



**Engaging ♦ Encouraging ♦ Ensuring**



College of Respiratory Therapists of Ontario

[www.crto.on.ca](http://www.crto.on.ca)

# CERTO Mission Statement



The **College of Respiratory Therapists of Ontario**, through its administration of the *Regulated Health Professions Act* and the *Respiratory Therapy Act*, is dedicated to ensuring that Respiratory Therapy services provided to the public, by its Members, are delivered in a safe and ethical manner.

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Kevin Taylor, RRT  
President

## PRESIDENT'S ADDRESS

In many ways this last year was one of renewal, with two dominant themes that emerged – a focus on governance and the involvement of our membership in self-regulation.

In May 2009, our Executive Committee spearheaded a Governance Day as a supplement to our strategic plan. The purpose of the day was to explore some of the issues facing the College and how we approach them. This set in motion a changed perspective about *why* we do what we do and *how* we do it. To that end, we adjusted the structure of our Council meetings to allow us the time to have deeper discussions and continue to make well-informed decisions. We reviewed the terms of reference and goals of each Committee, as we do each year, this time updating them with increased clarity of their role in the business of the College and their complementary relationship with the Council meetings. We developed a decision-making tool and began mapping our activities against our strategic goals to ensure that we were consistent and focused in our activities. All this has allowed us to sharpen our purpose with respect to our mandate to the public.

Fueling this shift has been the increased engagement of the Respiratory Therapy membership itself. We've been proud to welcome several new members to our Council and Committees, members who will form the core of the next generation of involvement with the College. There were a number of surveys of the membership this year and the response on the consultation for the National Competency Profile was the strongest we've seen to date. For an item such as this, that response gives the membership confidence that the NCP is as comprehensive as we could hope for and that it truly represents the current practice of Respiratory Therapy both in Ontario and across the country. We formed a working group comprised of RTs to update the Standards of Practice and Code of Ethics for the profession and again, received a strong response from the profession. The importance of this is paramount – the model of self-regulation is predicated on the involvement and engagement of the profession itself.

Finally, a heartfelt thanks to our Council and Committee Members for their ongoing commitment as well as to our Registrar and College staff for their tireless efforts.



Christine Robinson  
Registrar

## REGISTRAR'S REPORT

Regulators are often seen as inhabiting an “Ivory Tower” somewhat removed from front line health care, so it was reassuring to look back over the past year and see how many of the CRTO’s activities impacted directly on patient care. It also should be noted that these initiatives would not have been possible without the involvement of our Respiratory Therapist Members. Here are some of the highlights:

### ***Optimizing Respiratory Therapy Services: A Continuum of Care from Hospital to Community***

The CRTO received HealthForceOntario funding for this project which was seen as an opportunity to enable patients and their families to access RT services in the community for long term ventilation/airway management and to develop a model of care for those services. The project will end on March 31, 2010 and the results will be presented at the CSRT Conference in May. The project will also be the topic of a one day conference on September 16 prior to the RTSO Forum. Truly a collaborative venture, the CRTO partnered with the Central CCAC, ProResp, West Park Healthcare Centre and the Respiratory Therapy Society of Ontario. Much appreciation must also go to Rosanne Leddy RRT, Dianne Johnson RRT, Miriam Turnbull RRT, Mika Nonoyama RRT and our own Carole Hamp RRT.

### ***Regulation under the Long Term Care Act***

Ontario Regulation 386/99 (*Provision of Community Services*) under the *Long Term Care Act* was amended to include “respiratory therapy services” as one of those that can be provided

through CCACs in homes, congregate settings, or a long term care facility, as long as certain general criteria are met such as the person being insured under the *Health Insurance Act*, the services are necessary to enable them to return to the home or long term care facility, and the person is ventilator-dependent, has an artificial airways or is receiving home oxygen services under the Assistive Devices Program. RT Members and the RTSO are helping with the necessary outreach that must follow in order for the provision to become a reality.

### ***Advanced Practice Role/AA Situational Analysis Project***

The CRTO embarked on a project to define and examine the issues related to an advanced practice role and conducted a situational analysis concerning RRT-Anaesthesia Assistants. Jane Cudmore RRT, was chosen as the consultant on the project which will be completed this spring. Many RTs contributed by agreeing to participate in key informant interviews and by responding to an electronic survey as part of the project.

### ***H1N1***

In light of the 2009 H1N1 influenza outbreak the CRTO reviewed its Emergency Preparedness Plan. An advisory group was established and we provided on-going advice to the Emergency Management Unit (EMU) of the Ministry of Health and Long Term Care on matters related to critical care surge capacity, specifically regarding ventilator procurement and deployment. CRTO staff participated in the daily conference calls with the Ministry and all relevant information was

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# REGISTRAR'S REPORT *(continued)*

relayed to our Members via the CRTO web site, which was revised to include a specific Pandemic/Emergency Planning tab.

## ***New 5<sup>th</sup> controlled act for RTs***

As a result of a CRTO proposal the *Respiratory Therapy Act* was amended to include a 5<sup>th</sup> authorized act - Administering a prescribed substance by inhalation - the intention of which is to permit RTs to administer substances outlined in regulation without the requirement of an order.

## ***Proposed amendments to the Prescribed Procedures Regulation***

As a result of a review of this regulation, proposed amendments have been submitted to government to make the list of procedures more reflective of actual RT practice. An advisory group helped guide the amendments and CRTO Members were invited to provide input via a consultation paper.

## ***New CRTO Professional Practice Committee***

In February 2010, Council approved the establishment of a new CRTO Professional Practice Committee to develop, review and amend standards related to the practice of Respiratory Therapy and to act as a resource to Council, other committees and staff on matters related to Respiratory Therapy practice. The Committee Members, selected to represent a variety of practice areas, will be comprised of Council and Non-Council Members and at least two CRTO Members at large. In addition, and to provide specific expertise in certain areas, other individuals may be invited to join the core Members of the Committee on an ad-hoc basis.

## ***CRTO Standards of Practice & A Commitment to Ethical Practice***

A working group of RTs from various practice settings across the province was established to review and revise the College's existing Standards of Practice document. In addition, a new guidance document is being created to assist Members in dealing with the many complex ethical issues they encounter on a regular basis in their practice. Once the draft versions are completed, both these documents will be circulated to the Membership for their input.

