



Engaging ♦ Encouraging ♦ Ensuring



College of Respiratory Therapists of Ontario

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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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*A Message
from the
President*

Dear Colleagues,

It's my pleasure to report to you on another eventful year with advancements and achievements in several key areas. A leading project for the organization – Transitioning Long Term Ventilated Clients from Hospital to Home: An RT Model of Care – was completed. A sincere thank you to HealthForceOntario for funding the initiative and to our partners for making the project a resounding success filled with promise for the future. We saw the release of the 2011 version of the National Competency Profile by the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB), a collaborative effort by all jurisdictions in Canada, which will guide curriculum design and accreditation in the next several years. We saw the completion of our review of Advanced Practice Roles and the role of the Anaesthesia Assistant in Ontario, providing us with valuable insight on this timely issue. Legislative changes introduced a 5th controlled act – administering a prescribed substance by inhalation – to those which are authorized to Respiratory Therapists. Our Gap Analysis Project reached completion, the results granting us further understanding on the complicated and challenging task of integrating internationally-educated health professionals to Respiratory Therapy. The positive results of our annual reports on registration practices to the Office of the Fairness Commissioner further supports our fair and equitable approaches to addressing the unique aspects of this group. We marked several member outreach activities, from the release of our online portfolio tool (PORT) to member education via webinars to a number of visits by staff to academic institutions and health care facilities to connect with students and members alike. Finally, we began preparations for a consultation meeting with nearly 100 thought leaders from across the profession at a Scope of Practice Summit, to be held in May. The outcomes of which will inform the future strategic directions of the CRTO and hopefully pave the way for a formal scope review.

Thank you to our Registrar and all our staff for their continuous dedication. Additionally, my sincere thanks to our Council and Committee members for your insight, perspective and counsel. The governance of the profession is strong and balanced due to your efforts.

Respectfully submitted,



Kevin Taylor, RRT
President, College of Respiratory Therapists of Ontario



Kevin Taylor, RRT
President

A Message from the Registrar

Just as Members are required to meet certain expectations in their practices, the CRTO also has regulatory obligations and responsibilities. These duties, which apply to all health regulatory Colleges, are outlined in the *Regulated Health Professions Act*. In addition to all of the day-to-day activities required by the RHPA the CRTO has taken on many "special projects" over the years, but with our prescribed mandate and not unlimited resources, how does the College decide what projects to take on? To help the CRTO make these decisions we have developed a decision making guide; we term it our Evergreen Questions. This year was no exception as the CRTO embarked upon or completed a number of Special Projects. The list below demonstrates the link between our statutory mandate and our Evergreen Questions.

Evergreen Questions

A CRTO Decision Making Guide for Council Members, Committee Members & Staff

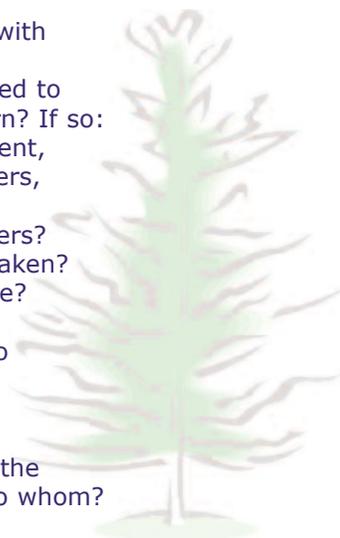
The purpose of this Guide is to assist Council members, Committee members and staff in determining if a matter should be acted upon by the College. In general terms this means making a determination as to whether or not a matter is in the "public interest" and/or within the College's regulatory mandate.

Key questions for decision-making:

1. Is the proposed activity related to the practice of respiratory therapy?
2. Does the proposed activity fall within the College's statutory mandate in that it reflects a government directive or the duty, objects, of the College?
3. Is the proposed activity related to the public interest? If so how?
4. What is the impact of the proposed activity on: health care system, patients, College resources, reputation, legal, stakeholders, members?
5. Is the proposed activity supported by the College's Strategic Plan, mission or goals?
6. Is the proposed activity consistent with current policies/positions?
7. Is the specific activity being proposed to address a particular issue or concern? If so:
 - a. Who raised the issue (Government, professional association, members, staff, public)?
 - b. Who are the relevant stakeholders?
 - c. What research has been undertaken?
 - d. Are sufficient resources available?
 - e. What are the timelines?
 - f. Is this the most effective way to do this?
 - g. What are the consequences of not doing this?
8. Is the decision transparent; how is the decision to be communicated and to whom?



Christine Robinson,
Registrar



*A Message
from the
Registrar*

Project	Website Link	College Object
HFO funded project - <i>Optimizing Respiratory Therapy Services: A Continuum of Care from Hospital to Home</i>	Report, Executive Summary and Training Manual www.crto.on.ca	To promote inter-professional collaboration with other health profession colleges. Duty of College It is the duty of the College to work in consultation with the Minister to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals.
Ontario Ministry of Citizenship and Immigration funded GAPS analysis project resulting in new approach to registration of internationally educated applicants.	www.crto.on.ca/pdf/Reports/Gap_Analyses_Project_Final.pdf www.crto.on.ca/outsidecdn.aspx	To develop, establish and maintain standards of qualification for persons to be issued certificates of registration.
Study into Anesthesia Assistants and Advanced Practice Roles	www.crto.on.ca/pdf/Reports/AA_Final_Report.pdf	To develop, establish, and maintain standards and programs to promote the ability of Members to respond to changes in practice environments, advances in technology and other emerging issues.
Portfolio Online for Respiratory Therapists (PORT) launched	www.crto.on.ca/portfolio.aspx	To develop, establish and maintain standards of knowledge and skill and programs to promote continuing evaluation, competence and improvement among the Members. To develop, establish, and maintain standards and programs to promote the ability of Members to respond to changes in practice environments, advances in technology and other emerging issues.
Review of the CRTO Standards of Practice	www.crto.on.ca/standards.aspx	To develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession.
Development of a new Commitment to Ethical Practice document	www.crto.on.ca/ethics.aspx	To develop, establish and maintain standards of professional ethics for the Members.

