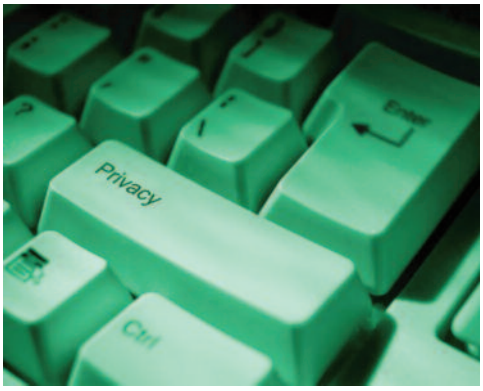
Transparancy and Privacy: What the World Will Know About You

By Richard Steinecke

"*Where secrecy or mystery begins, vice or roguery is not far off*" Samuel Johnson

One of the major features of the upcoming amendments to the *Regulated Health Professions Act* is the increased information about Respiratory Therapists that will be available in the public register. In making these amendments, the government expressed the desire that the public have access to more information about health care practitioners so that the public could make informed choices. Obviously, Samuel Johnson's observation, above, is being taken to heart.

While there is an increased emphasis on transparency and accountability of practitioners, there still remain some privacy protections. For example, the fact that a complaint has been made against a member (or even that a lot of complaints have been made against a member) will not be posted on the public register.



The register is the public record of information about individual Respiratory Therapists. As of June 4, 2009, the entire register will be publicly available. The legislation requires that the information be easily accessible. All of the register information will be on the College's Web site. In addition, it will be available at the College's offices during regular business hours. A hard copy of the information will be provided upon request. When people inquire about a specific Respiratory Therapist, the College is required to advise the inquirer of all of the categories of information recorded on the register; the inquirer does not have to "know what to ask for".

The list of publicly available information includes:

1. A member's name.
2. A member's business contact information.
3. Any terms, conditions and limitations on a member's certificate of registration.
4. Any suspensions or revocations of a member's certificate of registration including for non-payment of fees.
5. Information about discipline and incapacity proceedings against a member.
6. Any finding of professional negligence or malpractice made by a court against a member.
7. Information as specified in the CRTO By-law including:
   - a Member's former name;
   - a Member's registration number;
   - whether a Member holds active or inactive status,
   - information related to an interim order imposed on a Member's certificate of registration, and
   - where a matter has been referred to Discipline but not yet resolved,
     i. a notation of that fact, including the date of the referral;
     ii. a statement of the purpose of the hearing; and
     iii. any hearing times, dates and location including times, dates for and location the continuation of the hearing
   - information related to health professions corporations.

The rules about discipline proceedings are complex. Once allegations have been referred to discipline for a hearing, they will be shown on the register along with information about the time and location of the discipline hearing (see 5th bullet point above). If a finding is made against the member, a synopsis of the finding will be put on the register. This synopsis is different from the more detailed summary of the reasons for decision that is normally posted on the discipline portion of the College's Web site. The two pages will probably be linked to each other. In most cases, the penalty ordered by the Discipline Committee will also be shown. The

continued...

Discipline Committee can also direct that additional information be placed on the register if it feels that the information is important for the public to know (e.g., the member's location or type of practice). If the decision of the Discipline Committee is appealed, the fact of the appeal will be entered, but the rest of the information will remain on the register during the appeal. Obviously, if the court quashes the decision of the Discipline Committee on the appeal, then all of the information will come off the register.

Under the new rules, discipline information will generally remain on the register permanently (50 years after termination of membership). Where the finding was relatively minor (e.g., only a fine or a reprimand was imposed and it does not involve sexual abuse) a member can ask for the information to be removed after six years. However, the member must then satisfy the Discipline Committee that the information is no longer relevant to the member's suitability to practise the profession and that there is no overbalancing public interest for keeping the information on the register.

So, what are the safeguards for protecting the privacy of members? As mentioned above, one consideration is the information that is not recorded in the register. Generally information about registration matters, complaints and quality assurance concerns are not posted on the register. Neither is the member's home contact information. In the event that the member's business address is the same as their home address, there is a provision to enter an address as designated by the member. Similarly, even though members have to report to the College when they have been found guilty of an offence, that information is not placed on the register unless discipline proceedings result.

