



College of Respiratory
Therapists of Ontario

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via Email and Regular Mail

John Amodeo, Director
Health System Labour Relations and Regulatory Policy Branch
Ministry of Health and Long-Term Care
12th Floor
56 Wellesley Street West
Toronto, ON M5S 2S3

Dear Mr. Amodeo,

Re Patient Relations Program and Prevention of Sexual Abuse of Patients

The College of Respiratory Therapists of Ontario (CRTO) fully supports the Ministry's initiatives to prevent the sexual harassment and abuse of patients, to improve reporting requirements, and to support victims of sexual abuse by regulated healthcare professionals. Thankfully the CRTO has never had to investigate an allegation of sexual abuse by a Respiratory Therapist. However, the CRTO has a number of documentary resources to address the issue, as well as financial resources to support any future complainant:

Zero Tolerance for Sexual Abuse

In November 1994 one of the very first orders of business by the CRTO Council was the approval and publication of a position statement on zero tolerance for the sexual abuse of patients by its members. Since then, the CRTO has reaffirmed this position on a number of occasions, most recently in July 2014 to coincide with the release of the updated Professional Practice Guideline on Abuse Awareness and Prevention. The updated statement was distributed to members via email on July 30, 2014. The position statement is available to all stakeholders on the CRTO website in both French and English.

Guideline on the Prevention of Abuse

In addition to broadening the definition of abuse (to include sexual, physical, verbal, emotion and financial), the updated Professional Practice Guideline on Abuse Awareness and Prevention describes for CRTO members the prevalence of abuse among the general population and information on how to practice with sensitivity. For example, Respiratory Therapy practice often requires the placement of equipment, instruments or medications in patients' mouths (e.g., oral inhalers) that may trigger feelings of vulnerability or fear in survivors of sexual abuse. The Guideline provides direction on how to practice in a way that is respectful of survivors' needs.



The Guideline addresses therapeutic and professional relationships and clarifies that whenever a power imbalance exists, (as a result of RTs' authority, knowledge, access to information and influence) that inequality can increase the potential for abuse which cannot be managed by obtaining consent. Furthermore, the responsibilities lie with the Respiratory Therapists to ensure that relationships fall within the professional expectations of the CRTO.

The Guideline also includes information on members' responsibilities and reporting requirements under the *Child and Family Services Act*, *Regulated Health Professions Act* and CRTO standards of practice. Penalties for not reporting suspected abuse or for abusing patients are clearly articulated.

The Professional Practice Guideline on Abuse Awareness and Prevention forms part of the CRTO standards of practice and is reviewed on a pre-set schedule or sooner, if required. Contravention of the standards is considered professional misconduct in accordance with the Professional Misconduct regulation (O.Reg 753/93) under the *Respiratory Therapy Act*.

Funding for Therapy

As stipulated under Section 85.7 of the *Regulated Health Professions Act*, the CRTO established a program to provide funding for therapy and/or counselling of patients who were sexually abused by members. Published on the CRTO website and accessible to all stakeholders, a Fact Sheet describes the details of the funding program administered by the Patient Relations Committee. Each year the Patient Relations Committee reviews the Ontario Health Insurance Plan (OHIP) rates for psychiatric assessment and treatment to ensure that sufficient funds have been budgeted to provide this care for up to 100-hours over a maximum of five years.

Education & Training

In addition to the guidance offered to members when consultations and publications are circulated regarding CRTO standards, guidelines and positions, the Professional Standards Assessment or PSA tests Respiratory Therapists on all manner of professional responsibilities, including sexual abuse prevention and awareness. The PSA is an online, open-book, multiple-choice test that members who are randomly selected as part of the Quality Assurance Program are required to complete. The questions are based on the standards, guidelines and legislation of the profession and a blueprint developed by the Quality Assurance Committee sets out the specific areas of focus, including:

- Definitions of abuse,
- Reporting responsibilities of members,
- Conduct that may be considered professional misconduct,
- Maintaining professional boundaries,
- Therapeutic and professional relationships,
- Ethical practice, and
- Funding for therapy of abused patients/clients.

As mentioned above, there are many other publications that are provided to the public, members and other stakeholders on the CRTO website such as position statements, fact sheets, standards and guidelines. For those members and public appointees who sit on the Patient Relations Committee, additional training has been offered. For example, the CRTO brought in guest speaker Linda Reimer, RN from the Domestic Abuse & Sexual Assault Program for York Region in April 2013. Staff who are responsible for supporting the Patient Relations Program and the Inquiries, Complaints and Reports processes also attended this session. This training assisted the Committee in drafting amendments



to the Abuse Awareness and Prevention Practice Guideline, and assisted staff in preparing to deal with patients/complainants more sensitively and compassionately. The training is planned to be repeated in 2015.

Legislation to Support Programs & Processes

In April 2014 the CRTO submitted proposed amendments for Ontario Regulation 596/94 Part IV (Professional Misconduct) to the Ministry of Health and Long-Term Care. The proposed Professional Misconduct Regulation revisions include expanding the definition of abuse to mirror that of the Professional Practice Guideline on Prevention of Abuse. The main reason for this is the increase in instances that are brought to the attention of the CRTO alleging poor conduct by members. Although the conduct being reported rarely involves any sexual undertones, the Regulation amendments are intended to explicitly outline the conduct that will not be tolerated and reinforces the expectations of professionalism.

Communications

The CRTO is cognizant that communication is key to protecting the public interest. Over the past several years engagement has been a main focus for the CRTO and resulted in a re-designed website that is organized by user (e.g., Public, Members, Employers, Students, Applicants). Information most relevant to those groups can now be accessed more quickly and easily. In addition, the CRTO launched a Twitter™ account that anyone may join, updated the platform on which the public register runs so that changes are reflected almost instantly, and created the ability for anyone to sign up to receive newsletters by email. Using this variety of communications tools, the CRTO sends many articles/items throughout the year that include information regarding professionalism, boundaries, and other information related to the prevention of sexual abuse.

Lastly, the CRTO consults with members and other stakeholders when policies, guidelines and statements are being developed. In order to enhance the involvement of the public in policy development, including issues that may include professionalism, conduct and abuse prevention, the CRTO is seeking ways to involve the public more in the consultation process.

The CRTO's efforts to prevent the abuse of patients and prepare support mechanisms for any victims has remained an area of attention, despite not having to investigate allegations of sexual abuse over the past twenty years. We look forward to receiving the report of the Taks Force so that we may continue to improve.

Sincerely,

Dave Jones, RRT
President