*A Message
from the
Registrar*

Project	Website Link	College Object
<p><i>Labour Mobility Policy to implement the provisions of the Ontario Labour Mobility Act to permit registration of RTs from regulated jurisdictions</i></p> <p><i>Acceptance of the National Labour Mobility Agreement for the registration of RTs from unregulated jurisdictions</i></p>	<p>www.crto.on.ca/pdf/Policies/Labour_Mobility.pdf</p> <p>www.crto.on.ca/pdf/Policies/Labour_Mobility_UR.pdf</p>	<p>To develop, establish and maintain standards of qualification for persons to be issued certificates of registration.</p>
<p><i>By-law Review</i></p>	<p>www.crto.on.ca/pdf/Bylaws/bylaws.pdf</p>	<p>To regulate the practice of the profession and to govern the Members in accordance with the health profession Act, this Code and the <i>Regulated Health Professions Act, 1991</i> and the regulations and by-laws.</p>
<p><i>Participation in National Alliance HRSDC-funded Foreign Credential Recognition Project, Phase 2</i></p>	<p>www.nartrb.ca/eng/FCD-project.php</p>	<p>To develop, establish and maintain standards of qualification for persons to be issued certificates of registration.</p>
<p><i>Participation in the development of the 2011 National Competency Profile</i></p>	<p>www.nartrb.ca/eng/documents/2011NCPfinal.pdf</p>	<p>To develop, establish, and maintain standards and programs to promote the ability of Members to respond to changes in practice environments, advances in technology and other emerging issues.</p>
<p><i>Review of CRTO Communications strategy</i></p>	<p>Lead to revised communication tools in 2011</p>	<p>To promote and enhance relations between the College and its Members, other health profession colleges, key stakeholders, and the public.</p>

Executive Committee Report

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 bylaws. 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

The Executive Committee met a total of six times in the 2010/2011 fiscal year; two in-person meetings and four by teleconference

Highlights

The Executive Committee's activities included:

- Making Committee member appointments and appointing the Chairs of the Committees;
- Conducting the Registrar's performance review and amended the appraisal and salary review process;
- Acting as the Steering Committee, along with Gary Ackerman RRT and staff, for the Scope of Practice Summit to be held in May 2011;
- Approving the office expansion plan;
- Reviewing and recommending for approval various policies and policy revisions;
- Approving submissions and reports where appropriate;
- In collaboration with the Registrar, setting the Council agendas;
- Receiving financial reports and statements from the Registrar between Council meetings;
- In collaboration with the Registrar overseeing the 2011/12 budget process and recommending the adoption of the budget to Council.

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.

In an effort to reduce the use of paper at the CRTO the Executive is now holding "paperless" committee meetings.



Kevin Taylor, RRT
Executive
Committee Chair

Patient Relations Committee Report

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 five times over the past year; on March 5, 2010, April 30, 2010, September 2, 2010, October 19, 2010 & January 24, 2011.

Highlights

In 2010, the PRC underwent a thorough review of its planning priorities based on the legislative requirements outlined in the *Regulated Health Professions Act*, the Health Professions Regulatory Advisory Council's (HPRAC) 2008 recommendations, the College's Communication Plan and the 2008 - 2011 CRTO Strategic Plan. From that review, several areas were identified as being of key importance for the PRC.

- **Raise awareness with the public on what an RT is, what their role is in the healthcare system, what patient's rights are and how to access RT services.**
 - The PRC is assisting in the development of a designated space on the College website to host respiratory health information that would be of interest to the general public. The hope is that this will draw members of the public to the CRTO website and from there they will learn more about Respiratory Therapy as a profession.
- **Promote interprofessional collaboration & enhance relations between the CRTO, other health regulatory Colleges and key stakeholders.**



Kathleen Keating,
PRC Chair

(Highlights Continued)

- The CRTO, in partnership with the PRC, has embarked on an initiative with a number of other regulatory colleges to investigate the possibility of the collaborative development of e-learning modules. The intent of these educational tools is to provide important learning opportunities for all Members in an easily accessible format.
- **Help RTs enhance their relationship with patients and the public in general (e.g., what it means to be a professional).**
 - The PRC reviewed the revised CRTO Standards of Practice and the new A Commitment to Ethical Practice. Both documents were circulated to the membership and key stakeholders prior to being approved by the College's Council. These guidelines provide a framework for safe and ethical professional practice for RTs in Ontario.
- **Promote and enhance relations between the CRTO and Members.**
 - There has been an on-going effort on the part of the PRC to encourage Member participation where possible. To that end, Members have recently been surveyed regarding their preferred method of College communications and the results helped inform the adoption of a new email platform that will be utilized for the College's monthly E-Exchange. Once this tool has been in use for a period of time, the Members will be surveyed again to evaluate its effectiveness. Member feedback strongly suggested that, in addition to the monthly communication, they would still like to see a bi-annual newsletter that showcased RTs. The next electronic edition of the newsletter in its new format is planned for Spring 2011.
- **Influence changes in legislation and regulation in the public interest.**
 - The PRC continues to look for opportunities to build on the results of the HealthForceOntario (HFO) Competencies Project, which ended March 31st, 2010. An overview of the project and its outcomes was presented to Dr. Joshua Tepper, Assistant Deputy Minister (ADM) for the Ministry of Health and Long Term Care (MOHLTC) and subsequently to all of Ontario's Local Health Integration Network (LHIN) CEOs and MOHLTC ADMs. An executive summary of the HFO project's final report was created and it is the PRCs plan to distribute a copy to all Community Care Access Centre's (CCAC) in Ontario.

Professional Practice Committee Report

Mandate

The Professional Practice Committee (PPC) is a non-statutory standing committee comprised of one public member and Respiratory Therapists with knowledge and experience from a range of practice areas across the province. The main purposes of the Committee are to develop and review the standards of practice¹ of the profession and to act as a resource to Council, other committees and staff on matters related to Respiratory Therapy practice.

The PPC has the ability to invite Members at large with specific experience on an ad hoc basis and to create smaller working groups where necessary. This ability is integral to ensure relevance and consistency in the development of College standards of practice and to ensure that professional practice knowledge and experience is readily available to enable the CRTO to develop standards and guidelines in a timely way.

Meetings

The Professional Practice Committee held its first meeting on June 4, 2010. A total of four in-person meetings were held by the end of February 2011.