A key safeguard is for members whose personal safety is at risk. In such cases, the Registrar has the ability to withhold all contact information to protect the member. However, the Registrar has to be advised of the safety risk. Any member feeling at risk for their personal safety if contact information is made publicly available should write to the Registrar with the request. The request should contain particulars of the safety risk and documentation confirming it (e.g., terms of release or restraining orders; witness attestations, etc.).

Another safeguard is that personal health information about members will only be posted on the register if it is reasonably necessary to do so. Generally this will occur only where the member has an illness that affects his or her ability to practise safely (e.g., an addiction or certain severe and chronic mental illnesses). Even then, only the minimum amount of information necessary to protect the public and ensure accountability to the College will be posted. For example, in the case of an incapacity finding by the Fitness to Practise Committee, the register might indicate that the member has a term, condition and limitation on his or her certificate of registration that he or she is incapacitated and must continue to participate in medical treatment for it.

Public access to certain professional information about members is part of the price of being a self-regulated professional. Members should be aware of the types of information that are available about them, what information will not be found on the register and the safeguards they can employ, particularly where their personal safety is at risk.

Professional Practice FAQs

Carol Hamp, RRT, CAE
Professional Practice Advisor

The questions for our Q & A section come from actual questions that are frequently asked by Members of the profession. In providing a detailed response in print, it is the College's goal to provide more clarity to these often complex practice issues.

Q1 *What exactly is meant by "scope of practice"? If I have the requisite competencies, can I perform activities outside of the scope of respiratory therapy?*

A1 There are several key questions a Respiratory Therapist must consider when determining what activities are permissible. First:

...do I have the legislative authority to perform the task?

The *Regulated Health Professions Act* (RHPA) is developed on a controlled acts model. These controlled acts are activities/procedures which carry a risk of harm (e.g. a procedure below the dermis) and are only "authorized" to those health care professionals (HCPs) deemed to have the knowledge, skill and judgment to perform them to be permitted to perform the controlled act an individual HCP is either **authorized** under their profession-specific act (in the case of the RT this would be the *Respiratory Therapy Act*) or it must be delegated to them by a HCP who themselves have the authority to perform it. Those activities not covered under controlled acts are deemed to be "public domain" and can be performed by any provider who has the requisite competencies (e.g., performing an assessment).

...does the activity fall within my scope of practice?

To further define what controlled acts and public domain activities can be performed by a care provider, each regulated health care profession governed under the RHPA also has a **scope of practice** statement contained within their profession specific legislation. These scopes of practice statements provide the broad parameters around which each profession can determine which procedures/ treatments they can perform under the controlled acts authorized to them

The scope of practice for Respiratory Therapists, as outlined in the *Respiratory Therapy Act* (RTA-Sec.3) states that the scope of practice for an RT is as follows:

> ***The practice of respiratory therapy is the providing of oxygen therapy, cardio-respiratory equipment monitoring and the assessment and treatment of cardio-respiratory and associated disorders to maintain or restore ventilation.***

In some circumstances, the distinction between what is within a Respiratory Therapist's scope of practice and what is not, is quite apparent. For example, an RT is authorized to "administer a substance by injection or inhalation". Administering a bronchodilator such as Ventolin (Salbutamol Sulphate) is clearly within an RTs scope of practice; whereas administering an medication to manage psychosis is not. Other situations may not be as obvious, such as the administration of a narcotic antagonist such as Narcan (Naloxone). The clinical scenario (respiratory depression) may be such that administration of Narcan would fall within an RTs scope of practice. In order to determine if the administration of that particular substance was appropriate, the RT would then have to consider the 3rd question.

...do I possess the requisite competencies?

Having the legislative authorization to perform a task and having it fall within the scope of practice is not sufficient; the RT must possess the knowledge, skill and judgment to perform it safely and efficiently. In the example of Narcan, an RT would need to possess the same knowledge of that medication as they would have of a medication such as Ventolin. Competencies are a culmination of a health care professional's education and clinical experience and are therefore,

intertwined with scope of practice and authorized acts. Both scope of practice and authorized acts guides the development of each profession's educational programs and credentialing exams. There are competencies that are core to the profession, as outlined in the National Competency Profile (NCP). There are also competencies may fall beyond entry-level such as RTs working in the capacity of an Anesthesia Assistant and Polysomnography Technician. Regardless, the skills that an RT acquires during their education and clinical practice draw on a distinct body of knowledge that relates back to the scope of practice statement articulated in the RTA (maintaining/ restoring ventilation). It is difficult, therefore, to separate competencies from scope of practice when considering the best interest of the patient.

