



**COLLEGE OF RESPIRATORY  
THERAPISTS OF ONTARIO**

ANNUAL REPORT 2002-2003

# C R T O

## 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.

I am pleased to submit this annual report for your review. I also take this opportunity on behalf of the College to thank Bill Butler for his service to the profession and the CRTO over the past two years. This report will deal with the period March 1, 2002 through November 29, 2002, during which interval Bill served as CRTO President. It will also cover the period November 29, 2002 through February 28, 2003, during which time it has been my privilege to serve as CRTO President.

It is with pleasure that I welcome Mary Bayliss to the staff of the CRTO as our Professional Practice Advisor. The College staff continues to function very well as a team under the guidance of our Registrar. The work of the College continues to be accomplished at an exemplary pace and quality.

Over the past months, Council has experienced a number of changes. In addition to Bill Butler, we said farewell to Moti Costa, Lydia Jones, Ellen Holmes RRT, RRCPP and Bob Slattery and offer our gratitude for their efforts on behalf of the College. We welcome to Council Gloria Hinton, Richard Levert, Judy MacGregor RRT, RRCPP and Vito Maiolino RRT, RRCPP.

Various statutory committees were established and are addressing many substantive issues. In particular, the Quality Assurance Committee and the Registration Committee have already accomplished a great deal but still have a significant amount of work ahead of them. The time commitment and dedication on the part of these committee members, in serving the public of Ontario and the profession of Respiratory Therapy, is greatly appreciated.

Recently the College has undertaken a complete bylaw review and has closely considered the input of the membership during that process. One significant item that has resulted from this review has been an increase from two to three profession members on the Executive Committee. This change has brought the Executive Committee into conformity with the structure of the other statutory committees as mandated by the principles of self-regulation.

We continue to meet on a regular basis with the provincial professional association, the Respiratory Therapy Society of Ontario (RTSO), in what has become a very successful effort at maintaining effective communications. I am pleased to report that, at the recent

February 2003 Council meeting, significant steps were taken towards resolving outstanding issues between the RTSO and the College relating to the legal challenge. The College is committed to working towards gaining the confidence, trust and respect of the membership, the professional association and all stakeholders.

Financially, the College continues to operate in a cost-effective manner. Recently, Council approved the 2003-2004 budget with the input of an ad hoc budget working group, which was struck to provide budgetary guidance and oversight. Additionally, the Registrar has updated our internal accounting systems and the College has chosen Clarke Henning LLP as our new auditors. I am pleased to note that the College financial reports describe a fiscally health organization at this time.

We continue to interact in a cooperative manner with the national professional association, the Canadian Society of Respiratory Therapists (CSRT), and have recently signed an agreement with the Council on Accreditation for Respiratory Therapy Education (CoARTE), the CSRT's accreditation arm, for accreditation of Ontario programs of Respiratory Therapy. The Registration Committee has been instrumental in bringing this matter to a successful resolution. The College remains directly involved with the Labor Mobility Consortium and is committed to working with regulated and non-regulated provinces across the nation to develop a unified National Competency Profile. I expect that a new profile, acceptable to all parties, should be in place by the summer of 2003.

Clearly much significant work has been accomplished over the past year; however much more remains to be completed. To my colleagues on Council and the committees, the College staff and the members of the profession, let me commend you for your commitment to your duties and for allowing me the privilege to serve.

Respectfully submitted,

**Keith Olimb RRT, RRCPP** ▶  
*President, CRTO*



I first introduced myself to you, the Members of the College, as your new Registrar, on April 8, 2002. The Council of the College selected me (and I selected the College) for this exciting challenge and opportunity, and I have been entrusted with the overall management and administration of the College's work, to fulfill its mandate. In the year that has just passed, I believe that the College and its Members have managed to come back together in a way that most would not have guessed could happen so fast. This is due in no small measure to the tremendous efforts of the Council, especially Bill Butler who was President at that time, as well as the Committees and Staff of the College, and also those Members of the CRTO who were able to put the past difficulties behind them and move forward to a new future. The officers and board members of the RTSO also played a significant role in this effort.