Highlights

During the past year, the Committee achieved many goals including:

- Updating the Professional Practice Guideline *Interpretation of Authorized Acts* to include the 5th controlled act "administering a prescribed substance by inhalation".
- Developing and submitting a proposed new regulation *Prescribed Substances* to the Ministry of Health and Long Term Care, April 2011 to enable RRTs to perform the 5th controlled act.
- Drafting the outline for a new Clinical Best Practice Guideline *Oxygen Therapy* to enable RRTs to perform the 5th controlled act.
- Drafting a proposed new regulation *Conflict of Interest* to enable RTs to perform the 5th controlled act.
- Conducting a preliminary review of the Clinical Best Practice Guideline *Infection Prevention and Control* in response to the Ministry's updates to *Routine Practices and Additional Precautions in all Health Care Settings (May 2010)*.
- Conducting a preliminary review of the Professional Practice Guideline *Responsibilities Under Consent Legislation* in response to updates to the *Health Care Consent Act* made in 2010.



Paul Williams, RRT
PPC Chair

¹ The CRTO uses the phrase "standards of practice" to refer to the legislation, regulations, standards, polices and guidelines that establish practice parameters.

Registration Committee Report

Mandate

The mandate of the Registration Committee is to consider registration issues and make decisions regarding the registration of applicants in accordance with the *Regulated Health Professions Act 1991*, the *Respiratory Therapy Act 1991*, the Registration Regulation, by-laws and policies of the College, and specifically to:

1. Consider applications for registration referred by the Registrar.
2. Develop policies and make recommendations regarding the criteria for registration with the College.
3. Review and monitor the results of the CRTO approved examination and ensure that the examination meets its objectives.
4. Ensure that the College's entry to practice competencies are relevant and current.
5. Monitor whether or not approved education institutions are teaching and effectively evaluating the entry to practice competencies and recommend to Council any changes to the list of approved education.
6. Approve Certification Programs for Advanced Prescribed Procedures below the Dermis.
7. Ensure that the College's registration practises are transparent, objective, impartial and fair.

Meetings

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

Highlights

The following list highlights some of the Committee's activities.

- **Regulation Review**
 - In 2010 the College submitted a number of proposed Registration Regulation amendments to government that included provisions related to good character requirements, internationally educated applicants, labour mobility, standard restrictions on Graduate certificates and inactive status. For the most part the proposed amendments were accepted, but the Ministry did make one significant change to the Inactive provision which, after discussion and Council approval, was re-circulated to Members for feedback in December 2010. Council subsequently approved that these additional amendments be submitted to the government.



Dorothy Angel,
Registration
Committee Chair

Registration Committee Report

(Highlights Continued)

- Amendments to the *Prescribed Procedures Regulation* were submitted to the government in March 2010.
- **Labour Mobility**
 - The Registration Committee presented a *Labour Mobility Policy* to Council which implements the provisions of the *Ontario Labour Mobility Act* and associated amendments to the RHPA, pending approval of amendments to the Registration Regulation. The Policy, which covers the registration of RT applicants from regulated Canadian jurisdictions, was subsequently approved by Council in June 2010.
 - Members of the Registration Committee reviewed a *Labour Mobility Agreement* permitting labour mobility and accessibility of employment opportunities of Respiratory Therapists from unregulated jurisdictions. The agreement was signed at the October 2010 meeting of the National Alliance of Respiratory Therapy Regulatory Bodies. Based on this Agreement, members of the Registration Committee drafted a *Labour Mobility Policy for applicants from unregulated Canadian jurisdictions*. The purpose of the policy is to maintain a balance between public safety and labour mobility of Respiratory Therapists from unregulated jurisdictions across Canada. The Policy was approved by Council in December 2010.
- **Registration Practices**
 - In 2009, the CRTO began two projects to evaluate its registration practices:
 1. *Situational Analysis* - to provide the Registration Committee and staff with an overview of current challenges and issues that may affect the CRTO's handling of applicants educated outside of Canada, applicants registered in other Canadian jurisdictions and re-entry applicants.; and
 2. *Gap Analysis Project (GAP)* - to evaluate the effectiveness of the Prior Learning Assessment (PLA) process.

Both projects came to a conclusion in 2010, and as a result a number of policy changes have been recommended by the Registration Committee; mainly that the previous PLA process be discontinued and that in its place the College pursue implementation of the GAP report recommendation for 3 new pathways for internationally educated respiratory therapists and health professionals (IERT/IEHPs) to integrate into the Respiratory Therapy profession. Members of the Registration Committee drafted a Policy: Pathways for *Internationally*

(Highlights Continued)

Educated Respiratory Therapists and other Health Professionals Integrating into Respiratory Therapy in Ontario which has been approved by Council.

- **Baccalaureate degree as entry to practice project**
 - The Registration Committee continued the baccalaureate degree as entry to practice discussion. However, based on the February 2010 response from the Ministry of Health and Long-term Care and Ministry of Training Colleges and Universities, to not refer the College's request to the pan-Canadian process, the Registration Committee made a recommendation that the College not proceed with Phase Four of this project. It was also suggested that this item be removed from the Registration Committee agenda.
- **Professional Practice Guideline(s)**
 - Members of the Registration Committee conducted a review of the *Registration and Use of Title Professional Practice Guideline*. A number of changes were recommended and subsequently approved by Council.
- **Registered Respiratory Therapist-Anaesthesia Assistant**
 - In 2010, the CRTO commissioned a study into the new and evolving role of the Registered Respiratory Therapist-Anaesthesia Assistant. Specifically, the CRTO hoped that the study would inform policy decisions regarding the regulation of Anesthesia Assistants in Ontario, and in particular the implications of adding an advanced/extended class of registration. Members of the Registration Committee considered the findings of the study and made a recommendation to maintain status quo with respect to the RRT-Anesthesia Assistant role.
- **Entry to Practice Review**
 - The Office of the Fairness Commissioner requested that the College conduct an Entry to Practice Review. This mandatory review included the analysis of the following:
 - the efficiency and timelines of decision-making, including decisions related to assessment, registration and appeals;
 - the reasonableness of the fees charged in respect of registration (plus third party fees).In addition, the College included details of its own voluntary entry to practice review – the GAP.
- **Policy Review**
 - Members of the Registration Committee reviewed the *Graduate Certificates of Registration* and *Exam Policies*. Both policies were amended as a result of the review.

Registration Committee Report

(Highlights Continued)

- **Approval of Certification Programs for Advanced Prescribed Procedures below the dermis**
 - The Committee reviewed and approved three certification programs for advanced prescribed procedures below the dermis.