It is important to remember that, in addition to exposing the patient to risk, it is considered to be an **offense** under the RHPA to perform a controlled act outside of ones scope, and may be defined as professional misconduct or considered an offence. It is also an offence for employers to knowingly permit an individual to perform a controlled act without legal authorization.

The final but probably most important consideration would be:

> *...is this procedure/ treatment in the best interest of the patient?*

Q2 *As an RT, am I permitted to administer narcotics? If yes, can I also accept delegation to dispense narcotics?*

A2 Respiratory Therapists (RT) are allowed to administer medications as per authorized act #4 in the *Respiratory Therapy Act* (RTA); "administering a substance by injection or inhalation". There is no regulation that outlines which medications fall under this act. Narcotics (e.g., opioid analgesics) are a class of medications that are being used with increasing frequency by RTs within their practice, particularly in the operating room. It is the view of the CRTO that an RT may administer narcotics, provided that the medication is intended to treat a disorder that falls within their scope of practice (as defined in the RTA), the RT has the requisite knowledge, skill and judgment to carry out the procedure/ intervention and the RT has the legal authority to administer the substance (i.e., a valid order).

RTs are not authorized by legislation to dispense medication, but they **can accept the delegation to dispense medication from a physician or pharmacist**, when it is clinically appropriate. However, it must first be determined if dispensing is actually taking place. In consultation with the Ontario College of Pharmacists (OCP) and the College of Physicians and Surgeons (CPSO), the CRTO developed a Professional Practice Guideline (PPG) in 2006 on *Dispensing Medications*. In this document, "what is not dispensing" is described and specific examples are provided. Two such examples in the document read as follows:

> *Obtaining, preparing and administering a narcotic for use during conscious sedation of a patient.*
>
> *Obtaining, preparing and administering a drug from a supervised hospital or department stock of medication e.g. sedatives in a bronchoscopy suite for use during an outpatient procedure.*

Therefore, the CRTO is of the opinion that the obtaining, preparing and administering procedural sedation falls within the parameters of "administration" and not "dispensing" and therefore does not require delegation to our Members. This is the type of scenario in which RTs are most often to be involved with narcotics. For more information, please see the CRTO Professional Practice Guidelines on *Dispensing Medication*, *Delegation of Controlled Acts* and *Interpretation of Authorized Acts*.

Q3 *I was recently selected for QA and had to complete the on-line Professional Standards Assessment (PSA). I found a number of the questions to be a bit difficult and there was often more than one correct response. What is the purpose of having questions like this? Why are so many of the questions based in a hospital setting?*

A3 The PSA is a component of the CRTOs Quality Assurance (QA) program and its aim is to evaluate the RT's understanding of the legislation, regulations and guidelines that govern and guide their professional practice. While some of the questions are straight forward knowledge based questions, the majority are case based and require critical thinking. Many of the questions do contain more than one appropriate response; however, there is always one answer that is the most correct. This is because the practice of Respiratory Therapy takes place everyday within a complex array of scenarios and options. It is the ability to appreciate the overlying regulatory principle and apply it to a clinical situation that best demonstrates a "working" knowledge of the standards and guidelines.

The vast majority of the Members of the CRTO practice in a hospital setting and this is reason that most of the questions in the PSA are in that context. We understand that there are a number of RTs who work in home care, primary care, out-patient clinics, sales and management. However, an RT with registration in the General class is licensed to work in any practice area (unless they have restrictions imposed that limit the area of practice). For example, an RT working in management could move into an acute care setting, providing both they and their employers felt that had the competencies to work in that area. The PSA helps ensure that all members have a thorough understanding of the legislation, standards and guidelines, regardless of the area of practice.