At this time, I would like to acknowledge the tremendous contributions made by my immediate predecessor, Christine Robinson (currently our Manager of Policy and Investigations on Staff), who served as Acting Registrar of the College from December 1, 2002 to April 7, 2003. Christine's ability to maintain the global picture and direction of the College, and yet also ensure that the details of the College's work were carried out effectively, allowed the Council and Committees to concentrate their efforts on their policy-making and statutory functions. My thanks also go to the rest of the Staff for establishing a very well organised office and an excellent orientation on my arrival.

As you know, the public of Ontario, through the Legislature, has given the profession of Respiratory Therapy (and the other regulated professions) the privilege of "self-regulation", which carries with it the onerous requirement to maintain the protection and safety of patients and clients from harm, in the course of providing respiratory health care services. This is accomplished by the profession via the College, which was established under the Regulated Health Professions Act and the Respiratory Therapy Act. The profession regulates itself under this legislation by having a Council composed of a majority of Respiratory Therapists elected by you, the Members of the College, and joined by Public Council members appointed by the government.

The main duty of the Council and Committees of the College is to establish Regulations, Bylaws, policies, guidelines, standards and programs, all designed to uphold the highest level of knowledge, education,

practice, care and ethics of the profession. The main duty of the Registrar, and his dedicated Staff, is to implement and carry out the policies and directives of the Council and Committees. Having now been a Registrar for over thirteen years, I am very familiar with the types of issues Respiratory Therapy must deal with. These issues speak not only to the maintenance of this privilege of self-regulation in the interests of patients, but also the establishment of rules for the Respiratory Therapist Members of the profession, that are seen by all as both fair and appropriate. In my experience, what is good for the public is also, in almost all cases, good for the profession, and vice-versa.

The College, the professional associations (RTSO and CSRT), and all Respiratory Therapist Members must be able to communicate and resolve issues on a mutually respectful basis, because they are all part of the same profession. I promise to do all I can to assist in this effort. The College is here to help you practise to the best of your ability.

I plan to use my knowledge, experience and skills as a health care regulator to work to assist all the Members of the profession serve the public well and have the satisfaction of making a real contribution to Respiratory Therapy in Ontario. One of my personal goals, as I said to the Council during my employment interview, is to have all Ontario Respiratory Therapists be able to say that they are proud to be Members of this College. I think we are well on the way to that goal, and one of the clear signs of this was the College's "Fresh Start" approach to the Quality Assurance Program.

I look forward to meeting you and working with you in the future, in attaining all our mutual goals, and maintaining the high standards of the profession. I wish you well in your careers as Respiratory Therapists!

**Gord Hyland**  
*Registrar & CEO*

## COMPLAINTS COMMITTEE

The College received four complaints against members during the 2002/2003 year. In one case the decision was to take no action, in two cases the decision was to issue a caution, and one matter is still under consideration.

The Health Professions Appeal and Review Board (HPARB) reviewed ten earlier Complaints Committee decisions at the request of the complainant. Upon consent of the parties, these cases were all joined for the purposes of HPARB's review. In two matters the Board upheld the Complaints Committee's decision and in 8 matters the College is awaiting the Board's decision. One 2002 decision is scheduled for a review that has not yet taken place, also at the request of the complainant.

*Peter Szkorla*, RRT, RRCPP

## DISCIPLINE COMMITTEE

Firstly, I would like to acknowledge the members of our Discipline Committee and to restate the role and responsibilities we all share in the assurance of patient protection and public accountability. The import of our deliberations is significant and helps to promote public confidence in the discipline process. This is the essence of our mandate.