- **Registration Committee Panels**
 - The Committee convened 17 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. 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 decision with the Health Professions Appeal and Review Board (HPARB). There was one appeal of the Registration Committee decision submitted to HPARB in 2010. The Board upheld the Registration Committee's decision not to issue a certificate of registration.

No. of Referrals	Type of Referral	Panel Decision
5	Currency issues - applicants have not been engaged in the practice of respiratory therapy within the two years preceding the application to the College	2 - Applications refused 3 - Applications approved subject to terms, conditions and limitations specified by the Panel
4	Request to re-issue a Graduate Certificate of Registration	4 - Applications refused
3	Requests to vary terms, conditions and limitations imposed on a Certificate of Registration	2 - Decisions to vary the terms, conditions and limitations 1 - Decision to remove the terms, conditions and limitations
2	Applicant's criminal conviction/conduct issues	2 - Applications approved
1	Failure to meet registration requirements under labour mobility provisions	1 - Application refused
1	Failure to meet education requirements	1 - Application refused
1	Failure to successfully complete the PLA process	1 - Application refused

Quality Assurance Committee Report

Mandate

The Quality Assurance Committee (QAC) 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 whose results have been found to be unsatisfactory.

Meetings

The QAC has met four times during this period; June 2, 2010; September 7, 2010; October 25, 2010 and January 18, 2011. At each meeting the Committee reviewed the Goals and Terms of Reference which outline the tasks for the year ahead.

Highlights

The following is an overview of the QAC's activities for this period.

- **PORT**
 - The most significant change this year to the QA Program was the launch of the **Portfolio Online for Respiratory Therapists (PORT)** platform. This tool provides a secure site for Members to store their professional development documentation and, if requested, to submit this material to the College. PORT was piloted in the spring of 2010 with 36 or the 54 RTs who volunteered completing the survey. The feedback received was overwhelmingly positive and PORT was made available to all Members early in July of 2010.
- **2010 Random Selection**
 - The random selection of eligible Members to complete the Professional Standards Assessment (PSA) and submit their Portfolios was done in late August 2010. Of the 2,653 eligible Members, 211 were selected and notification letters were sent on the 1st of September. The sequencing of submission was revised and starting this year, Members were required to complete the PSA first (due October 1st) and then submit their Portfolio (due December 31st). The timeframe for documentation of professional development was also changed to the current calendar year. A *Communiqué* outlining these new timelines along with the login information



Michael Iwanow, RRT
QA Committee Chair

Quality Assurance Committee Report

(Highlights Continued)

was sent out with the monthly e-Bulletins in August and September and the link to PORT and login information was made available on the CRTO website.

- **Deferrals**

- The QAC considered 21 requests for deferrals from Members who had been randomly selected. The length of deferral was determined by the circumstances outlined in the Member's request, and is based on the CRTO policy and procedure for *Deferral of Quality Assurance Requirements*.

- **QA Working Groups**

- The Item Review working group met with the College's consultant in December 2010 to evaluate the outcome of the 2010 PSA. The performance of each of the 50 test items, as well as Member's comments was considered and revisions were made to questions where necessary. In addition, all 16 Portfolio Reviewers underwent their yearly training in January 2011.

Fitness to Practise Committee Report

Mandate

The Fitness to Practice Committee holds hearings related to Members' mental or physical capacity referred to the Committee by the Inquiries, Complaints and Reports Committee.

Meetings

There were no referrals to the Fitness to Practice Committee during the 2010-2011 fiscal year.



John Schenk
Fitness to Practise
Committee Chair

Inquiries, Complaints and Reports Committee Report

Mandate

It is the responsibility of the Inquiries, Complaints and Reports Committee (ICRC) to consider a variety of issues that may be brought forward regarding a Member, including:

- reports submitted by employers when an RT is disciplined or terminated for cause;
- self-reports by an RT when s/he has been found guilty of:
 - a criminal offence in Canada or in any jurisdiction outside Canada,
 - an offence related to prescribing, compounding, dispensing, selling or administering drugs,
 - an offence that occurred while practicing health care,
 - an offence in which you were impaired or intoxicated,
 - any other offence relevant to a Members' suitability to practice;
- written complaints received from the public, including other health care professionals; and
- other information coming to the attention of the Registrar that may warrant referral to the ICRC.

The Committee received three complaints and eight reports during the fiscal year and continued to deal with unresolved cases carrying over from previous years.

Complaints

The Committee dealt with three new complaints from March 1, 2010 to February 28, 2011:

- In one matter it was the decision of the ICRC to take no action.
- In one matter the Member resigned from the College following the ICRC issuing a written caution.
- One matter remains under investigation.

Reports

The Committee dealt with eight reports during the fiscal period, two of which were self-reports and six of which were mandatory employer reports:

- **Self-Reports**
 - In one matter the Member signed Agreement and Undertakings related to incapacity.
 - In one matter, the ICRC issued a written caution.
- **Mandatory Employer Reports**
 - In one matter it was the decision of the ICRC to take no action.
 - In one matter the Member resigned from the College.
 - Four matters remain under investigation.



Gord Garshowitz
ICRC Chair

Discipline Committee Report

Mandate

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

1. Direct the Registrar to revoke the Member's certificate of registration.
2. Direct the Registrar to suspend the Member's certificate of registration for a specified period of time.
3. 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.
4. Require the Member to appear before the panel to be reprimanded.
5. Require the Member to pay a fine of not more than \$35,000 to the Minister of Finance.

Hearings

There were two Discipline Committee hearings during 2010-2011 fiscal year.

Discipline Hearing Summary #1: *CRTO vs. Richard Culver, RRT*

At a hearing held on **April 27, 2010**, Mr. Richard Culver admitted to allegations as set out in an Agreed Statement of Facts.

Allegations:

It was alleged that **Richard Culver RRT** committed an act of professional misconduct as defined in paragraph 2 (contravening a standard of practice) of section 1 of Ontario Regulation 753/93, as amended, under the *Respiratory Therapy Act, 1991*.

Member's Response:

The member **admitted to the allegations** and the hearing proceeded on an agreed statement of facts and joint submission on penalty.