Q4 *I have heard there have been changes in the title Nurse Practitioner. Can they now write orders on hospital in-patients?*

A4 According to *O. Reg 275/94*, made and amended under the *Nursing Act*, "extended" is one of the 6 prescribed classes of Registered Nurses. The regulation states the following:

> *"...a member holding an extended certificate of registration shall use the title "Nurse Practitioner" or the abbreviation "NP" or the title "Registered Nurse Extended Class" or the abbreviation "RN(EC)", when practicing in that role".*

There are now 4 classifications of Nurse Practitioners (NP); NP-adult, NP-paediatric, NP – primary health care and NP-Anesthesia. Only Nurses with a registration in the Extended Class can use the title of Nurse Practitioner. "The Public Hospital Act permits NPs to diagnose, prescribe for and treat **outpatients** only." (CNO 2008) [1]

In November of 2008 the Drug, Laboratory and Diagnostic Test List was amended to include a new drug schedule and expanded list of laboratory tests for NPs. The Diagnostic test list currently remains unchanged from previous. For more information, you can follow this link to the College of Nurses of Ontario Web site.
http://www.cno.org/docs/prac/062007_Rneclablist.html

NPs can continue to implement properly constructed **medical directives** for procedures/ treatments for in-patients. The recommended template for medical directives was developed by a consensus of all of the regulated health professional Colleges and it is available on the Federation of Health Regulatory Colleges of Ontario's (FHRCO) Web site at: http://mdguide.regulatedhealthprofessions.on.ca/templates/default.asp. Respiratory Therapists, as a member of the interprofessional health care team within a hospital, can act as co-implementers of these directives when they deem it to appropriate for optimal patient care.

[1] College of Nurses of Ontario, Practice Standard – Nurse Practitioner.CNO, 2008

PPA's Test Your Knowledge

1. An RT who works for a sleep lab in small community with only one hospital has been offered a part time job selling CPAP equipment for the one and only home care company in the area. Many of the patients seen in the sleep lab would go to this home care company for their equipment. Would this situation be considered a conflict of interest for the RT?

   a) Yes, it would be considered to be a conflict of interest because an RT cannot perform a test that would enable the diagnosis of a disorder and then sell the equipment used to treat it.
   b) No, it would not be considered to be a conflict of interest, provided that the patient was informed prior to having the test that they had the option of purchasing their equipment elsewhere and that it would in no way affect their care.
   c) Yes, it would be a conflict of interest because Respiratory Therapists are not permitted to work in both a clinical area and a retail setting during the same time period.
   d) No, it would not be considered to be a conflict of interest because the patient has little or no other option as to where they can purchase their equipment.

2. A hospital is developing medical directives that involve multiple physicians. Because it is so difficult for them to get everyone to sign the signature sheet they have determined that the Chief of Staff will sign on behalf of all of them. Is the medical directive valid?

   a) Yes, the chief of staff's signature is sufficient, provided all of the physicians affected by it have had an opportunity to provide input to its development.
   b) No, all of the physicians need to sign the medical directive because the Chief of Staff may leave his/ her position, making any directive they signed invalid.
   c) Yes, in situations where it is not feasible to obtain the signature of all of the physicians affected by the directive, the Chief of Staff can provide the authority on behalf of his/ her staff.
   d) No, it is essential that all the physicians who will potentially have patients affected by a medical directive to sign it personally, as signatures are required to make any order valid.

3. A Cardio-Respiratory Therapy department in a larger teaching centre wishes to have the RTs begin performing cardiac echocardiography. Since this falls under the controlled act "application of a form of energy", is an RT permitted to perform this procedure without a formal delegation process?

   a) Yes, according an exception in the Controlled Acts Regulation 107/96 (S.7.1), RTs do not require delegation in order to perform diagnostic ultrasound in a public hospital.
   b) No, RT's do not have access to any portion of the controlled act "application of a form of energy" and therefore, would require delegation to perform diagnostic ultrasounds in a public hospital.
   c) Yes, an RT can perform any procedure under this controlled act on the authority of their employer, as per the Public Hospitals Act.
   d) No, RT's cannot perform diagnostic ultrasounds because it not within their scope of practice, as per the Respiratory Therapy Act (S.3).

4. A hospital in-patient will be going home on a weekend pass and will require suctioning for his tracheostomy tube. The Personal Support Worker (PSW) providing care for this patient at home is not an employee of the hospital. Is the RT permitted to teach this non-regulated health care professional to perform a controlled act without a formal delegation process?

   a) Yes, because PSWs are already legislatively authorized to suction and therefore delegation is not required; only teaching is needed.
   b) No, because suctioning is outside the scope of practice of a PSW and they would not have the competencies to perform this activity.
   c) Yes, because this activity would fall under an exception within the Regulated Health Professions that permits certain procedures, such as suctioning, to be performed as part of "activities of daily living" without legislative authority.
   d) No, because the PSW is not an employee of the hospital, the RT cannot provide teaching to them because there would be no way to access their ongoing competency.