The Discipline Committee heard two matters in the 2002/2003 fiscal year. In both cases the member agreed to the allegations through an Agreed Statement of Facts, the panel accepted the Agreed Statement and made a finding of professional misconduct. In both cases the College and the member presented a Joint Submission on Order, also accepted by the panel. In one case the penalty was a 3-month suspension, which is to be remitted in full if the member submits a Professional Portfolio within 30 days of the Order, and a reprimand. The Joint submission also submitted that the member pay a portion of the costs in the amount of \$200.00. In the second case the member received a 2-month suspension, and a term, condition and limitation was imposed on the member's Certificate of Registration that he not work alone with female clients under the age of eighteen until such time as the College has reasonable assurances that the behaviour will not be repeated, and that he has successfully completed a course that addresses gender sensitivity, boundary issues and sexual harassment prevention in the workplace, acceptable to the Registrar, within twelve (12) months of the date of Order.

*James B. McCormick*, RRT, RRCPP

## EXECUTIVE COMMITTEE

I am pleased to submit this annual report on behalf of the committee. During the period noted, the Executive Committee met by teleconference six times and in person eight times.

The Executive Committee has, between Council meetings, all the powers of Council with respect to any matter that, in the committee's opinion, requires immediate attention,

other than the power to make, amend, or revoke a Regulation or by-law. In addition to its day-to-day activities, the Executive Committee considered the following major issues:

- Mediation continued with the Respiratory Therapy Society of Ontario (RTSO) and issues have been forwarded to the appropriate statutory committee(s). The mediation team was reformed and at the time of writing is composed of: for the RTSO - Gail Lang RRT, RRCPP (President), Paula Cripps RRT, RRCPP, Rick Culver RRT, RRCPP, Shane Donaldson RRT, RRCPP, and for the CRTO - Keith Olimb RRT, RRCPP (President), Gord Hyland (Registrar), Jagan Dhawan (public member), Christine Robinson (Manager of Policy and Investigations). Regularly scheduled meetings continue and steps have been taken to resolve any outstanding issues concerning the legal challenge.
- The CRTO's accreditation process for approval of Ontario educational programs was discussed and an agreement for accreditation services in Ontario was signed between the Canadian Society of Respiratory Therapists (CSRT) and CRTO to be provided through the CSRT's Council on Accreditation for Respiratory Therapy Education (CoARTE).
- Interviews with candidates for the position of CRTO Registrar and CEO were conducted in the spring of 2002 followed by a special meeting of Council during which candidates made a presentation. The Council selected Gord Hyland for the position of Registrar.
- The Executive Committee conducted a By-law review, resulting in By-Law No 10, and ongoing By-law review was added to the Executive Committee Goals & Objectives. In addition, the format and dates of Council meetings were reviewed.
- The Committee dealt with the resignation of both Council and non-Council Committee members and their replacements.
- The Executive Committee considered four mandatory employer reports in the 2002/2003 fiscal year. In one case there was no action taken, in two cases the matter was resolved by the signing of an undertaking between the College and the member. One case is still under consideration. Three other cases regarding non-members holding themselves out or practising as respiratory therapists whilst not being registered, were considered by the Executive Committee. In two cases the matter was resolved by an Agreement. One case is still under consideration.
- AIT discussions continue.
- A 'Code of Conduct' for Council was proposed and approved by Council.
- Executive Committee election protocols were discussed and amended.
- Staffing, physical property concerns and long term planning was reviewed.

- In accordance with the new By-law the Executive Committee composition changed to include a third profession member, making the Committee five in total, including two Public Members.
- Council Members and non-Council Committee Members were appointed to statutory committees and a policy outlining a process to avoid the incompatible overlapping of committee membership was recommended to Council and subsequently approved.
- Finances and investments administered by the Registrar were reviewed at every meeting. An operational analysis was conducted and proposed budget was considered and recommended to Council. An ad hoc Budget Working Group was established to assist the Registrar with the budgetary process.
- The Executive Committee supported the Registrar's recommendation to Council that Clarke Henning LLP be appointed as the College's new auditors and the recommendation was accepted.
- Preparations for the CRTO's 2003 Education Day and Strategic Planning Session meeting were made. A facilitator was recommended and a decision was made to reimburse all Council and Committee members for attendance.
- The Executive Committee supported the Registrar's recommendation to Council that CRTO staff benefit plan be put in place and the recommendation was accepted.
- New profession and public members were welcomed to Council and the contributions of departing councilors were gratefully acknowledged.
- Progress continues regarding the development of a National Competency Profile and the resolution of labor mobility issues.
- Constructive dialogue continues with all stakeholders and interest groups.