Evidence (Agreed Statement of Facts):

Mr. Culver failed to perform arterial blood gases on a patient despite being advised that the attending physician had requested them and in particular Mr. Culver failed to perform arterial blood gases in a timely fashion and as required by the physician. At a hearing, Mr. Culver would testify that he attempted to contact the physician to obtain permission to utilize an arterial line and did not obtain a response from the physician. At a hearing, the physician would testify that he was not aware of any attempts by Mr. Culver to contact him. It is agreed that Mr. Culver did not



John Schenk
Discipline
Committee Chair

document any attempts to contact the physician. Mr. Culver failed to provide an appropriate rationale to his colleagues for failing or refusing to perform arterial blood gases. Mr. Culver failed to provide a report to the on-coming Respiratory Therapist. Mr. Culver failed to collaborate appropriately with his colleagues to find an alternative to performing arterial blood gases. Mr. Culver failed to assess or reassess the patient's response to mechanical ventilation; and Mr. Culver failed to record any progress notes despite the patient having been intubated, ventilated and having suffered a cardiac arrest during the course of Mr. Culver's shift.

Finding:

A Panel of the Discipline Committee accepted as true the facts in the Agreed Statement of Facts and found that Richard Culver is guilty of professional misconduct pursuant to paragraph 2 (contravening a standard of practice), of section 1 of Ontario Regulation 753/93, as amended, under the *Respiratory Therapy Act, 1991*.

Order:

Mr. Culver 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. Culver waived his right to appeal and the Discipline Committee administered the reprimand immediately following the Hearing).

The Registrar is directed to suspend the certificate of registration of Mr. Culver for 8 weeks: four (4) weeks of the suspension is suspended if Mr. Culver complies with paragraphs 4, 5 and 7 of the Order.

The Registrar was directed to impose the following terms, conditions and limitations on Mr. Culver's certificate of registration. Mr. Culver must successfully complete:

- 1) courses on record keeping, ethics and communications;
- 2) submit to monitoring of his practice for a maximum of 4 inspections over a period of 2 years after the end of the initial 4 week suspension;
- 3) provide a copy of the Decision and Reasons of the Discipline Committee to his current and any future Respiratory Therapy employers and provide proof to the Registrar of having done so within 30 days of the date of the hearing or within 30 days of the date of beginning new respiratory therapy employment.

Mr. Culver is to pay \$3,600.00 in costs toward the investigation and hearing.

Discipline Committee Report

Discipline Hearing Summary #2: CRTO vs. Anita Barker, PRT

At a hearing held on **September 3, 2010**, Ms. Anita Barker admitted to allegations as set out in an Agreed Statement of Facts.

Allegations:

It was alleged that **Anita Barker PRT** committed an act of professional misconduct as defined in paragraph 2 (contravening a standard of practice) of section 1 of Ontario Regulation 753/93, as amended, under the *Respiratory Therapy Act, 1991*.

Member's Response:

The member **admitted to the allegations** and the hearing proceeded on an agreed statement of facts and joint submission on penalty.

Evidence (Agreed Statement of Facts):

In or about 2006, 2007, 2008 and 2009, Ms. Barker accessed, or attempted to access, without any legitimate clinical reason for doing so, electronic patient records of at least 28 individuals, while employed as a Practical Respiratory Therapist at a London, Ontario hospital. Ms. Barker completed mandatory hospital on-line privacy and confidentiality training in February 2005 and October 2008, pursuant to which she should have known that accessing or attempting to access patient records without a legitimate clinical reason for doing so was not permissible. Furthermore, Ms. Barker breached hospital policy when she accessed her own electronic health record without following the hospital policy and process to obtain authorization to do so.

Finding:

The Committee accepted as true the facts contained in the Agreed Statement of Facts and found Anita Barker committed acts of professional misconduct pursuant to paragraph 2 (contravening a standard of practice); paragraph 25 (contravening a hospital rule); 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:

Ms. Barker will appear before a panel of the Discipline Committee to be reprimanded, the fact of which shall appear on the College register. (Ms. Barker waived her right to appeal and the Discipline Committee administered the reprimand immediately following the Hearing).

Ms. Barker's certificate of registration was suspended for two (2) months. Two weeks of the suspension will themselves be suspended if Ms. Barker complies with the remaining order which includes completing an approved course on ethics and paying the College a portion of the costs associated with the hearing.

Statistics

Registration Status of Members

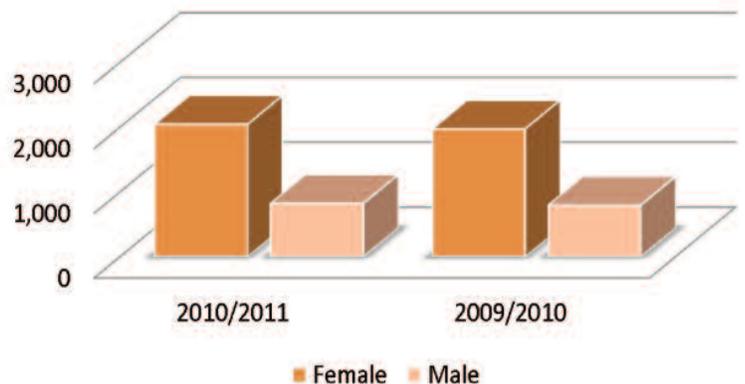
	2010/2011	2009/2010
GENERAL	2,829	2,725
Active	2,603	2,531
Inactive	226	194
GRADUATE	22	30
LIMITED	15	14
Active	13	12
Inactive	2	2
TOTAL	2,866	2,769

Applications Received

	2010/2011	2009/2010
Ontario Graduates	152	169
Canadian Graduates (other Provinces)	10	14
USA Graduates	6	3
International (PLA)	3	12
TOTAL	171	198

Gender of Members

	2010/2011	2009/2010
Total Female	2,043	1,973
Total Male	823	796



Statistics

Members Delegating RT Authorized Acts

	2010/2011	2009/2010
Performing a prescribed procedure below the dermis	14	16
Intubation beyond the point in the nasal passages where they normally narrow or beyond the larynx	8	14
Suctioning beyond the point in the nasal passages where they normally narrow or beyond the larynx	28	53
Administering a substance by injection or inhalation	72	103

Members Accepting Delegation

	2010/2011	2009/2010
Allergy challenge testing	21	18
Application of a form of energy:		
- Cardiac pacemaker therapy	14	8
- Defibrillation	210	156
- Cardioversion	64	64
- Electromyography	2	3
- Nerve conduction studies	6	6
- Transcutaneous cardiac pacing	46	48
- Sound waves for diagnostic ultrasound	19	18
Communicating a diagnosis identifying a disease or disorder	33	42
Dispensing drugs	80	79
Performing a procedure below the surface a of a mucous membrane	39	39
Putting an instrument, hand, or finger:		
- beyond the external ear canal	4	2
- beyond the labia majora	1	0
- beyond the anal verge	8	11
- into an artificial opening into the body	79	90
Reinsert Trach Tube < 24hrs	29	38