## ***2011 National Competency Profile***

The CRTO participated on a Steering Committee which oversaw the development of the NCP review process. As indicated in the NCP pre-amble, *Utilization of the 2011 Respiratory Therapy National Competency Profile by educators, accrediting and examination bodies, will strengthen consistency within educational programs and assessment mechanisms, build confidence in labour mobility provisions and ensure that graduates of approved respiratory therapy programs are able to practice safely and competently.* The new NCP will be presented to educators and other stakeholders in May 2010 for implementation into RT program curricula in 2011. The CRTO was gratified that so many Members participated in the validation survey for practitioners and educators.

Finally, CRTO staff accepted a number of invitations to present at RT departments and RT educational programs in various parts of the province over the past year. We always welcome these opportunity to meet face-to-face with RTs.

# Committee Reports

## EXECUTIVE COMMITTEE

### Mandate

One of seven statutory committees established under the *Regulated Health Professions Act*, the Executive Committee oversees the administration of the College in consultation with the Registrar. In between Council meetings the Executive Committee is authorized to act on behalf of Council on matters that require immediate attention, except for making, amending or revoking regulations or by-laws. During the course of the year the Executive Committee reviews and makes recommendations to Council on policies, by-laws and regulations. The Executive Committee also receives a monthly report from the Registrar which includes the College's financial statements. In addition, and in consultation with the Registrar, the Executive Committee looks at needs related to strategic planning, budget, committee appointments and a number of other governance related issues.

### Meetings

In November 2009, President, Kevin Taylor RRT, Vice-President, Dorothy Angel, Jim Ferrie and Lorella Piirik RRT were re-elected to the Executive Committee. Carrie-Lynn Meyer RRT was newly elected to the Committee.

The Executive Committee met a total of eight times in the 2009/2010 fiscal year; five in-person meetings and three by teleconference.

### Highlights

In December 2009 the Executive Committee appointed the Council and Non-Council Members to Committees and selected Chairs and Vice-Chairs to the remaining six statutory committees.

The Executive Committee spearheaded a May 2009 Governance Day, facilitated by Bryan Hayday, professor at the Schulick school of Business. The purpose of the day was to explore some of the issues facing the College and the outcome included a significant revamping of Council's meeting agenda, the development of a decision-making tool and a prioritized list of "considerations for change".

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## EXECUTIVE COMMITTEE *(continued)*

Throughout the year the Executive Committee reviewed a number of policies which it recommended for approval by Council and oversaw a by-law review process.

The Committee reviewed a proposal from the Registrar for the establishment of a new non-statutory Committee: the Standards/Professional Practice Committee, and subsequently recommended it be approved by Council. The Committee also appointed Members to the PPC.

The Committee conducted the Registrar's performance appraisal and is exploring ways to improve the appraisal process.

The Committee accepted the proposed 2010-2011 budget from the Registrar and recommended it be approved by Council.

Once again the Committee, with the assistance of staff, organized a Chairs' dinner and orientation evening on February 18, 2010 with a presentation by parliamentarian James Lochrie. This second Chairs' annual dinner provided an opportunity for enhancement of skills and sharing of experiences and establishes a peer group for support in their role.

The Members of the Executive Committee also met with the leadership of the Respiratory Therapy Society of Ontario in order to discuss topics of common interest and exchange ideas. This has become an annual event.

# PATIENT RELATIONS COMMITTEE

## Mandate

The Patient Relations Committee (PRC) is responsible for developing, establishing and maintaining a Patient Relations program that includes Member education, public information and collaboration with key stakeholders. Through a variety of initiatives, the PRC seeks to promote and enhance relations between the College, the public, and its Membership. This Committee also advises Council on a Communications Plan that aims to raise the public's awareness as to the essential role Respiratory Therapists play in the healthcare system; the benefits one receives as a result of RT care and how to access the services of an RT. In addition, the PRC is mandated by the government to administer the College's program for funding therapy and counseling for eligible persons who were sexually abused by a Member of the profession.

## Meetings

The Patient Relations Committee has met three times over the past year.

## Highlights

In the **CRTO 2008-2011 Strategic Plan**, several key areas were identified as a priority for the PRC.

- **Interprofessional collaboration** is an essential part of contemporary RT practice, both in clinical practice and in the regulatory realm. The PRC plans to monitor the National Alliance's revised **National Competency Profile** in order to ensure that the ability to function fully in an interprofessional environment continues to be embedded as an entry to practice competency for RTs. On the regulatory front, the PRC is overseeing a collaborative effort taking place

between the CRTO, the College of Nurses of Ontario, the College of Physician and Surgeons of Ontario and the Ontario College of Pharmacists. This joint initiative is looking at the authorizing mechanisms currently permitted under the federal *Controlled Drugs and Substances Act*. The group is now consulting with the Ministry of Health and Long-Term Care to determine the best way of ensuring that the public has safe and timely access to narcotics.

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## PATIENT RELATIONS COMMITTEE *(continued)*

- Examine the role of **RT-Anesthesia Assistants** in the health care team and, where appropriate, affect policy decisions regarding education, entry to practice, and regulation in the public interest. The CRTO is nearing the completion of an evaluation of the AA role in the healthcare system and what would constitute an “advanced practice” designation.
- **Educating the public, including employers, on the role of Respiratory Therapist** was taken on primarily by the **CRTO/RTSO Joint Communication Working Group**. More information of the CWG is available later in this report.

Traditionally a large part of the work done by the PRC has been to review and revise CRTO Professional Practice Guidelines (PPG). These guidelines are intended to provide clarity regarding the legislation, regulations and College policies that impact on RT practice. The Committee also determines if new PPGs are required and oversees their development. This work on PPGs will now be taken over by the newly established **Professional Practice Committee** which is comprised of RTs from across the province who work in a wide variety of practice settings. The first meeting of this group will be in early June, where they will begin to determine priorities for the coming year.

The PRC’s **CRTO/RTSO Joint Communication**

**Working Group** (CWG) met three times during this time period. The following are some of the activities taken on by this group:

- Review and revision of the brochures for both public and potential students;
- RT Week media contest;
- RT Week press release;
- Media placements and information package;
- Photo contest and poster development; and
- Development of a CRTO, RTSO & CSRT joint communiqué to Member’s and employers regarding the roles of each organization during an influenza pandemic outbreak.