*Keith Olimb, RRT, RRCP*

### FITNESS TO PRACTISE COMMITTEE

There were no referrals to the Fitness to Practise Committee in 2002/2003.

*James B. McCormick, RRT, RRCP*

### PATIENT RELATIONS COMMITTEE

There were four meetings of the Patient Relations Committee over the course of the past year. Meetings were held in June, September and November 2002 and February 2003. During the course of these meetings it was acknowledged that, although charged with implementing policies related to the prevention of sexual abuse and related to patient relations in general, the Patient Relations Committee also needs to address communication with members of the College. To this end, the newsletter has been renamed and redesigned, and a greater emphasis has been placed on professional practice issues.

The goals of the committee have been reviewed. Some, such as developing a statement on indoor air quality, although laudable, have been removed as being beyond the scope of the committee. Others, such as developing a draft practice guideline for central line cannulation, have been referred to the Registration Committee for their consideration.

For the upcoming year, 2003/2004, it was decided that we would focus on the development of a communications strategy for the general public. This goal was initiated in 1999 but never implemented due to budget constraints. The committee decided that if we were to move forward on this issue, then funds must be allocated to it. We have asked Council for a budget of \$10,000 in order for us to develop and produce a medium as per the communications strategy, the objective being to inform the public as to the role of respiratory therapist and the College. Initially, our target audience will be those who have been directly affected by Respiratory Therapy. This could be the family of the intubated patient in the ICU; it could be the person who is having Pulmonary Function Testing done.

Current activities of the PRC include the:

- development of a policy statement on Blood-Borne Pathogens,
- amendment of the PPG on Responsibilities Under Consent Legislation to include a section on CPR and consent
- reviewing the issue of whether or not the RTA should be amended to include the controlled act of the "application of a form of energy prescribed by the regulations [under the RHPA]" – more specifically the procedures of defibrillation/cardioversion

A budget for the Patient Relations Committee was developed based on the number of meetings we would need to achieve our goals for next year. It was decided that in order to meet our goals, we would hold 6 meetings over the course of the next fiscal year.

*Tony Cunningham, RRT, RRCP*

### QUALITY ASSURANCE COMMITTEE

The Quality Assurance Committee had a heavy workload during the 2002-2003 year. The Committee undertook a review of the entire QA Program and a number of changes were made as a result. Issues raised by the RTSO during the mediation process that specifically dealt with the Quality Assurance Program, also were addressed.

During the review of the Program, the Committee developed the "Fresh Start" initiative, an innovative approach to revising and updating the requirements of members. The Fresh Start plan gave members options for participation in the QA Program. The Committee received an overwhelmingly supportive response from members. Panels of the Committee continued to be held assess members' Professional Portfolios and Practical Competencies Verification forms for those members who chose to submit them. The evaluation criteria for these components were adjusted to reflect the "Fresh Start" initiative.

The Committee subsequently concentrated on reviewing and revising the CQI Module (or Professional Portfolio). Not only did Committee members contribute to the development of the new document, but also members of the College actively participated in a feedback survey and a focus group, and the Respiratory Therapy Society of Ontario assisted in the process. At the time of this report, the Committee is expecting to recommend the revised Professional Portfolio to Council for approval at their next meeting.

Finally, as a result of the concerns of members of the College and the Minister of Health, the Committee reviewed the use of the Core Competencies Evaluation for Quality Assurance purposes, and a recommendation was made to Council by the Committee to formally discontinue its use for QA purposes. Since Council's approval of this recommendation, the Committee has been discussing alternative methods for the active assessment of members.

*Jagan Dhawan*

### REGISTRATION COMMITTEE

The Committee has held seven meetings and two teleconferences in the past year. Panels are convened at most meetings and also conducted via short teleconferences, as needed, to consider registration referrals from the Registrar and requests from members to have terms, conditions and limitations on their certificates lifted or revised.

