



ANNUAL REPORT 2001-2002

**College of
Respiratory Therapists
of Ontario**





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 care
services provided to the public by its
members are delivered in a
safe and ethical manner.*

To say the least, we have had an interesting year. In addition to normal College business, we have dealt with the aftermath of the "boycott", member opposition to current QA requirements, mediation, staff and Council position changes and other issues.

This sounds pretty ominous, but I think that we are moving in a positive direction in spite of all of the changes. It is quite obvious that the operation of any organization cannot be a static process.

I would like to take this opportunity to express my sincere gratitude to everyone who been involved in any College activities in the past years.

This past year saw the resignation of Larry Burke as a Profession Council member and Shari Cole as a non-Council member, and Bette Faichney will shortly be ending her term as a public appointee. Glen Randall resigned as Registrar as well as Margaret Carter as Director of Professional Practice.

Several staff changes occurred as well. Jennifer Lithgow went on maternity leave in the spring and this, together with the resignations, resulted in several temporary staff re-assignments.

Christine Robinson, at the request of Executive Committee, stepped in as Acting Registrar and did an exemplary job of fulfilling this position. Not only did she carry out the duties of the Registrar, she continued with her responsibilities as Co-coordinator of Investigations and Legislative Affairs. Her contribution to the mediation sessions is commendable.

Other staff efforts did not go unnoticed either and credit must go to Amelia, Monifa and Melanie and Mihaela for their continued contributions.

We went through a long and specific process to recruit a new Registrar. This involved the employment of an outside search agency that sought input from many internal and external sources. Through Committee and Council candidate interviews the position was offered to Mr. Gordon Hyland. Gord accepted the offer and is now the Registrar of the CRTO.

A number of College programs, policies and processes are undergoing review, and we will be seeking the membership's feedback on alternative options. As well, we are continuing dialogue with the CSRT/CoARTE with respect to outstanding issues involving standards of practice and accreditation, and the RTSO regarding Quality Assurance and other issues.

The College is committed to communicating with its members in an open manner and to working toward gaining the confidence, trust and respect of the membership, professional associations and all stakeholders, as we work together in pursuit of our mutual goals. I look forward to starting the upcoming year with a clean slate and welcome the positive change that will ensue.

Bill Butler
President
CRTO



The challenge - achieving a balance

Over the past year we have heard from many members of the College, both individually and through the professional associations. They have voiced their opinions on a variety of topics ranging from the professional portfolio process to use of title, from accreditation to fees, from the Core Competencies Evaluation to the College's relationship with its members. Late last year, mediation with representatives of the Respiratory Therapy Society of Ontario resumed. As a result of members' views and a detailed submission from the Society, a number of specific issues have been identified. Some of these have been dealt with already, and others are being actively considered by committees of the College. The challenge facing the committees, and ultimately the Council, is deciding on a viable resolution that is sensitive to the views of stakeholders and consistent with the College's legislative mandate; that is both effective and cost efficient; that ensures a high standard of care while accommodating the needs of the profession; that combines the public and professionals' interests. This is the challenge and the following list illustrates how Council, committees, staff, associations and members are working together to resolve the issues facing the College:

- ▼ The College has made an ongoing commitment to treat the members with respect and sensitivity, to communicate with the members in an open and non-threatening manner, and to work toward regaining the trust of the membership.
- ▼ There is an ongoing and mutual effort on the part of the CRTO and RTSO to forge cooperation and respect between both organizations.
- ▼ Dialogue with the Canadian Society of Respiratory Therapists and our provincial counterparts on labour mobility and related issues is scheduled to resume in the spring.

- ▼ Regular mediated meetings between the CRTO and RTSO have resumed and a joint report of these sessions is subsequently posted on both the CRTO and RTSO web sites.
- ▼ As part of the search for the new Registrar, the executive search consultant sought stakeholder input that included members of the profession, and this input was provided to the search committee.
- ▼ The College has undertaken to conduct a review of the CRTO by-laws and a number of changes have been contemplated.
- ▼ The Quality Assurance Committee has undertaken to conduct a review of the Quality Assurance Program.
- ▼ In an effort to develop a relationship with the members that is open to alternatives and feedback, the College will ensure that any review of the Quality Assurance Program and other College processes and documents includes input from the profession.
- ▼ The College is considering expanding the use of the CRTO web site as a vehicle for consultation and for communication between the College and its members.

We look forward to the year ahead with renewed enthusiasm and optimism.