ANSWERS: 1B, 2D, 3A, 4C
REFERENCES: *Conflict of Interest Professional Practice Guideline PPG, Orders for Medical Care PPG & CRTO Position Statement of Medical Directives, Controlled Acts Regulation 107/96 and Delegation of Controlled Acts, Responsibility of Members as Educators*

Upcoming Events and Important Dates for Respiratory Therapists

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

2009 Canadian Respiratory Conference - April 23 - 25, 2009 (Toronto)
Presented by the Canadian Thoracic Society, the Canadian Lung Association and the Canadian COPD Alliance, this event is being held in collaboration with the Ontario Lung Association at the Westin Harbour Castle Hilton. It will be a multidisciplinary educational and scientific meeting for the respiratory community in Canada. Registration begins March 2, 2009. More information can be found at http://www.lung.ca/crc/home-accueil_e.php.

World Asthma Day - May 2, 2009
An annual event organized by the Global Initiative for Asthma (GINA) to improve asthma awareness and care around the world. Find out what you can do in your area. For more information please visit http://www.ginasthma.com/index.asp

American Thoracic Society (ATS) International Conference - May 15 – 20, 2009 (San Diego, CA)
The ATS annual International Conference is an international forum for physicians and scientists who work in pulmonary, critical care, and sleep medicine. For more information, please see http://www.thoracic.org

CSRT Annual Educational Conference & Trade Show - May 28 – 31, 2009 (Gatineau, Quebec)
The 2009 CSRT annual National Respiratory Therapy Conference and Trade Show provides opportunity for Respiratory Therapists to network with colleagues, engage in professional development, share experiences, promote discussion and enhance the practice of respiratory therapy in Canada. For more information, follow the link to http://www.csrt.com

Respiratory Therapy Week - October 25 – 31, 2009
Closer to the date, please log onto the RTSO, CSRT and CRTO Web sites for more information about RT event ideas and events.

Critical Care Canada Forum - October 25 - 28, 2009 (Toronto)
Formerly The Toronto Critical Care Medicine Symposium, the Critical Care Canada Forum is a 3-day conference focusing on topics that are relevant to the individuals involved in the care of critically ill patients, wherever the patients are located. Follow the link for more information http://www.criticalcarecanada.com.

Canadian Network for Asthma Care Conference - November 12 - 14, 2009 (Whistler, BC)
This yearly conference hosts a variety of presentations of interest to those involved in patient education for asthma and COPD. The theme of this year's conference is, "Going for Gold: Motivated for Excellence" More information can be found at http://www.cnac.net/english/ased/ased-english.html

World COPD Day - November 18, 2009
World COPD Day is an annual event organized by the Global Initiative for Chronic Obstructive Lung Disease (GOLD) to improve awareness and care of chronic obstructive pulmonary disease (COPD) around the world. For more information visit http://www.goldcopd.com/.

Other Key Dates:

World Health Day	April 7, 2009
World Asthma Day	May 2, 2009
Clean Air Day	June 3, 2009
World Heart Day	September 27, 2009
World COPD Day	November 18, 2009

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

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

The CRTO is in need of Members to help develop and/or review important College programs. If you would like to be part of the future of your profession and can spare *anywhere from a few hours to a few days* during the year please fill out the form below and fax it to the College at (416) 591-7890.

Surname	Given Name	CRTO No.
Address		
City	Province	Postal Code
Telephone	Email	
General area of practice/interest		

I am interested in the following areas (check all that apply):

- ☐ Quality Assurance Program
  - ☐ Portfolio Reviewer
  - ☐ Professional Standards Assessment Item Reviewer
  - ☐ Professional Standards Assessment Item Writer
- ☐ Professional Practice
  - ☐ Practice Guideline Working Group
  - ☐ Standards Review Working Group
- ☐ Focus Groups
- ☐ Piloting New Initiatives

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

Registration Changes

August 1, 2008 - January 31, 2009

New Members

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

General Certificates of Registration Issued (RRT):