Requests for approval of certification programs for advanced prescribed procedures below the dermis from twelve hospitals were reviewed and approved or approved conditionally. The Committee has tried to streamline the approval process by eliminating a requirement for MAC approval and automatically approving modified programs that have previously received Committee approval. A letter will be sent to all employers reminding them of their responsibilities if their Respiratory Therapists are performing an advanced procedure without CRTO approval of the certification program.

Much of the past year's activity revolved around issues raised by the RTSO mediation submission to the CRTO.

It was recommended to, and approved by Council, that holders of certificates of registration should be referred to henceforth as "members" rather than "registrants". College documents will be changed as they are reprinted in order to save costs.

Designation and title was another issue that prompted a web site survey of the membership. Responses received indicated that Registered Respiratory Therapist (RRT) was the overwhelming preference, over RRCP. The Committee continues to pursue this issue and is in communication with the CSRT.

The approaching end of the contract with the Canadian Medical Association for Accreditation of Respiratory Therapy education programs found the committee spending much time learning about accreditation and exploring the

available options. Consequently, it was recommended to Council that we enter into an agreement with CoARTE for accreditation services starting in January 2003.

Applications for program reviewers were solicited and reviewed by the committee. The names of three members have been selected and forwarded to CoARTE for consideration and training.

Committee discussions have begun concerning the CCE, our current entry to practice exam for new applicants. Some history has been re-visited but the focus of meetings will be to evaluate our current needs and the options available to meet them.

An amendment was made to the Prior Learning Assessment policy. The requirement to achieve a 65% score on the Self Activities Reporting form was eliminated so that no one was denied the opportunity to access the PLA process. The program is experiencing growing pains and the Committee continues to work with the Michener Institute to solve problems as they arise.

Annual program approvals were extended to five Ontario education programs and two in Michigan.

The professional practice guideline Certification Programs for Advanced Prescribed Procedures Below the Dermis was reviewed and modified to include an omission from the listed procedures.

Results of the Core Competencies Evaluation (CCE) were monitored and Sudbury was, once again, eliminated as a site for the June 2003 sitting of the exam. Five appointments to the CCE Advisory Committee were extended to cover the December sitting of the CCE.

The practice of issuing Graduate Certificates of Registration for six-month periods has been stopped and the certificates will now be issued for the full eighteen months allowed in the Registration Regulation.

Signing the Mutual Recognition Agreement in November 2002 brought requirements for changes to the Registration Regulation and an MRA policy for the interim period. These changes were approved by Council in February 2003 and the proposed amended Registration Regulation will soon be circulated to the members of the College.

The National Competency Profile project was discussed. The proposed plan of action by the project team was reviewed and suggestions and questions from the Committee have been forwarded for consideration.

Under consideration in the new year is the length of time a member may remain on inactive status without practising the profession. Concerns have been raised about the deterioration of skills and loss of knowledge that occur as the years pass. Upgrading may be necessary before a member is allowed to return to active duty. A web site survey is being prepared to learn what time frame the members think is reasonable.

*Paul Stewart, RRT, RRCP*

# STATISTICS

(AS OF FEBRUARY 28, 2003)

## REGISTRATION STATUS

	01/02	02/03
General	1789	1869
Graduate	35	36
Limited	22	18
Inactive	62	79
Suspended	22	24
Resigned	38	32
Revoked	30	50
Reinstated:		
From Resigned	1	0
From Revoked	18	2
From Suspended	3	8
Currently under Suspension	47	16

## DURING THE CALENDAR YEAR 2002

### REQUESTS FOR INFORMATION FROM PUBLIC REGISTER

No. of enquiries	85	76
No. of members information requested on	152	186

### AREAS OF PRACTICE

Primary/Care	977	911
Acute/Critical Care	1408	1316
Sub-Acute Care	1274	1193
Chronic/Long-term Care	1158	1091
Administration/Management	407	390
Anaesthesia	391	363
Consulting	344	327
Diagnostics-cardiac	428	407
Diagnostics-pulmonary	842	793
Equipment Service/Maintenance	1081	1019
Home Care	399	373
Rehabilitation	280	258
Research	382	364
Sales	247	237
Teaching/Education	1196	1121