Christine Robinson

Acting Registrar

(from November 30, 2001 to April 2, 2002)



EXECUTIVE COMMITTEE

The Executive Committee is accountable to Council and functions on behalf of Council between Council meetings, with the exception of making, amending or revoking a regulation or by-law.

This past year has been a busy one for the Executive Committee. We have undergone several changes in composition of all committees as well as having to deal with staff changes. All in all, we have fared quite well. Notable highlights are as follows:

The Executive met 16 times in person and 15 times via teleconference.

Until November 30, 2001 the Executive Committee was comprised of: Bill Butler (Chair), Peter Szkorla (Vice-Chair), Michael Duben and Donald Kirkpatrick.

Following the November 30, 2001 meeting elections, the Executive was comprised of Bill Butler (Chair), Keith Olimb (Vice-Chair), Jagan Dhawan, Donald Kirkpatrick.

The remainder of committee appointments were established by the Executive Committee and took effect February 2002.

Mediation meetings were re-initiated between the CRTO and the RTSO and have continued with favourable results to date. Progress reports have been published on both the CRTO and RTSO websites.

The Executive Committee accepted the resignations of Glen Randall, Registrar, effective November 30, 2001 and Margaret Carter, Director of Professional Practice, effective January 30, 2002.

A search for the position of Registrar was undertaken through a consulting company; Association Resource Centre (ARC). Interviews were held and a short list was determined and referred to Council for subsequent interviews. Council met to interview the candidates recommended by the Executive Committee and it was Council's decision to offer the position to Gordon Hyland. Mr. Hyland subsequently accepted the offer.

Several By-Laws were reviewed as per Executive Committee's goals and objectives.

During 2001-2002 the Executive Committee considered five mandatory (employer) reports under section 85.5 of

the Health Professions Procedural Code and one referral from the Quality Assurance Committee. Of these, one matter was referred to the Discipline Committee for a hearing; three cases were resolved by means of an Agreement and Undertaking between the Executive Committee and the member; in one case the Committee took no action; one matter is still under consideration.

Bill Butler, Chair

PATIENT RELATIONS COMMITTEE

The Patient Relations Committee has met once during the past year. The meeting agenda included a short orientation for members new to the Committee. The Committee is on target with its goals and continued its work on guidelines and policy statements. As part of its goals, the Committee reviewed three current practice guidelines and has no changes to recommend for two of them (Conflict of Interest and Responsibilities Under Consent Legislation) with the third guideline (Prevention of Abuse of Patient/Clients) on the agenda for consideration of revisions.

Lydia Jones, Chair

QUALITY ASSURANCE COMMITTEE

The Quality Assurance Committee met nine times between March 2001 and February 2002. Three of these meetings were by teleconference. Panels of the committee met 18 times during that time. Eight of those were by teleconference.

On August 1, 2001 the Committee met to consider a proposal by the Respiratory Therapy Society of Ontario (RTSO) which had been sent to the Committee by the Executive Committee of the College. Based on the proposal, a plan was prepared and adopted at the August 9, 2001 and was sent to the Council of the College for approval, which was given by Council on the understanding that the RTSO would meet with the Committee to discuss the details of the plan. The main component of the plan was a thorough review of the components of the Core Competencies Evaluation (CCE) with the RTSO and other stakeholders. The Committee was ready to meet with the RTSO at their convenience to commence the review but that meeting was never held. Instead, a mediator was appointed to chair meetings between the RTSO and the CRTO and the Committee had some input into some of those meetings.

On October 1, 2001 the Minister of Health and Long-Term Care wrote the President of CRTO urging the College to put on hold future writings of the CCE for QA purposes, pending the mediation. The President

responded on October 9, 2001 advising that the College had fully complied with the Minister's letter. The result was difficult for the Committee and its panels which necessitated many of the meetings. That difficulty continues.

Don Kirkpatrick, Chair

COMPLAINTS COMMITTEE

The role of the Complaints Committee is to investigate complaints concerning the conduct or actions of members. Complaints received by the College are considered by a panel of at least three members of the Committee at least one of whom must be a public member. In resolving a matter, the panel may do any one or more of the following:

- ▼ Refer specified allegations of professional misconduct or incompetence to the Discipline Committee;
- ▼ Refer the member to the Executive Committee for incapacity proceedings;
- ▼ Require the member to appear before a panel of the Complaints Committee to be cautioned;
- ▼ Take action it considers appropriate, that is consistent with the legislation;
- ▼ Take no further action.

It should be noted that not all concerns about the conduct or actions of a member are handled by the Complaints Committee. For example, reports from employers concerning misconduct, incompetence or incapacity [also known as "mandatory reports"] are referred to the Executive Committee, as required by the RHPA.