The CRTO and the RTSO mutually agree that the CWG has been a very worthwhile project. However, both organizations have now decided to refocus their efforts on other issues and so the joint CWG has been disbanded. The Patient Relations Committee will now take over the work previously done by the CWG. The College and RTSO will continue to look for opportunities to collaborate on initiatives that benefit both the profession and the general public.

**Kathleen Keating**, Chair

# REGISTRATION COMMITTEE

## Mandate

The Registration Committee carries out the duties related to the registration of Respiratory Therapists in accordance with the *Regulated Health Professions Act 1991*, the *Respiratory Therapy Act 1991*, the Registration Regulation and the By-laws and Policies of the College. The Committee reviews the eligibility of applicants for registration and establishes the criteria by which the College issues Certificates of Registration.

Panels of the Registration Committee consider:

- 1) referrals from the Registrar of applications that do not appear to meet all of the registration requirements;
- 2) requests from current Members to remove or modify terms, conditions or limitations.

## Meetings

There were six meetings of the Registration Committee over the course of last year.

## Highlights

The following list highlights some of the Registration Committee's activities:

- Conducted a detailed review of the **Registration Regulation** and the **Prescribed Procedures Regulation**. Following stakeholder consultation, the Committee recommended that Council approve proposed amendments to both regulations for submission to government.
- Considered issues associated with **labour mobility**. The *Ontario Labour Mobility Act* (OLMA) was passed on December 15, 2009. The Act facilitates the registration of applicants who are currently registered in other regulated Canadian jurisdictions. The College is working with government and legal counsel on regulation and policy amendments and implementation issues.
- Recommended that the current **Prior Learning Assessment** (PLA) process be put on hold until the Gaps Analysis is completed and a new PLA process developed. The College and its partners embarked on a **Gaps**

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## REGISTRATION COMMITTEE *(continued)*

**Analysis Project** (GAP) funded by the Ministry of Citizenship and Immigration. The GAP is designed to identify the learning needs of internationally educated applicants seeking registration with the CRTC, determine eligibility criteria for entry into a PLA and/or bridging program, and obtain data which will provide the framework of a program which can be given in a fair, feasible, efficient and accessible manner.

- Reviewed the Situational Analysis which has been conducted to provide Registration Committee Members and CRTC staff with:
  - An overview of current challenges and issues that may affect the CRTC's handling of applications for registration from applicants educated outside of Canada or registered in another Canadian province outside of Ontario;
  - An identification of trends, developments or initiatives that may be useful to the CRTC in managing these issues and handling these challenges; and
  - Highlights of policy issues that may require consideration in order to improve registration processes and outcomes for CRTC and applicants.
- Reviewed the letter from the Ministry of Health and Long-Term Care and the Ministry of Training Colleges and Universities declining the

CRTC's request to be referred to the pan-Canadian process for a change in **entry to practice education**. The CRTC submitted the request for a change in entry to practice education requirements from a diploma to a baccalaureate degree in August 2008, following a comprehensive three-year study into entry to practice requirements for Respiratory Therapists in Ontario. Ministry representatives met by phone with the Registration Committee to discuss the government's response.

- Reviewed the draft revised **National Competency Profile** and minimum evaluation expectations for the competencies.
- Conducted a detailed review of the draft amended **Registration and Use of Title Professional Practice Guideline**, as well as the Members' feedback received in regard to the proposed amendments.
- Conducted its annual review of the **approved Respiratory Therapy programs** as outlined in the approval of Canadian Education Programs Policy. The committee recommended that Council approve the 2010 approved program list based on the programs' accreditation status with the Council on Accreditation for Respiratory Therapy Education.

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## REGISTRATION COMMITTEE *(continued)*

- Reviewed the first compliance audit of registration practices as required by the **Office of the Fairness Commissioner** (OFC). The OFC mandate is to ensure “transparent, objective, impartial and fair” registration practices in a number of regulated professions in Ontario. The OFC requires that regulatory bodies review their registration practices, submit *Fair Registration Practices Reports* on an annual basis and undergo compliance audits. We are pleased to report that there were no recommendations for change in the College’s registration practices. The 2009 Fair Registration Practices Report was submitted to the OFC in February 2010 and is posted on the CRTO web site.
- Developed the **Members’ Duty to Self-Report Policy**
- Developed the **Interpretation of Inactive Status Policy**
- Developed the **Terms, Conditions and Limitations Policy**
- Revised the **Language Proficiency Policy**
- Began discussions regarding issues associated with **advanced practice role** and the role of **RT Anaesthesia Assistant**. A research project related to advanced practice and situational analysis regarding anesthesia assistants in Ontario and other jurisdictions, began in September 2009 and will be completed in 2010.
- Reviewed two **international Respiratory Therapy** programs to determine whether they were equivalent to an approved program.
- Reviewed and approved one **certification program for advanced prescribed procedures below the dermis**.
- Reviewed the **professional liability insurance** requirements as outlined in Bill 179. As a result, the Registration Committee recommended that the CRTO Professional Liability Insurance policy be amended.
- Convened 28 Panels to consider registration referrals from the Registrar and requests from Members to have terms, conditions and limitations on their certificates lifted or revised. The table below outlines the types of referrals reviewed in the last twelve months. The College provides each applicant with an opportunity to make written submissions prior to the decision. Applicants who are not satisfied with the decision of the Registration Committee may appeal the

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## REGISTRATION COMMITTEE *(continued)*

decision to the Health Professions Appeal and Review Board (HPARB). There were no appeals of the Registration Committee decisions submitted to HPARB in 2009.