Members Performing Advanced Prescribed Procedures

	2010/2011	2009/2010
Cannula/Line		
- Arterial	1,288	1,236
- Umbilical	19	20
- Venous	255	230
Chest needle insertions	27	33
Chest tube insertions	17	10

Statistics

Activities Performed by Members

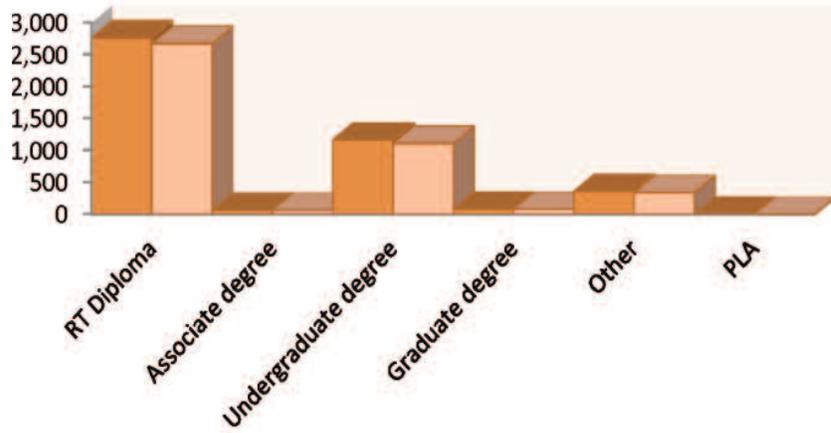
	2010/2011	2009/2010
Arterial blood gas puncture	2,122	2,067
Aspiration from a cannula/line	1,311	1,226
Bronchoscopy (performing)	252	277
Cardiovascular perfusion/ECMO	35	36
Cardioversion (performing)	52	75
Conscious sedation (assisting)	1,445	N/A*
Conscious sedation (performing)	185	284
Defibrillation (performing)	164	130
Diagnostics		
- bronchoprovocation (histamine/methacholine)	334	307
- cardiac stress testing	224	211
- echocardiography	92	110
- holter monitoring	108	120
- neurodiagnostics (EMG, EEG)	40	41
- polysomnography	145	138
- pulmonary function	1,127	1,151
Inhalation		
- anaesthetic agent	307	280
- high frequency oscillation ventilation		
- adult	978	926
- paediatric/neonatal	350	354
- hyperbarics	49	42
- mechanical ventilation (invasive & non-invasive)	1,997	1,972
- nitric oxide	895	882
Injection		
- direct	398	391
- via line or bag	412	456
Interosseous access	32	17
Intubation		
- adult	1,588	1,551
- neonatal	701	656
- paediatric	413	377
LMA insertion	663	N/A*
Needle cricothyrotomy (performing)	4	10
Patient transport		
- air	212	204
- land	1,398	1,379
Persutaneous tracheostomy (assisting)	910	N/A*
Suturing indwelling cannula	288	285
Teaching (Outpatient)	1,123	1,152
Tracheostomy tube change	1,565	1,491
Venipuncture	319	290

* statistics not available for this time period

Statistics

Level of Education

	2010/2011	2009/2010
RT diploma	2,765	2,673
Associate degree	71	70
Undergraduate degree	1,169	1,113
Graduate degree	89	85
Other	362	344
PLA	12	8

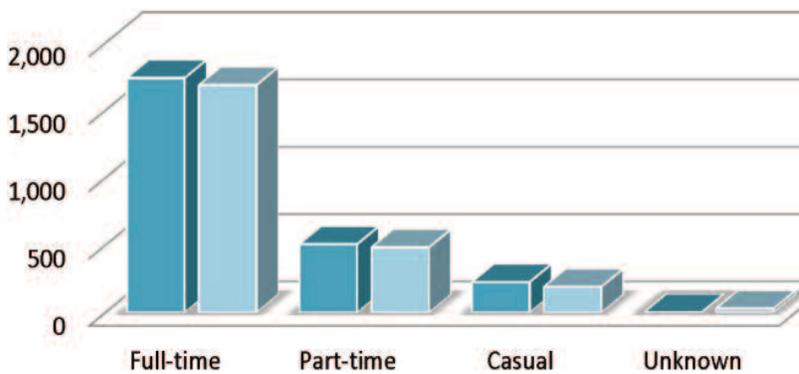


Employment Status of Members

	2010/2011	2009/2010
Working in Ontario	2,476	2,393
Not Working in Ontario	390	376

Employment Status of Members

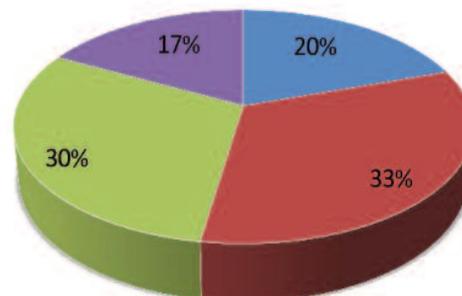
	2010/2011	2009/2010
Full-time	1,740	1,688
Part-time	507	484
Casual	226	191
Unknown	3	30



Age of Members

	2010/2011	2009/2010
Less than 30	570	538
30 - 39	935	933
40 - 49	864	839
50 and over	497	459