AHMED, Habaq
ANDERSON, Shaundra
ARAGON, Ruth
AU, Sharon
BACZYNSKI, Michelle
BAKER, Melody
BARRON, Katherine
BLAQUIERE, Lise
CASTRO, Jason
CATALIG, Marifel
CHAN, Anita
CHAN, Tiffany Tin-Yee
CHARANIA, Nadia
CHARRAN, Anil
CHARTRAND, Craig
CHEN, Jing
CHENG, Eric
CHIN, Donna Gaye
CHIU, Allan
CHOUDHURY, Rimi
CHOW, Julianne
CLOW, Jeffery
COLBECK, Jaime
CONTRERAS, José
CUTHBERT, Sarah
CZUDNOCHOWSKI, Grace
DARROCH, Staci
DAVIES, Kyle
DELGADO, Cristiana
DOWSE, Samantha
DUFRESNE, Marilyse
EIFERT, Peter
ELLIOTT, Brandie
FERKUL, Nadia
FILLION-VIENNEAU, Claudia
FLITTON, Chrysti-Lynn
GABBAY, Rina
HALSALL, Crystal
HAMID, Adam
HANIFA, Shaheen
HEUNG, Patrick
HEWITT, Mark
HOUSTON, Patrick
HUANG, Wen-Chun Venisa
HUSSEY, Maegan
JAFARIAN, Roya
JOHNSON, Peta-Gaye
JONES, Carla Christine
JUNLAJEAM, Kreaksuk
KASSAM, Noreen
KINSMAN, Kathryn
KIRBY, Julie
KUMAR, Sarbjeet
KVYATKOVSKA, Halyna
LAFAVE, Nathalie
LAGUNA, Anita
LAI, Grace
LALONDE, Pamela
LALONDE, Terri Ann
LAPRISE, Audrey
LEBLANC, Jennifer
LECOMPTE, Patrick
LEHMANN, Lisa Christine
LEUNG, Monica
MACLEOD, Margaret
MARCHILDON, Curtis
MARSDEN, Leslie Ryan
MARSON, Mara
MCWHINNEY, Kathleen
MENDES, Lynsi
MONTERON, Jennifer Jane
MOORE, Alisha
MORRIS, Meghan
NG, Genny
NOLET, Ivan
NORDLUND, Colleen Anne
PARKINSON, Keri Ann
PATEL, Akhilesh G.
PITTS, Karla
POWELL, Lindsay
PRITCHARD, Denise
PYNN, Caylee
QUIRION, Magdalena
QURAISHI, Rayhan
RADFORD, Nicole Joan
RAMSAY, Karen
REINHARDT, Melanie Sue
RIGBY, Morgan
ROBITAILLE, Chantal
RONDEAU FLEMING, Véronique
RUDDY, Melanie
SANDERS, Chelsea
SCOTT, Clifford
SERRE, Jennifer Ann
SHIPMAN, Heather
SINGH, Jessica
SMITH, Ashley
SMITH, Nikki Amara
SORIA, Juan G.
STEVENSON, Jennifer
SUN, Yanlin
SVILPA, Tami
TANG, Julianna
THOMAS, Heather
TIFFIN, Jaime Lynn
TO, Judy Hung
TODD, Mark Leonard
TOURANGEAU, Colette
TSUJIMURA, Robert John
VANDEWETERING, Colin
WHITTLE, Kevin
WONG, Maria
XU, Xiang Ying (Lily)
YAU, Man Yui
YURCHAK, Sheena
ZENG, Shiyuan
ZHANG, Chuanwen

Graduate Certificates of Registration Issued (GRT):

BRITTON, Amanda
CAMPBELL-FLIKWEERT, Aimee
COE, Selina
GAO, Jiming
HEPDITCH, Raymond
HILL, Lisa
LADOUCER, Andréa-Raye
LAMBERT, Matthew
MACKENZIE, Stephanie
MBONBO, Mediatrix
MCCOSKEY, Trevor
MURESAN, Cristian
NANT, Ashley
PAUL, Jeffrey
RICE, Kristy
ROGERS, Lesley
ROSS, Lyndsey
SAUNDERS, Erika
SEABORNE, Melanie
SLOUGH, James
SOMERVILLE, Rebecca
VANDERMEER, Robyn
WILLEMSE, Jacob
WILSON, Stephanie
WINGER, Brooke

Revoked Members

under Registration Rules

Graduate

FORGUES, Sébastien
GEROCHE, Catherine
LE, Phuong Lan
PICKEN, Melissa
SMITH-SPARKLING, James Eric
TU, Arthur Wing-Shan
WESTACOTT, Shannon

CRTO

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