<b>No. of Referrals</b>	<b>Type of Referral</b>	<b>Panel Decision</b>
<b>1</b>	Competency and conduct issues	Application approved subject to terms, conditions and limitations specified by the Panel
<b>1</b>	Applicant's past criminal conviction	Application approved
<b>7</b>	Currency issues - applicants have not been engaged in the practice of Respiratory Therapy within the two years preceding the application to the College	<b>1</b> Application approved <b>1</b> Application refused <b>2</b> Applications approved subject to imposition of terms, conditions and limitations specified by the Panel <b>3</b> Requests for additional information
<b>1</b>	Request to re-issue a Graduate Certificate of Registration	Application refused
<b>5</b>	Failure to successfully complete the PLA process	<b>5</b> Applications refused
<b>11</b>	Requests for extension to the 18 month PLA completion deadline.	<b>3</b> Requests denied <b>8</b> Requests approved
<b>2</b>	Requests to vary terms, conditions and limitations imposed on General Certificates of Registration	<b>1</b> Request to vary the terms, conditions and limitations approved <b>1</b> Request to remove the terms, conditions and limitations approved

**Dorothy Angel, Chair**

# QUALITY ASSURANCE COMMITTEE

## Mandate

The Quality Assurance Committee is responsible for developing, implementing and maintaining a Quality Assurance Program which encourages the continuous quality improvement of CRTO Members. In addition to monitoring Members' compliance with the Program, the QA Committee is also responsible for evaluating the knowledge, skills and judgement of Members to ensure competency, and remediating those Members who have been assessed and found to be unsatisfactory.

## Meetings

The Quality Assurance Committee met seven times during the 2009-10 fiscal year. At each meeting the Committee reviewed the Goals and Terms of Reference which outline the tasks for the year ahead. This year the Goals and Terms were revised in order to comply with new requirements under the revised *Regulated Health Professions Act (RHPA)*.

## Highlights

Throughout the year the Committee worked toward enhancing communications with Members, particularly around QA Program policies and processes. One of the key initiatives was the development of "Communiqués." The Committee produced Communiqués on the:

- random selection process,
- obligations of Inactive Members, and
- aim of the QA Program.

The College received positive feedback from Members on these documents for their usefulness and clarity.

The Committee spent two consecutive days reviewing the blueprint for the Professional

Standards Assessment (PSA). As a result of evidence-based research, the Committee had recommended to Council that the 50 question, multiple-choice PSA be converted from a 4-option to a 3-option. The blueprint review process therefore included an analysis of all statistical data on file for each question in the item bank. The revised blueprint document was subsequently approved by Council and the 3-option PSA was utilized as part of the annual random selection in the autumn. A major project for 2009/10 was the initial development of the Portfolio Online for Respiratory Therapists (PORT). The 2008 QA Program Evaluation indicated Members supported the online Portfolio and had identified some

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## QUALITY ASSURANCE COMMITTEE *(continued)*

technical issues with the MS Word™ version that had been in place for a number of years. The Committee reviewed proposals submitted in response to a detailed RFP and selected Claymore, Inc. as the developer of the online Portfolio solution. Throughout the remaining months the Committee and staff worked towards improving the content of the Portfolio to make the requirements clearer and the format more conducive to recording professional development and learning activities. PORT was nearly ready to be piloted by Member volunteers and Portfolio Reviewers at the end of the fiscal year and is expected to be launched to the membership at large in the summer of 2010.

The amended *RHPA* (ss. 80.1) mandates that, as of June 4, 2009, all Colleges have QA Programs that contain the following components:

- (a) *continuing education or professional development designed to,*
  - (i) *promote continuing competence and continuing quality improvement among the members*
  - (ii) *address changes in practice environments, and*
  - (iii) *incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues in the discretion of the Council;*

- (b) *self, peer and practice assessments; and*
- (c) *a mechanism for the College to monitor members' participation in, and compliance with, the quality assurance program.*

The CRTO is confident that the Portfolio/PORT and the PSA meet the majority of *RHPA* requirements, however a need to develop an additional Practice Assessment component was identified. The Committee spent considerable time during the 2009/10 investigating options. Members will be consulted regarding any recommended changes for the coming year.

The Committee continued to review Members' results from their Portfolio submissions and PSA completions. Over 85% of members met or exceeded the requirements this fiscal year.

**Michael Iwanow RRT**, Chair

# COMPLAINTS COMMITTEE (MAR. 1- JUN. 3, 2009) & INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE (JUN. 4, 2009 - FEB. 28, 2010)

## Mandate

The Complaints Committee deals with complaints regarding the conduct or actions of Members in accordance with the *Regulated Health Professions Act, 1991*, the *Respiratory Therapy Act 1991*, the by-laws and the policies of the College. Following the enactment of Bill 171, or the *Health Systems Improvement Act*, amendments to the RHPA came into force on June 4, 2009 and the Complaints Committee became the new Inquiries, Complaints and Reports Committee (ICRC) and took over the function of the former Complaints Committee and in addition, the role of the Executive Committee regarding reports (e.g., mandatory termination reports).

## Highlights

This report will cover both the Complaints Committee functions up to June 3, 2009 and the activities of the ICRC from June 4, 2009 to February 28, 2010.

The Committee has been busy this year, having received one complaint involving two Members and 13 reports during the period of March 1, 2009 – February 28, 2010, as well as dealing with some cases from previous years.

### COMPLAINTS:

This complaint involved two Members and as of February 28, 2010, the matter remains under consideration.

Until June 4th, 2009, all reports (i.e. mandatory termination reports and Registrar's reports) were dealt with by the Executive Committee, but now

all complaints and reports are handled by the ICRC.

### REPORTS:

#### The Committee dealt with 12 Mandatory Employer Reports:

- Termination Reports (8):
  - Six matters remain under investigation
  - One matter the member resigned from the College and the file was closed
  - One matter that was being dealt with by the Executive Committee transferred to the ICRC. A panel of the ICRC referred specified allegations related to professional misconduct and incompetence to the Discipline Committee for a hearing.
- Suspected Incapacity (1): This matter is under consideration.

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## COMPLAINTS COMMITTEE (MAR. 1- JUN. 3, 2009) & INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE (JUN. 4, 2009 - FEB. 28, 2010) *(continued)*

- Alleged Incompetence (1): This matter is currently under investigation.
- Employer suspension for alleged misconduct (1): This matter is under consideration.
- Alleged misconduct (1): It was the decision of a Panel of the ICRC to issue a verbal caution to the member.

### Member Self-reports

Self-Report related to incapacity (2):

- One matter was resolved by way of a voluntary Agreement and Undertaking with the Member

- The second matter involved a renegotiation of an agreement and undertaking related to incapacity.