■ Less than 30 ■ 30 - 39 ■ 40 - 49 ■ 50 and over



NOTE: numbers are based on self-reporting by Members

Statistics

County/Age	Less than 30	30 - 39	40 - 49	50 and over	Total
Kenora	0	1	0	2	3
Rainy River	0	1	0	0	1
Thunder Bay	11	6	14	6	37
District #1 Total	11	8	14	8	41
Algoma	7	5	11	3	26
Cochrane	3	11	7	1	22
Manitoulin	0	0	0	0	0
Muskoka	1	3	6	1	11
Nipissing	8	11	10	7	36
Parry Sound	0	1	0	0	1
Sudbury	13	18	20	10	61
Timiskaming	1	1	3	0	5
District #2 Total	33	50	57	22	162
Dundas and Stormont	3	3	5	3	14
Frontenac	17	23	16	11	67
Glengarry	0	0	0	0	0
Grenville	0	0	0	0	0
Hastings	5	8	6	3	22
Lanark	0	1	0	3	4
Leeds	1	1	3	0	5
Lennox and Addington	0	0	0	0	0
Ottawa-Carlton	91	125	101	39	356
Prescott	0	0	0	0	0
Prince Edward	0	0	0	0	0
Renfrew	3	7	2	4	16
Russell	1	2	1	0	4
District #3 Total	121	170	134	63	488
Durham	19	17	31	16	83
Haliburton	0	0	0	0	0
Metro Toronto	128	291	197	107	723
Northumberland	2	2	0	0	4
Peel	34	55	55	30	174
Peterborough	2	7	7	8	24
Simcoe	15	17	21	18	71
Victoria	2	5	2	3	12
York	27	29	50	22	128
District #4 Total	229	423	363	204	1,219
Brant	2	2	6	4	14
Dufferin	3	3	1	2	9
Haldimand-Norfolk	5	0	7	2	14
Halton	0	15	24	11	50
Hamilton-Wentworth	43	69	53	26	191
Niagara	4	18	13	11	46
Waterloo	24	31	19	20	94
Wellington	3	7	9	3	22
District #5 Total	84	145	132	79	440
Bruce	2	1	0	0	3
Elgin	4	1	4	4	13
Essex	6	22	42	13	83
Grey	7	5	5	7	24
Huron	1	2	1	1	5
Kent	7	5	6	5	23
Lambton	3	8	14	6	31
Middlesex	40	69	71	67	247
Oxford	2	4	0	4	10
Perth	5	1	6	5	17
District #6 Total	77	118	149	112	456
TOTAL OF ALL DISTRICTS*	555	914	849	488	2,806

* excludes Members currently residing outside CRTO districts

Summarized Audited Financial Statements 2010/2011

INDEPENDENT AUDITORS' REPORT

TO THE MEMBERS OF THE COUNCIL OF THE COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

The accompanying summary financial statements of College of Respiratory Therapists of Ontario ("College"), which comprise the summary balance sheet as at February 28, 2011, and the summary statement of operations for the year then ended, are derived from the audited financial statements of the College for the year ended February 28, 2011. We expressed an unmodified audit opinion on those financial statements in our report dated April 29, 2011.

The summary financial statements do not contain all the disclosures required by Canadian generally accepted accounting principles. Reading the summary financial statements therefore, is not a substitute for reading the audited financial statements of the College.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation of a summary of the audited financial statements in accordance with Canadian generally accepted accounting principles.

Auditor's Responsibility

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standards (CAS) 810, "Engagements to Report on Summary Financial Statements".

Opinion

In our opinion, the summary financial statements derived from the audited financial statements of the College for the year ended February 28, 2011 are a fair summary of those financial statements, in accordance with Canadian generally accepted accounting principles.

Toronto, Ontario
April 29, 2011

CLARKE HENNING LLP
CHARTERED ACCOUNTANTS
Licensed Public Accountants

SUMMARY BALANCE SHEET AS AT FEBRUARY 28, 2011

	2011	2010
ASSETS		
Current assets		
Cash	\$ 1,134,186	\$ 1,002,549
Sundry receivables and prepaid expenses	24,802	9,410
	<u>1,158,988</u>	<u>1,011,959</u>
Marketable securities	1,499,850	1,449,623
Capital assets	113,684	131,636
	<u>2,772,522</u>	<u>2,593,218</u>
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities	68,772	86,404
Deferred revenue	1,187,201	1,215,021
	<u>1,255,973</u>	<u>1,301,425</u>
NET ASSETS		
Abuse therapy fund	20,000	20,000
General contingency reserve fund	500,000	500,000
General investigations and hearings fund	150,000	140,000
Special projects reserve	400,000	232,549
Fees stabilization reserve	150,000	142,550
Invested in capital assets	113,684	131,636
Operating - unrestricted	182,865	125,058
	<u>1,516,549</u>	<u>1,291,793</u>
	<u>2,772,522</u>	<u>2,593,218</u>

SUMMARIZED STATEMENT OF OPERATIONS YEAR ENDED FEBRUARY 28, 2011

Revenues		
Registration, renewal, and application fees	1,362,851	1,315,301
Interest and sundry income	74,332	72,244
HealthForceOntario and Gap analysis projects funding	129,199	174,327
	<u>1,566,382</u>	<u>1,561,872</u>
Expenses		
Salaries and benefits	672,378	657,445
Occupancy costs	84,195	74,042
Professional fees	73,933	81,891
Printing, postage, stationery and delivery	51,662	78,049
Council and committee	87,427	96,061
Special projects	171,317	276,002
All other operating expenses	200,714	207,229
	<u>1,341,626</u>	<u>1,470,719</u>
Excess of revenues over expenses for the year	\$ 224,756	\$ 91,153

Copies of 2010/2011 complete audited financial statements are available on our website at www.crto.on.ca or on request from the Registrar at 416-591-7800.

Council Members, Non-Council Committee Members, and Staff

COUNCIL MEMBERS

March 1, 2010 to February 28, 2011

Kevin Taylor, RRT *President*
Dorothy Angel *Vice-President*
Marisa Ammerata, RRT
Tracy Bradley, RRT
Allan Cobb
Jim Ferrie
Gordon Garshowitz
Jesse Haidar
Michael Iwanow, RRT
Dave Jones, RRT
Kathleen Keating
Amy Massie, RRT
Carrie-Lynn Meyer, RRT
Lorella Piirik, RRT
John Schenk
Paul Williams, RRT

NON-COUNCIL COMMITTEE MEMBERS

March 1, 2010 to February 28, 2011

Gary Ackerman, RRT
Melva Bellefontaine, RRT *(to December 16, 2010)*
Rob Blanchette, RRT
Allison Chadwick, RRT
Brent Dionne, RRT
Jeff Earnshaw, RRT
Daniel Fryer, RRT
Carole LeBlanc, RRT
Daphne Marrs, RRT
James Quigley, RRT
Angela Shaw, RRT
Carol-Ann Whalen, RRT