Panels of the Complaints Committee considered and issued decisions in 17 cases in the 2001/2002 fiscal year. In 7 matters a panel decided to take no action, in 8 cases a panel issued a written caution and in 2 cases specific allegations of professional misconduct were referred to the Discipline Committee for a hearing.

Ten decisions have been appealed to the Health Professions Appeal and Review Board (HPARB). In 8 cases the members are requesting a review of the decisions, in 2 cases the complainants are requesting a review of the decision.

Keith Olimb, Chair

DISCIPLINE COMMITTEE

The Discipline Committee holds hearings into allegations of professional misconduct or incompetence referred by the Complaints Committee or the Executive Committee. Discipline hearings into two matters were held during the 2001/2002 fiscal year.

CRTO V. MEMBER

The College received a report from a hospital under subsection 85.5(1) of the Health Professions Procedural Code concerning the dismissal of a graduate respiratory care practitioner. The reason given for the dismissal was that the member was unable to demonstrate competence as a respiratory therapist within a reasonable time of graduation. It was also alleged that the member failed to report the change in his employment status to the College pursuant to his signed agreement to do so on the Annual Update of Registration form and failed to cooperate with the College. Subsequent to the referral of allegations the member's certificate of registration was suspended for non-payment of fees. In addition, the College had established, prior to the referral, that the member was no longer practising respiratory therapy in Ontario. Therefore, the College sought an adjournment and the Discipline Committee ordered that the discipline hearing into the allegations against the member be adjourned indefinitely to be brought back on with at least 30 days' notice to the member should he ever successfully apply to become a member of the College of Respiratory Therapists of Ontario.

CRTO V. TARIQ SHIRZAD

The College alleged that the member committed professional misconduct with respect to his care of children in that the care contravened or failed to meet the standard of practice of the profession, or would reasonably be regarded by members as disgraceful, dishonourable or unprofessional. The College and the member submitted an Agreed Statement of Facts to a panel of the Discipline Committee in which Mr. Shirzad admitted to the allegations. The panel accepted the Agreed Statement of Facts and made a finding of professional misconduct as defined in paragraph 2 (standards of practice) and paragraph 29 (disgraceful, dishonourable or unprofessional conduct) of section 1 of Regulation 753/93 as amended, under the Respiratory Therapy Act.

The College and Mr. Shirzad presented a Joint Submission on Penalty to the panel, which was accepted with some revisions in wording made on consent of both parties. The panel made an Order which included a reprimand; a 2 month suspension (one month of which will be remitted if the member successfully completes an approved communications course and an approved ethics course within 6 months of the Order); a term, condition and limitation that the member shall successfully complete, within one year, a

communications course, an ethics course, an individualized assessment, and within one year of receipt of the assessment report any remediation that is recommended as a result of the individualized assessment; a term, condition and limitation that the member not work in the area of paediatrics or neonatology unless he is monitored by a person or persons acceptable to the College and that such monitoring will continue until the assessment/remediation process has been successfully completed or until 2 years from the date of the Discipline Committee's Order, whichever occurs first. Each of the terms, conditions and limitations imposed by the Order shall be removed as each of the terms, conditions and limitations has been satisfied or completed.

This year a number of the members of the Discipline Committee attended the Discipline Committee Joint Hearing Orientation provided by the Federation of Health Regulatory Colleges of Ontario.

Michael Duben, Chair

FITNESS TO PRACTISE COMMITTEE

The Committee did not meet or hold any hearings during this year.

Michael Duben, Chair

REGISTRATION COMMITTEE

The College's Registration Committee is made up of 5 members, 3 being professional and 2 being public. These included Paul Stewart RRCP, Donald Charkavi RRCP, Jeff Earnshaw RRCP, Moti Costa and Bette Faichney, Chair. Changes to the Committee were delayed from November to February 1, 2002 and these included the replacement of Donald Charkavi by Lynda McCrae RRCP, and Paul Stewart assuming the Chair.

During this time period 8 meetings of the Committee were held in the College offices and 17 panels were convened. Nine panels were in conjunction with regular meetings and the remaining were accomplished through teleconferences.

One of the Panels' major responsibilities is to consider registration referrals from the Registrar and requests from members to have restrictions to their certificates of registration revised. During the year the college received 156 applications for registration, of which 25 were referred to the Committee. Of these 117 applicants were issued a certificate of registration while 4 applicants were denied. In addition, 15 members requested revisions to the terms, conditions or limitations imposed on their certificates. Thirteen of these requests were granted.