A hearty thank you to all the Members of both the former Complaints Committee and the new ICRC: public, professional, and staff... for a job well-done.

**Gord Garshowitz**, Chair  
Complaints Committee  
(Mar. 1 – Jun. 3, 2009)

Inquiries, Complaints and Reports Committee  
(Jun. 4, 2009 – Feb. 28, 2010)

## FITNESS TO PRACTICE COMMITTEE

The Fitness to Practice Committee holds hearings related to Members' mental or physical capacity referred to the Committee by the Executive Committee (up to June 3, 2009) and the ICRC Committee from June 4, 2009 to February 28, 2010.

There were no referrals to the Fitness to Practice Committee in 2009/2010.

**Dave Jones RRT**, Chair  
(Mar. 1 – Dec. 3, 2009)

**John Schenk**, Chair  
(Dec. 4, 2009 - Feb. 28, 2010)

# DISCIPLINE COMMITTEE

## Mandate

The Discipline Committee holds hearings of allegations regarding Members' professional misconduct or incompetence referred to the Committee by the Complaints Committee or the Executive Committee (until June 4, 2009) and the Inquiries, Complaints and Reports Committee (after June 4, 2009). During the hearing the Discipline Committee hears evidence regarding the matter and should the Committee make a finding of professional misconduct or incompetence, it may:

- Direct the Registrar to revoke the member's certificate of registration.
- Direct the Registrar to suspend the member's certificate of registration for a specified period of time.
- Direct the Registrar to impose specified terms, conditions and limitations on the member's certificate of registration for a specified or indefinite period of time.
- Require the member to appear before the panel to be reprimanded.
- Require the member to pay a fine of not more than \$35,000 to the Minister of Finance

## Highlights

There were two referrals to the Discipline Committee during 2009-2010, however, only one hearing took place during the 2009-2010 fiscal year. The second hearing, in the matter of CRTO vs. Richard Culver, is pending.

### ***CRTO vs. John Johansen RRT***

At a hearing held on **October 14, 2009**, Mr. John Johansen admitted to allegations as set out in an Agreed Statement of Facts.

#### **Allegations:**

It was alleged that **John Johansen RRT** committed an act of professional misconduct as defined in paragraph 2 (contravening a standard of practice); and/or 27 (failing to carry out an undertaking given to the College) and/or 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)**

As a result of a previous complaint Mr. Johansen entered into an agreement and undertaking with the College where he undertook to not use intimidating or offensive language in the course of practicing Respiratory Therapy and/or dealing with RT colleagues.

It is agreed that Mr. Johansen breached the aforementioned undertaking in that during the period of 2004 – 2008 he engaged in

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## DISCIPLINE COMMITTEE *(continued)*

inappropriate behaviour which included the following: Mr. Johansen regularly made comments of a sexual nature about or in the presence of female colleagues; he removed a hospital key from a colleague's personal locker without consent; told a colleague that he was giving shifts to other RTs because "she had a husband who worked"; yelled at RT colleagues in relation to a scheduling matter; yelled at colleagues about oxygen equipment following a procedure in the Neuro Angio Suite of the hospital; approached a female hospital employee in what she perceived to be a physically intimidating manner; regularly used profanity in the workplace; reduced the number of shifts given to RT colleagues in what they perceived to be acts of reprisal against them; and commented that there were too many female Respiratory Therapists in the hospital, stating he would only hire males in the future.

In addition, it is also agreed that in or about 2008, Mr. Johansen's conduct, in relation to a patient transfer incident, left nursing colleagues with the impression he had not adequately monitored the patient.

### **Finding:**

A Panel of the Discipline Committee accepted as true the facts in the Agreed Statement of Facts and found that John Johansen is guilty of professional misconduct pursuant to paragraph 2 (contravening a standard of practice), paragraph 27 (failing to carry out an undertaking given to the College), and paragraph 29 (disgraceful, dishonourable or unprofessional conduct) of

section 1 of Ontario Regulation 753/93, as amended, under the *Respiratory Therapy Act*, 1991.

### **Order:**

Mr. Johansen was required to appear before a panel of the Discipline Committee to be reprimanded, the fact of which shall appear on the College register. *(Mr. Johansen waived his 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 Mr. Johansen for 6 months: two months of the suspension is suspended if Mr. Johansen complies with the remainder of the Order.

The Registrar was directed to impose the following terms, conditions and limitations on Mr. Johansen's certificate of registration.

Mr. Johansen must successfully complete:

- 1) a course on boundaries and sexual harassment;
- 2) sessions of leadership coaching and mentoring; and
- 3) submit to monitoring his practice and behaviour for a period of 2 years.

Mr. Johansen is to pay \$5000.00 in costs toward the investigation and hearing within 30 days of the hearing.

**Dave Jones RRT**, Chair  
(Mar. 1 – Dec. 3, 2009)

**John Schenk**, Chair  
(Dec. 4, 2009 - Feb. 28, 2010)

# Statistics

2009/2010 2008/2009

## REGISTRATION STATUS

<b>General</b>	<b>2,725</b>	<b>2,580</b>
Active	2,531	2,383
Inactive	194	197
<b>Graduate</b>	<b>30</b>	<b>29</b>
<b>Limited</b>	<b>14</b>	<b>14</b>
Active	12	13
Inactive	2	1
<b>TOTAL</b>	<b>2,769</b>	<b>2,623</b>

## APPLICATIONS RECEIVED

Ontario Graduates	<b>169</b>	N/A*
Canadian Graduates (other Provinces)	<b>14</b>	N/A*
USA Graduates	<b>3</b>	N/A*
International (PLA)	<b>12</b>	N/A*
<b>TOTAL</b>	<b>198</b>	<b>N/A*</b>

## GENDER

Male	<b>796</b>	765
Female	<b>1,973</b>	1,858

## DELEGATION

### Members delegating RT Authorized Acts

Performing a prescribed procedure below the dermis	<b>16</b>	31
Intubation beyond the point in the nasal passages where they normally narrow or beyond the larynx	<b>14</b>	14
Suctioning beyond the point in the nasal passages where they normally narrow or beyond the larynx	<b>53</b>	46
Administering a substance by injection or inhalation	<b>103</b>	92