STAFF

March 1, 2010 to February 28, 2011

Christine Robinson, Registrar and CEO
Mary Bayliss, RRT, Deputy Registrar
Melanie Jones-Drost, Manager of Quality Assurance *(to June 30, 2010)*
Carole Hamp, RRT, Manager of Quality Assurance *(from August 1, 2010)*
Professional Practice Advisor (to July 31, 2010)
Jennifer Harison, RRT, Professional Practice Advisor *(from September 24, 2010)*
Amelia Ma, Finance and Office Manager
Janice Carson-Golden, Communications Co-ordinator
Ania Walsh, Co-ordinator of Registration
Shahsultan Amarshi, Administrative Officer

CERTO Committees

INQUIRIES, COMPLAINTS AND REPORTS

March 1/10 to February 28/11

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 1/10 to February 28/11

John Schenk *Chair*
David Jones RRT *Vice-Chair*
Gary Ackermann RRT
Melva Bellefontaine RRT
(to December 16, 2010)
Allan Cobb
Brent Dionne RRT
Daniel Fryer RRT
Jesse Haidar
Michael Iwanow RRT
Kathleen Keating
Carole LeBlanc RRT
Daphne Marrs RRT
Amy Massie RRT
Carrie-Lynn Meyer RRT
Lorella Piiirik RRT
James Quigley RRT
Angela Shaw RRT
Carol-Ann Whalen RRT

EXECUTIVE

March 1/10 to February 28/11

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

FITNESS TO PRACTICE

March 1/10 to February 28/11

John Schenk *Chair*
David Jones RRT *Vice-Chair*
Gary Ackermann RRT
Melva Bellefontaine RRT
(to December 16, 2010)

Allan Cobb
Brent Dionne RRT
Dan Fryer RRT
Jesse Haidar
Michael Iwanow RRT
Kathleen Keating
Carole LeBlanc RRT
Daphne Marrs RRT
Amy Massie RRT
Carrie-Lynn Meyer RRT
Lorella Piiirik RRT
James Quigley RRT
Angela Shaw RRT
Carol-Ann Whalen RRT

PATIENT RELATIONS

March 1/10 to February 28/11

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

PROFESSIONAL PRACTICE

March 1/10 to February 28/11

Paul Williams RRT *Chair*
Carole LeBlanc RRT *Vice-Chair*
Tracy Bradley RRT
Allison Chadwick RRT
Jim Ferrie
Sherri Horner RRT
David Jones RRT
Kevin Gordon Middleton RRT

QUALITY ASSURANCE

March 1/10 to February 28/11

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

REGISTRATION

March 1/10 to February 28/11

Dorothy Angel *Chair*
Carrie-Lynn Meyer RRT *Vice-Chair*
Brent Dionne RRT
Jim Ferrie
Dan Fryer RRT
David Jones RRT
Kevin Taylor RRT
Paul Williams RRT

CERTO STAFF

Back Row: Christine Robinson, *Registrar and CEO*
(left to right) Janice Carson-Golden, *Communications Co-ordinator*
Melanie Jones-Drost, *Manager of Quality Assurance*
(to June 30, 2010)
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*

Absent: Jennifer Harrison, RRT, *Professional Practice Advisor (from September 24, 2010)*



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

Profession CERTO 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.



Lorella Piirik RRT
Profession Member
District 1 - Thunder Bay (1)



Marisa Ammerata RRT
Profession Member
District 2 - Nipissing (2)



Tracy Bradley RRT
Profession Member
District 3 - Dundas-Stormont (4)



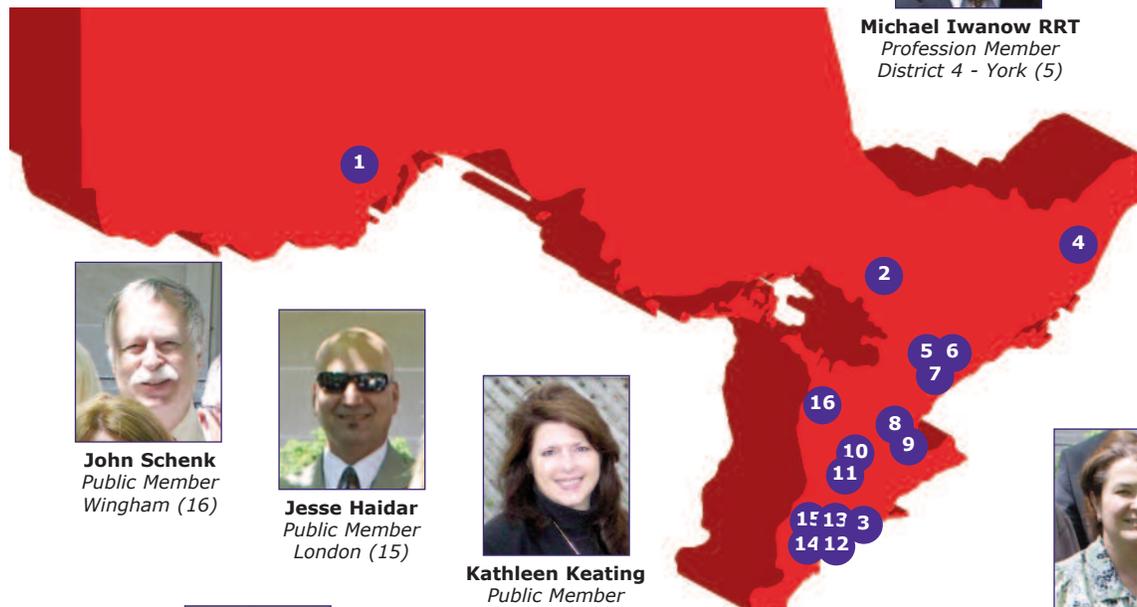
Michael Iwanow RRT
Profession Member
District 4 - York (5)



Allan Cobb
Public Member
Toronto (6)



Kevin Taylor RRT
Profession Member
District 4 - Metro Toronto (7)



John Schenk
Public Member
Wingham (16)



Jesse Haidar
Public Member
London (15)



Kathleen Keating
Public Member
London (13)



Gordon Garshowitz
Public Member
Dundas (8)



Carrie-Lynn Meyer RRT
Profession Member
District 5 - Hamilton-Wentworth (9)



Dave Jones RRT
Profession Member
District 6 - Middlesex (14)



Jim Ferrie
Public Member
Port Stanley (12)



Dorothy Angel
Public Member
Kitchener (10)



Paul Williams RRT
Profession Member
District 7 - Academic (3)



Amy Massie RRT
Profession Member
District 5 - Waterloo (11)



**College of Respiratory Therapists
of Ontario**

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