In October, Chair Bette Faichney was pleased to attend a "Recognizing Learning" Conference in Halifax, sponsored by Human Resources Development Canada; where she, on behalf of the Committee, and Rae Gropper of the Michener Institute were presented with awards by the Minister, Jane Stewart. The awards were in recognition of the Prior Learning Assessment Program developed by the College.

During the course of the year the Registration Committee was very cognizant of its goals and budget constraints. To a large degree, the use of teleconferences permitted us to come in well under budget, while fulfilling our mandate.

The Committee monitored the Core Competencies Evaluation results for both June and December and made appointments to the Advisory Group when required. It was decided to eliminate the site in Sudbury for the June 2002 writing.

In May 2001 the Committee made recommendations to Council for amendments to the Registration Regulation to facilitate the Agreement on Internal Trade and the mobility of members of the profession into Ontario. And in January of 2002 recommended changes to amend the PPG "Registration and Use of Title" as it relates to the use of name badges.

Certification Programs were also reviewed for Sunnybrook and Women's College Health Sciences Centre; Humber River Regional Hospital; Southlake Regional Health Centre; St. Joseph's Hospital, London; Mount Sinai Hospital and Medical Diagnostics and Consulting.

Education Programs for each of the five Ontario Schools were carefully reviewed and a recommendation was made to Council that the Michener Institute, Fanshawe College, Algonquin College, Canadore College and La Cité Collegiale all have their approved program status extended until December 31, 2002. The Committee also recommended the approval of Education Programs at Henry Ford Community College and Muskegon College in Michigan.

At its most recent meeting the Committee reviewed proposals from the Respiratory Therapy Society of Ontario and requested staff to research background material so that further discussion can be held.

Bette Faichney, Chair

Statistics

(as of February 28, 2002)

statistics

REGISTRATION STATUS

	00/01	01/02
General	1743	1789
Limited	25	22
Graduate	33	35
Inactive	42	62
Suspended	36	22
Resigned	75	38
Revoked	41	30
Reinstated:		
from Resigned	6	1
from Revoked	11	18
from Suspended	2	3
Currently under suspension	53	47

REQUESTS FOR INFORMATION FROM PUBLIC REGISTER

	00/01	01/02
No. of enquiries	87	85
No. of members information requested on	152	152

AREAS OF PRACTICE

(during the 2001 calendar year)

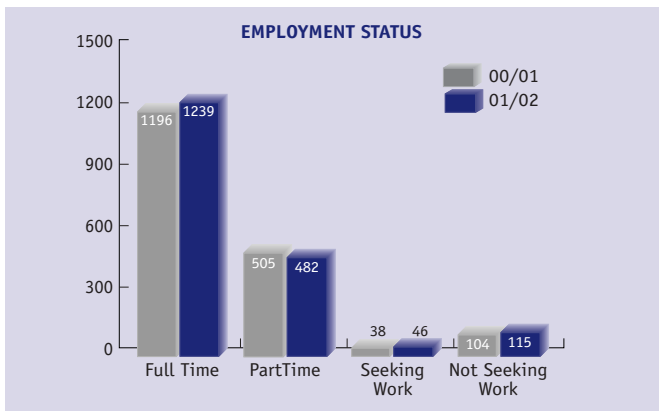
	00/01	01/02
Primary /Care	930	977
Acute/Critical Care	1351	1408
Sub-acute Care	1243	1274
Chronic/Long-term Care	1119	1158
Administration/Management	406	407
Anaesthesia	375	391
Consulting	322	344
Diagnostics-cardiac	393	428
Diagnostics-pulmonary	854	842
Equipment Service/Maintenance	1056	1081
Home Care	411	399
Rehabilitation	285	280
Research	365	382
Sales	241	247
Teaching/Education	1171	1196

*ACTIVITIES PERFORMED

BY MEMBERS

(during the 2001 calendar year)