### Members who accepted delegation of:

Allergy challenge testing	<b>18</b>	20
Application of a form of energy:		
- Cardiac pacemaker therapy	<b>8</b>	9
- Defibrillation	<b>156</b>	184
- Cardioversion	<b>64</b>	75
- Electromyography	<b>3</b>	0
- Nerve conduction studies	<b>6</b>	3
- Transcutaneous cardiac pacing	<b>48</b>	56
- Sound waves for diagnostic ultrasound	<b>18</b>	14
Communicating a diagnosis identifying a disease or disorder	<b>42</b>	39
Dispensing drugs	<b>79</b>	78
Performing a procedure below the surface of a mucous membrane	<b>39</b>	37
Putting an instrument, hand, or finger:		
- beyond the external ear canal	<b>2</b>	2
- beyond the labia majora	<b>0</b>	0
- beyond the anal verge	<b>11</b>	6
- into an artificial opening into the body	<b>90</b>	13
Reinsert Trach Tube < 24hrs	<b>38</b>	66

# Statistics

2009/2010 2008/2009

## ACTIVITIES PERFORMED BY MEMBERS

Arterial puncture	2,067	1,967
Aspiration from a cannula	1,226	1,405
Bronchoscopy (performing)	277	182
Cardiovascular perfusion/ECMO	36	33
Cardioversion	75	96
Conscious sedation (performing)	284	227
Defibrillation	130	170
<b>Diagnostics</b>		
- bronchoprovocation	307	300
- cardiac stress testing	211	210
- echocardiography	110	88
- holter monitoring	120	107
- neurodiagnostics (EMG, EEG)	41	44
- polysomnography	138	122
- pulmonary function	1,151	1,090
<b>Inhalation</b>		
- anaesthetic agent	280	406
- high frequency oscillation ventilation		
- adult	926	701
- paediatric/neonatal	354	339
- hyperbarics	42	42
- mechanical ventilation (invasive and non-invasive)	1,972	1,889
- nitric oxide	882	887
<b>Injection</b>		
- direct	391	393
- via line or bag	456	420
Interosseous access	17	23
<b>Intubation</b>		
- adult	1,551	1,490
- neonatal	656	595
- paediatric	377	360
Needle cricothyrotomy (performing)	10	7
<b>Patient transport</b>		
- air	204	250
- land	1,379	1,347
Suturing indwelling cannula	285	260
Teaching (Outpatient)	1,152	995
Tracheostomy tube change	1,491	1,386
Venipuncture	290	250

## ADVANCED PRESCRIBED PROCEDURES

<b>Cannula/Line</b>		
- Arterial	1,236	1,114
- Umbilical	20	21
- Venous	230	241
Chest needle insertions	33	16
Chest tube insertions	10	57

# Statistics

2009/2010 2008/2009

## LEVEL OF EDUCATION

RT Diploma	<b>2,673</b>	2,552
Associate degree	<b>70</b>	51
Undergraduate degree	<b>1,113</b>	1,126
Graduate degree	<b>85</b>	96
Other	<b>344</b>	492
PLA	<b>8</b>	6

## EMPLOYMENT STATUS

Full-time	<b>1,688</b>	1,743
Part-time	<b>484</b>	469
Casual	<b>191</b>	191
Unknown	<b>30</b>	54
Working in Ontario	<b>2,393</b>	2,457
Not working in Ontario	<b>376</b>	166

## AGE

Less than 30	<b>538</b>	455
30 - 39	<b>933</b>	830
40 - 49	<b>839</b>	903
50 and over	<b>459</b>	435

**NOTE: numbers are based on self-reporting by Members**  
\* statistics not available for this time period

# Statistics

County/Age	Less than 30	30 - 39	40 - 49	50 and over	Total
Kenora	1	0	0	2	3
Rainy River	0	1	0	0	1
Thunder Bay	11	6	13	7	37
<b>District #1 Total</b>	<b>12</b>	<b>7</b>	<b>13</b>	<b>9</b>	<b>41</b>
Algoma	4	5	10	3	22
Cochrane	5	11	6	1	23
Manitoulin	1	0	0	0	1
Muskoka	0	4	5	1	10
Nipissing	5	11	10	4	30
Parry Sound	0	1	0	0	1
Sudbury	13	17	21	9	60
Timiskaming	1	2	2	0	5
<b>District #2 Total</b>	<b>29</b>	<b>51</b>	<b>54</b>	<b>18</b>	<b>152</b>
Dundas and Stormont	4	2	4	3	13
Frontenac	16	19	17	11	63
Glengarry	0	0	0	0	0
Grenville	0	0	2	0	2
Hastings	4	7	6	4	21
Lanark	0	1	0	3	4
Leeds	0	2	3	0	5
Lennox and Addington	0	0	0	0	0
Ottawa-Carlton	91	118	103	37	349
Prescott	1	0	0	0	1
Prince Edward	0	0	0	0	0
Renfrew	3	6	2	4	15
Russell	0	0	1	0	1
<b>District #3 Total</b>	<b>119</b>	<b>155</b>	<b>138</b>	<b>62</b>	<b>474</b>
Durham	16	18	34	12	80
Haliburton	0	0	0	0	0
Metro Toronto	133	284	187	100	704
Northumberland	3	2	0	1	6
Peel	34	53	52	25	164
Peterborough	1	6	8	7	22
Simcoe	15	21	22	14	72
Victoria	1	5	2	3	11
York	26	32	47	22	127
<b>District #4 Total</b>	<b>229</b>	<b>421</b>	<b>352</b>	<b>184</b>	<b>1,186</b>
Brant	4	2	4	4	14
Dufferin	4	1	0	3	8
Haldimand-Norfolk	2	1	6	2	11
Halton	3	16	26	8	53
Hamilton-Wentworth	37	74	49	26	186
Niagara	3	17	12	10	42
Waterloo	14	34	20	17	85
Wellington	5	10	8	2	25
<b>District #5 Total</b>	<b>72</b>	<b>155</b>	<b>125</b>	<b>72</b>	<b>424</b>
Bruce	1	1	0	0	2
Elgin	2	3	3	5	13
Essex	6	27	36	12	81
Grey	3	6	5	6	20
Huron	0	2	1	1	4
Kent	2	6	7	5	20
Lambton	2	8	14	6	30
Middlesex	40	69	71	64	244
Oxford	1	4	0	4	9
Perth	1	1	7	4	13
<b>District #6 Total</b>	<b>58</b>	<b>127</b>	<b>144</b>	<b>107</b>	<b>436</b>
<b>TOTAL OF ALL DISTRICTS*</b>	<b>519</b>	<b>916</b>	<b>826</b>	<b>452</b>	<b>2,713</b>