	00/01	01/02
Arterial puncture	1385	1442
Aspiration from a cannula	888	933
Blood analysis	798	832
Computer - input	1642	1688
Computer - operate	1504	1565
Cannula/line - venous	87	85
Cannula/line - umbilical	15	15
Cannula/line - arterial	292	377
Capillary puncture	228	228
Cardiovascular perfusion/EMCO	15	20
Chest assessments	1565	1605
Chest tube or needle insertion	19	24
Defibrillation/cardioversion	55	67
Diagnostics - pulmonary function	1017	1008
Diagnostics - polysomnography	131	140
Diagnostics - ECG	734	140
Diagnostics - stress testing	217	220
Diagnostics - holter monitoring	133	124
Diagnostics - echocardiography	22	22
Diagnostics - neurodiagnostics	37	30
Diagnostics - bronchoprovocation	277	269
Equipment - quality control	1339	1385
Equipment - preventative maintenance	1299	1339
Equipment - repair	991	995
Inhalation - mechanical ventilation	1364	1420
Inhalation - hyperbarics	53	51
Inhalation - nitric oxide	584	656
Inhalation - anaesthetic agent	286	275
Injection - direct	109	140
Injection - via line or bag	266	283
Intubation - adult/paediatric	922	958
Intubation - neonatal	212	244
Literature search	1123	1196
Patient transport	1099	1133
Suctioning	1408	1457
Suturing indwelling cannula	124	132
Teaching patient/family	1598	1641
Tracheostomy tube change	628	693
Venipuncture	73	65

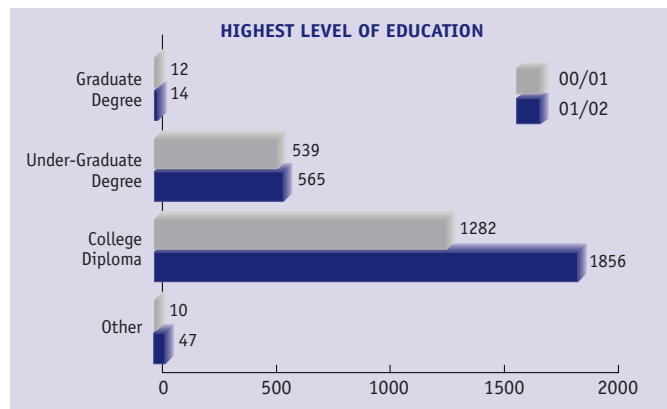


GENDER

	00/01	01/02
Male	624	625
Female	1219	1283

*Members Who Delegated Controlled Acts to Others (during the 2001 calendar year) 18 21

*Members Who Accepted Controlled Acts from Others (during the 2001 calendar year) 47 54



*NOTE: numbers are based on self-reporting by members

DISTRIBUTION OF MEMBERS BY PRIMARY EMPLOYER ON FEBRUARY 28, 2002					
COUNTY/AGE	LESS THAN 30	30 - 39	40 - 49	50 AND OVER	TOTAL
Kenora	0	0	2	0	2
Rainy River	0	0	0	0	0
Thunder Bay	3	12	6	2	23
District #1 Total	3	12	8	2	25
Algoma	3	9	4	2	18
Cochrane	6	8	1	0	15
Manitoulin	0	0	0	0	0
Muskoka	2	5	0	1	8
Nipissing	4	7	5	2	18
Parry Sound	0	0	0	0	0
Sudbury	12	21	7	2	42
Timiskaming	0	1	1	0	2
District #2 Total	27	51	18	7	103
Dundas and Stormont	2	3	2	0	7
Frontenac	16	15	10	4	45
Glengarry	0	0	0	0	0
Grenville	0	0	0	0	0
Hastings	2	7	4	1	14
Lanark	0	0	2	0	2
Leeds	0	2	2	0	4
Lennox and Addington	0	0	0	0	0
Ottawa-Carlton	59	87	56	5	207
Prescott	0	0	0	0	0
Prince Edward	0	0	0	0	0
Renfrew	2	2	2	1	7
Russell	0	0	0	0	0
District #3 Total	81	116	78	11	286
Durham	8	17	12	3	40
Haliburton	0	0	0	0	0
Northumberland	1	0	0	0	1
Peel	13	54	39	1	107
Peterborough	0	5	6	2	13
Simcoe	6	16	17	1	40
Metro Toronto/York	127	236	128	25	526
Victoria	1	1	4	1	7
District #4 Total	156	329	206	33	724
Brant	1	4	0	1	6
Dufferin	0	0	2	0	2
Haldimand-Norfolk	0	6	0	2	8
Halton	3	15	8	2	28
Hamilton-Wentworth	45	50	27	7	129
Niagara	6	13	6	0	25
Waterloo	7	12	22	8	49
Wellington	4	9	3	1	17
District #5 Total	66	109	68	21	264
Bruce	1	1	0	0	2
Elgin	1	2	3	2	8
Essex	15	39	17	3	74
Grey	0	4	9	2	15
Huron	0	1	2	0	3
Kent	3	5	8	0	16
Lambton	6	10	6	1	23
Middlesex	25	74	67	17	183
Oxford	1	1	2	2	6
Perth	2	7	4	0	13
District #6 Total	54	144	118	27	343
TOTAL	387	761	496	101	1745

AUDITOR'S REPORT

To the Council of the College of Respiratory Therapists of Ontario/Ordre des thérapeutes respiratoires de l'Ontario

I have audited the balance sheet of the College of Respiratory Therapists of Ontario/Ordre des thérapeutes respiratoires de l'Ontario as at February 28, 2002 and the statement of revenue, expenditures and equity, and the schedule of general complaints and hearings fund for the year then ended. These financial statements are the responsibility of the Council. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with generally accepted auditing standards. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In my opinion, these financial statements present fairly, in all material respects, the financial position of the College/Ordre as at February 28, 2002 and the results of its operations for the year then ended in accordance with generally accepted accounting principles.

Hamilton, Ontario

ROBERT WELSH
Chartered Accountant, July 5, 2002

College of Respiratory Therapists of Ontario/Ordre des thérapeutes respiratoires de l'Ontario

(Incorporated under the laws of the Province of Ontario)

Balance Sheet

As at February 28, 2002

	2002	2001
STATEMENT A		
ASSETS		
<i>Current</i>		
Cash	\$ 131,868	\$ 9,482
Short term investments (Note 2)	370,034	984,998
Accounts receivable	75,000	--
Accrued interest receivable	--	68,246
Prepaid expenses	6,588	5,869
	<u>583,490</u>	<u>1,068,595</u>
<i>Restricted Cash and Short Term Investments</i>		
Abuse therapy reserve fund (Note 4)	20,827	20,000
	<u>\$ 604,317</u>	<u>\$ 1,088,595</u>
LIABILITIES		
<i>Current</i>		
Accounts payable and accrued liabilities	\$ 22,446	\$ 28,725
Deferred revenue	133,205	28,750
	<u>155,651</u>	<u>57,475</u>
EQUITY		
Abuse therapy reserve fund (Note 4)	20,827	20,000
General complaints and hearings fund	207,073	269,598
Equity	220,766	741,522
	<u>448,666</u>	<u>1,031,120</u>
	<u>\$ 604,317</u>	<u>\$ 1,088,595</u>

Financial Statements *financial statements*

Statement of Revenue, Expenditures and Equity

Year Ended February 28, 2002

STATEMENT B

	2002	2001
REVENUE		
Application fees	\$ 9,075	\$ 11,014
Evaluation fees	69,900	75,640
Investment and sundry	68,366	94,541
Legal challenge recoveries	103,956	--
Registration and penalty fees	940,215	931,571
	<u>1,191,512</u>	<u>1,112,766</u>
EXPENDITURES		
Accommodation	14,973	13,090
Advertising	12,763	2,399
Bank charges	305	510
Credit card merchant charges	12,496	10,432
Conferences and training	6,201	1,679
E-Mail/Internet/Web site	7,311	5,605
Equipment leases and maintenance	11,128	10,226
Evaluation	131,804	179,155
Insurance	7,470	7,427
Legal challenge	8,376	256,964
Meals	7,422	9,201
Meeting room rentals	2,719	4,138
Membership fees	4,386	5,037
Minor capital equipment	4,511	6,306
Office supplies and computer software	15,703	15,054
Per diems	21,160	20,409
Postage and courier	24,324	31,581
Printing and reproductions	38,803	47,225
Professional fees	115,174	81,351
Rent and occupancy costs	67,872	67,804
Telephone and facsimile	16,340	14,707
Translation	5,091	7,153
Travel	39,372	47,107
Wages and benefits	1,136,564	381,696
	<u>1,712,268</u>	<u>1,226,256</u>
(DEFICIENCY) OF REVENUE OVER EXPENDITURES FOR THE YEAR	(520,756)	(113,490)
Equity, beginning of year	741,522	855,012
Equity, end of year	<u>\$ 220,766</u>	<u>\$ 741,522</u>

Schedule of General Complaints and Hearings Fund

Year Ended February 28, 2002

STATEMENT C

	2002	2001
FUNDS ALLOCATED	\$ --	\$ --
EXPENDITURES		
Council and non-Council members' expenses	5,520	9,709
Filing fees	21	--
Meeting room expense	1,227	4,425
Postage, courier and office	192	338
Printing and reproductions	1,831	779
Professional fees	51,119	52,713
Telephone and facsimile	108	715
Translation	2,507	--
Wages and statutory benefits	--	28,200
	62,525	96,879
Less: cost recoveries	--	1,250
	62,525	95,629
(DEFICIENCY) OF FUNDS ALLOCATED OVER EXPENDITURES FOR THE YEAR	(62,525)	(95,629)
<i>Fund balance, beginning of year</i>	269,598	365,227
<i>Fund balance, end of year</i>	\$ 207,073	\$ 269,598

Notes to Financial Statements

Year Ended February 28, 2002

STATEMENT D

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following is a summary of the significant accounting policies followed in the preparation of the financial statements.