\* excludes Members currently residing outside CRTO districts

# Summarized Audited Financial Statements 2009/2010

## AUDITORS' REPORT

The accompanying summarized balance sheet and statement of operations are derived from the complete financial statements of the College of Respiratory Therapists of Ontario as at February 28, 2010 and for the year then ended on which we expressed an opinion without reservation in our report dated April 9, 2010. The fair summarization of the complete financial statements is the responsibility of management. Our responsibility, in accordance with the applicable Assurance Guideline of The Canadian Institute of Chartered Accountants, is to report on the summarized financial statements.

In our opinion, the accompanying summarized financial statements fairly summarize, in all material respects, the related complete financial statements in accordance with the criteria described in the Guideline referred to above.

The summarized financial statements do not contain all disclosures required by Canadian generally accepted accounting principles. Readers are cautioned that these statements may be not appropriate for their purposes. For more information on the College's financial position, results of operations and cash flows, reference should be made to the related complete financial statements.

Toronto, Ontario  
April 9, 2010

**CLARKE HENNING LLP**  
CHARTERED ACCOUNTANTS

## SUMMARIZED STATEMENT OF FINANCIAL POSITION AS AT FEBRUARY 28, 2010

	2010	2009
<b>ASSETS</b>		
Current assets		
Cash and marketable securities	\$ 2,452,172	\$ 2,210,107
Sundry receivables and prepaid expenses	9,410	4,354
	<u>2,461,582</u>	<u>2,214,461</u>
Furniture and equipment	131,636	134,712
	<u>2,593,218</u>	<u>2,349,173</u>
<b>LIABILITIES</b>		
Current liabilities		
Accounts payable and accrued liabilities	86,404	61,046
Deferred revenue	1,215,021	1,087,486
	<u>1,301,425</u>	<u>1,148,532</u>
<b>NET ASSETS</b>		
Abuse therapy fund	20,000	20,000
General contingency reserve fund	500,000	500,000
General investigations and hearings fund	140,000	135,000
Special projects reserve	232,549	187,549
Fees stabilization reserve	142,550	102,550
Invested in capital assets	131,636	134,711
Operating - unrestricted	125,058	120,830
	<u>1,291,793</u>	<u>1,200,640</u>
	<u>2,593,218</u>	<u>2,349,173</u>

## SUMMARIZED STATEMENT OF OPERATIONS YEAR ENDED FEBRUARY 28, 2010

Revenues		
Registration, renewal, application and examination fees	1,315,301	1,263,705
Interest and other income	72,244	66,151
HealthForceOntario and Gap analysis projects funding	174,327	17,523
	<u>1,561,872</u>	<u>1,347,379</u>
Expenses		
Salaries and benefits	657,445	606,750
Occupancy costs	74,042	72,204
Professional fees	81,891	84,082
Printing, postage, stationery and delivery	78,049	126,171
Council and committee	96,061	94,292
Special projects	276,002	49,750
All other operating expenses	207,229	204,111
	<u>1,470,719</u>	<u>1,237,360</u>
Excess of revenues over expenses for the year	\$ 91,153	\$ 110,019



# *Council Members, Non-Council Committee Members, and Staff*

## **COUNCIL MEMBERS**

*March 1, 2009 to February 28, 2010*

**Kevin Taylor, RRT** *President*  
**Dorothy Angel** *Vice-President*  
**Marisa Ammerata, RRT**  
**Tracy Bradley, RRT**  
**Allan Cobb** *(from November 18, 2009)*  
**Jim Ferrie**  
**Gordon Garshowitz**  
**Jesse Haidar**  
**Michael Iwanow, RRT**  
**Dave Jones, RRT**  
**Kathleen Keating**  
**Amy Massie, RRT** *(from November 26, 2009)*  
**Jim McCormick, RRT** *(to November 25, 2009)*  
**Carrie-Lynn Meyer, RRT**  
**Lorella Piirik, RRT**  
**John Schenk**  
**Ian Summers, RRT** *(to November 25, 2009)*  
**Paul Williams, RRT** *(from November 26, 2009)*

## **NON-COUNCIL COMMITTEE MEMBERS**

*March 1, 2009 to February 28, 2010*

**Gary Ackerman, RRT**  
**Melva Bellefontaine, RRT**  
**Rob Blanchette, RRT**  
**Allison Chadwick, RRT** *(from November 26, 2009)*  
**Brent Dionne, RRT**  
**Jeff Earnshaw, RRT**  
**Daniel Fryer, RRT**  
**Carole LeBlanc, RRT**  
**Daphne Marrs, RRT**  
**Amy Massie, RRT** *(to November 25, 2009)*  
**Judy McRae, RRT** *(to November 25, 2009)*  
**James Quigley, RRT**  
**Angela Shaw, RRT** *(from November 26, 2009)*  
**Carol-Ann Whalen, RRT** *(from November 26, 2009)*

## **STAFF**

*March 1, 2009 to February 28, 2010*

**Christine Robinson, Registrar and CEO**  
**Mary Bayliss, RRT, Deputy Registrar** *(from February 19, 2010)*  
**Manager, Policy and Investigations** *(to February 18, 2010)*  
**Carole Hamp, RRT, Professional Practice Advisor**  
**Melanie Jones-Drost, Manager of Quality Assurance**  
**Amelia Ma, Finance and Office Manager**  
**Janice Carson-Golden, Communications Co-ordinator**  
**Ania Walsh, Co-ordinator of Registration**  
**Shahsultan Amarshi, Administrative Officer**