(a) Nature of Activities

The College of Respiratory Therapists of Ontario/Ordre des thérapeutes respiratoires de l'Ontario came into existence on December 31, 1993 as a corporation without share capital under the Respiratory Therapy Act, 1991. Its purpose is to regulate the profession of respiratory therapy in Ontario as provided for in the Regulated Health Professions Act, 1991 and the Respiratory Therapy Act, 1991.

(b) Capital Assets

Capital asset acquisitions of a minor nature are expensed in the year of acquisition and are categorized separately on the statement of revenue, expenditures and equity. Major capital assets are recorded at cost. Amortization of the capital assets is recorded on the diminishing balance basis over the estimated useful life of the assets using the following rates:

Office furniture & equipment	--	20%
Computer equipment	--	30%
Leasehold improvements	--	20%

(c) Income Taxes

The College, a not-for-profit regulatory body, is exempt from the payment of income taxes under one or more provisions of the Income Tax Act.

(d) Short Term Investments

Short term investments are recorded at the lower of cost and market value.

(e) **Revenue and Expenditures**

Revenue and expenditures are recorded on the accrual basis of accounting.

(f) **Deferred Revenue**

As the College records its revenues and expenditures on the accrual basis, all membership fees received in the current year but applicable to a subsequent year, are recorded as deferred revenue and accounted for as income in the year to which they pertain.

2. **SHORT TERM INVESTMENTS**

Short term investments consist of the following:

Investment Type	2002	2001
Guaranteed investment certificates	\$ --	\$ 259,125
Government of Canada bonds	343,783	300,000
Treasury bill fund	26,251	425,873
	<u>\$ 370,034</u>	<u>\$ 984,998</u>

The Government of Canada Bonds as at February 28, 2002 mature on March 15, 2002 and carry a coupon rate of 1.5% (4.87% as at February 28, 2001). The Treasury bill fund, managed by a major bank, returns a rate of interest that tracks the Bank of Canada treasury bill returns.

The market value of the short term investments as at February 28, 2002 was \$370,034. (\$1,053,245 as at February 29, 2001)

3. **CONTRACTUAL OBLIGATIONS**

The College has entered into an office lease arrangement for a term of ten years and seven months, expiring December 31, 2004. The minimum annual lease requirements, exclusive of certain operating costs for which the College is also responsible, are \$16,500 per annum.

4. **ABUSE THERAPY RESERVE FUND**

The College has set aside an amount of \$20,000 for its abuse therapy reserve fund. A guaranteed investment certificate maturing February 27, 2003 and earning 4.1% interest per annum has been specifically designated in support of this fund.

5. **COMPARATIVE FIGURES**

Certain comparative figures from 2001 have been re-classified to conform with the current year's presentation. However, the re-classification has not affected the financial results of the previous year.

6. **OPERATIONS**

During the year ended February 28, 2002 the College's operational expenditures were increased significantly by: i) a legal challenge to the College's QA program, ii) significant staff changes and iii) other events.

COUNCIL & NON-COUNCIL

Council

March 1, 2001 to February 28, 2002

William Butler RRCP *Chair*
Peter Szkorla RRCP *Vice-Chair* (to November 30, 2001)
Keith Olimb RRCP *Vice-Chair* (from November 30, 2001)
Larry Burke RRCP (to December 6, 2001)
Moti Costa
Anthony Cunningham RRCP
Jagan Dhawan
Michael Duben
Bette Faichney
Ellen Holmes RRCP
Lydia Jones
Donald Kirkpatrick
James McCormick RRCP
Robert Slattery
Paul Stewart RRCP

Non-Council

March 1, 2001 to February 28, 2002

Lorna Barkosky RRCP (to March 28, 2001)
Donald Charkavi RRCP
Shari Cole RRCP (to November 11, 2001)
Brent Dionne (from November 8, 2001)
Jeff Earnshaw RRCP
Harold Featherston RRCP
Daniel Fryer RRCP
Carole Hamp RRCP
Chris Harris RRCP
Allison Kean RRCP
Carmen Kergl RRCP
Lynda McCrae RRCP
Bernard McNamara RRCP
Mike Milks RRCP
Jason Proudman RRCP
Martin Rennick RRCP
Dale Schwartz RRCP