# CRTO

# Committees

## COMPLAINTS

*March 1/09 to June 3/09*

## INQUIRIES, COMPLAINTS AND REPORTS

*June 4/09 to December 3/09*

Gordon Garshowitz *Chair*  
Brent Dionne RRT *Vice-Chair*  
Marisa Ammerata RRT  
Dorothy Angel  
Rob Blanchette RRT  
Jeff Earnshaw RRT  
Jim Ferrie  
Carrie-Lynn Meyer RRT  
Kevin Taylor RRT

*December 4/09 to February 28/10*

Gordon Garshowitz *Chair*  
Jeff Earnshaw RRT *Vice-Chair*  
Marisa Ammerata RRT  
Dorothy Angel  
Rob Blanchette RRT  
Tracy Bradley RRT  
Allison Chadwick RRT  
Jim Ferrie  
Kevin Taylor RRT  
Paul Williams RRT

## DISCIPLINE

*March 1/09 to December 3/09*

David Jones RRT *Chair*  
John Schenk *Vice-Chair*  
Gary Ackermann RRT  
Melva Bellefontaine RRT  
Tracy Bradley RRT  
Dan Fryer RRT  
Jesse Haidar  
Kathleen Keating  
Amy Kropf RRT  
Carole LeBlanc RRT  
Daphne Marrs RRT  
Jim McCormick RRT  
Judy McRae RRT  
Lorella Piirik RRT  
Ian Summers RRT

*December 4/09 to February 28/10*

John Schenk *Chair*  
David Jones RRT *Vice-Chair*  
Gary Ackermann RRT  
Melva Bellefontaine RRT  
Allan Cobb  
Brent Dionne RRT  
Daniel Fryer RRT  
Jesse Haidar  
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Carole LeBlanc RRT  
Daphne Marrs RRT  
Amy Massie RRT  
Carrie-Lynn Meyer RRT  
Lorella Piirik RRT  
James Quigley RRT  
Angela Shaw RRT  
Carol-Ann Whalen RRT

## EXECUTIVE

*March 1/09 to December 3/09*

Kevin Taylor RRT *Chair*  
Dorothy Angel *Vice-Chair*  
Jim Ferrie  
Jim McCormick RRT  
Lorella Piirik RRT

*December 4/09 to February 28/10*

Kevin Taylor RRT *Chair*  
Dorothy Angel *Vice-Chair*  
Jim Ferrie  
Carrie-Lynn Meyer RRT  
Lorella Piirik RRT

## FITNESS TO PRACTICE

*March 1/09 to December 3/09*

David Jones RRT *Chair*  
John Schenk *Vice-Chair*  
Gary Ackermann RRT  
Melva Bellefontaine RRT  
Tracy Bradley RRT  
Dan Fryer RRT  
Jesse Haidar  
Michael Iwanow RRT  
Kathleen Keating

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Judy McRae RRT  
Lorella Piirik RRT  
Ian Summers RRT

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Amy Massie RRT  
Carrie-Lynn Meyer RRT  
Lorella Piirik RRT  
James Quigley RRT  
Angela Shaw RRT  
Carol-Ann Whalen RRT

## PATIENT RELATIONS

*March 1/09 to December 3/09*

Jim McCormick RRT *Chair*  
Amy Kropf RRT *Vice-Chair*  
Rob Blanchette RRT  
Tracy Bradley RRT  
Gordon Garshowitz  
Jesse Haidar  
Kathleen Keating  
Jim Quigley RRT

*December 4/09 to February 28/10*

Kathleen Keating *Chair*  
Amy Massie RRT *Vice-Chair*  
Rob Blanchette RRT  
Allan Cobb  
Gordon Garshowitz  
Jim Quigley RRT  
Carol-Ann Whalen RRT

## QUALITY

### ASSURANCE

*March 1/09 to December 3/09*

Kathleen Keating *Chair*  
Lorella Piirik RRT *Vice-Chair*  
Gary Ackerman RRT  
Michael Iwanow RRT  
David Jones RRT  
Carole LeBlanc RRT  
Daphne Marrs RRT  
John Schenk

*December 4/09 to February 28/10*

Michael Iwanow RRT *Chair*  
Lorella Piirik RRT *Vice-Chair*  
Gary Ackerman RRT  
Tracy Bradley RRT  
Allan Cobb  
Carole LeBlanc RRT  
Daphne Marrs RRT  
John Schenk  
Angela Shaw RRT

### REGISTRATION

*March 1/09 to December 3/09*

Dorothy Angel *Chair*  
Carrie-Lynn Meyer RRT *Vice-Chair*  
Melva Bellefontaine RRT  
Jim Ferrie  
Dan Fryer RRT  
Judy McRae RRT  
Ian Summers RRT  
Kevin Taylor RRT

*December 4/09 to February 28/10*

Dorothy Angel *Chair*  
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Dan Fryer RRT  
David Jones RRT  
Kevin Taylor RRT  
Paul Williams RRT

The *CRTO Council Team* is the Board of Directors of the College made up of Profession (Respiratory Therapy) Members and Public Council Members.

**Profession CRTO Council Members** - All profession Council Members are Registered Respiratory Therapists elected by Members of the College.

**Public Council Members** - The Lieutenant Governor in Council of Ontario appoints the Public Council Members.



**Back Row:** Ian Summers RRT, Kevin Taylor RRT, Jim Ferrie, Jesse Haidar, Tracy Bradley RRT, (left to right)  
Jim McCormick RRT, David Jones RRT, John Schenk

**Front Row:** Marisa Ammerata RRT, Carrie-Lynn Meyer RRT, Michael Iwanow RRT, (left to right)  
Kathleen Keating, Dorothy Angel, Lorella Piirik RRT, Gord Garshowitz

## CRTO STAFF

**Back Row:** Christine Robinson, *Registrar and CEO*  
(left to right) Janice Carson-Golden, *Communications Co-ordinator*  
Melanie Jones-Drost, *Manager of Quality Assurance*  
Mary Bayliss, RRT, *Deputy Registrar*

**Front Row:** Amelia Ma, *Finance and Office Manager*  
(left to right) Carole Hamp, RRT, *Professional Practice Advisor*  
Ania Walsh, *Co-ordinator of Registration*  
Shahsultan Amarshi, *Administrative Officer*





**College of Respiratory Therapists  
of Ontario**

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