COMMITTEES & STAFF

COMPLAINTS

March 1, 2001 to January 7, 2002

Keith Olimb RRCP *Chair*
Bette Faichney *Vice-Chair*
Lorna Barkosky RRCP (to March 28, 2001)
Shari Cole RRCP (to November 11, 2001)
Lynda McCrae RRCP
Mike Milks RRCP
Robert Slattery

January 7, 2002 to February 28, 2002

Robert Slattery *Chair*
Peter Szkorla RRCP *Vice-Chair*
Moti Costa
Daniel Fryer RRCP
Carmen Kergl RRCP
Mike Milks RRCP

DISCIPLINE

March 1, 2001 to January 7, 2002

Michael Duben *Chair*
James McCormick RRCP *Vice-Chair*
Larry Burke RRCP
Moti Costa
Jagan Dhawan
Harold Featherston RRCP
Daniel Fryer RRCP
Chris Harris RRCP
Lydia Jones
Carmen Kergl RRCP
Bernard McNamara RRCP
Martin Rennick RRCP

January 7, 2002 to February 28, 2002

Michael Duben *Chair*
James McCormick RRCP *Vice-Chair*
Don Charkavi RRCP
Brent Dionne RRCP
Bette Faichney
Carole Hamp RRCP
Chris Harris RRCP
Lydia Jones
Donald Kirkpatrick
Bernard McNamara RRCP
Jason Proudman

EXECUTIVE

March 1, 2001 to November 30, 2001

William Butler RRCP *Chair*
Peter Szkorla RRCP *Vice-Chair*
Michael Duben
Donald Kirkpatrick

November 30, 2001 to February 28, 2002

William Butler RRCP *Chair*
Keith Olimb RRCP *Vice-Chair*
Jagan Dhawan
Donald Kirkpatrick

FITNESS TO PRACTISE

March 1, 2001 to January 7, 2002

Michael Duben *Chair*
James McCormick RRCP *Vice-Chair*
Larry Burke RRCP
Moti Costa
Jagan Dhawan
Harold Featherston RRCP
Daniel Fryer RRCP
Chris Harris RRCP
Lydia Jones
Carmen Kergl RRCP
Bernard McNamara RRCP
Martin Rennick RRCP

January 7, 2002 to February 28, 2002

Michael Duben *Chair*
James McCormick RRCP *Vice-Chair*
Don Charkavi RRCP
Brent Dionne RRCP
Bette Faichney
Carole Hamp RRCP
Chris Harris RRCP
Lydia Jones
Donald Kirkpatrick
Bernard McNamara RRCP
Jason Proudman

PATIENT RELATIONS

March 1, 2001 to January 7, 2002

Lydia Jones *Chair*
Anthony Cunningham RRCP *Vice-Chair*
Allison Kean RRCP
Dale Schwartz RRCP
Robert Slattery

January 7, 2002 to February 28, 2002

Don Kirkpatrick *Chair*
Anthony Cunningham RRCP *Vice-Chair*
Lydia Jones
Allison Kean RRCP
Dale Schwartz RRCP

QUALITY ASSURANCE

March 1, 2001 to January 7, 2002

Donald Kirkpatrick *Chair*
Ellen Holmes RRCP *Vice-Chair*
Jagan Dhawan
Carole Hamp RRCP
Jason Proudman RRCP

January 7, 2002 to February 28, 2002

Jagan Dhawan *Chair*
Ellen Holmes RRCP *Vice-Chair*
Harold Featherston RRCP
Martin Rennick RRCP
Robert Slattery

REGISTRATION

March 1, 2001 to January 7, 2002


Bette Faichney *Chair*
Paul Stewart RRCP *Vice-Chair*
Donald Charkavi RRCP
Moti Costa
Jeff Earnshaw RRCP

January 7, 2002 to February 28, 2002

Paul Stewart RRCP *Chair*
Moti Costa *Vice-Chair*
Jeff Earnshaw RRCP
Bette Faichney
Lynda McCrae RRCP

STAFF

Glen Randall RRCP *Registrar and CEO*
(to November 30, 2001)
Christine Robinson *Acting Registrar*
(from November 30, 2001)
Margaret Carter RRCP *Director of Professional Practice* (to January 31, 2002)
Jennifer Lithgow *Coordinator of Evaluations*
Melanie Jones *Registration Officer*
Amelia Ma *Coordinator of Administrative Services*
Monifa Morgan *Receptionist/Secretary*
Christine Robinson *Coordinator of Investigations and Legislative Affairs*



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