### GENDER

Male	625	637
Female	1283	1366

### DELEGATION

*Members who delegated a controlled act	21	18
*Members who accepted delegation of:		
* Communicating a diagnosis identifying a disease or disorder	N/A	27
* Performing a procedure below the surface of a mucous membrane	N/A	31
* Putting an instrument, hand or finger beyond the external canal;	N/A	2
*the labia majora;	N/A	0
*the anal verge	N/A	2
*into an artificial opening into the body	N/A	21
* Application of a form of energy	N/A	91
* Allergy challenge testing	N/A	22
<i>Total members who accepted delegation</i>	54	196

## \*ACTIVITIES PERFORMED BY MEMBERS

	01/02	02/03
Arterial puncture	1442	1427
Aspiration from a cannula	933	926
Blood analysis	832	821
Computer – input	1688	1667
Computer – operate	1565	1544
Capillary puncture	228	226
Cardiovascular perfusion/ECMO	20	20
Chest assessments	1605	1586
Diagnostics - pulmonary function	1008	1001
Diagnostics – polysomnography	140	134
Diagnostics - ECG	726	774
Diagnostics - stress testing	220	219
Diagnostics - holter monitoring	124	124
Diagnostics - echocardiography	22	22
Diagnostics - neurodiagnostics	30	30
Diagnostics - bronchoprovocation	269	268
Equipment - quality control	1385	1367
Equipment - preventative maintenance	1339	1323
Equipment - repair	995	987
Inhalation - mechanical ventilation	1420	1406
Inhalation - hyperbarics	51	51
Inhalation - nitric oxide	656	649
Inhalation - anaesthetic agent	275	276
Injection - direct	140	140
Injection - via line or bag	283	281
Intubation - adult/paediatric	958	953
Intubation - neonatal	244	242
Literature search	1196	1186
Patient transport	1133	1128
Suctioning	1457	1441
Suturing indwelling cannula	132	130
Teaching patient/family	1641	1622
Tracheostomy tube change	693	688
Venipuncture	65	65

### ADVANCED PRESCRIBED PROCEDURES

Cannula/Line – Venous	85	69
Cannula/Line – Umbilical	15	13
Cannula/Line – Arterial	377	455
Chest tube and needle insertions	24	
Chest tube insertions	N/A	9+
Chest needle insertions	N/A	8+

### HIGHEST LEVEL OF EDUCATION

Graduate degree	14	17
Undergraduate degree	565	587
College diploma	1856	1939
Other	47	118

### EMPLOYMENT STATUS

Full-time	1239	1364
Part-time	482	497
Seeking employment	46	72
Not-seeking employment	115	63

\*NOTE: numbers are based on self-reporting by members  
+Chest tube and Chest needle insertions will be recorded separately in the future.



# STATISTICS

## DISTRIBUTION OF MEMBERS BY PRIMARY EMPLOYER ON FEBRUARY 28, 2003

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	8	12	6	2	28
<b>DISTRICT #1 TOTAL</b>	<b>8</b>	<b>12</b>	<b>8</b>	<b>2</b>	<b>30</b>
Algoma	3	9	4	2	18
Cochrane	9	8	1	0	18
Manitoulin	0	0	0	0	0
Muskoka	2	5	0	1	8
Nipissing	5	7	5	2	19
Parry Sound	1	0	0	0	1
Sudbury	11	19	8	2	40
Timiskaming	0	1	1	0	2
<b>DISTRICT #2 TOTAL</b>	<b>31</b>	<b>49</b>	<b>19</b>	<b>7</b>	<b>106</b>
Dundas and Stormont	2	3	2	0	7
Frontenac	14	14	9	4	41
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	61	86	56	5	208
Prescott	0	0	0	0	0
Prince Edward	0	0	0	0	0
Renfrew	1	2	2	1	6
Russell	0	0	0	0	0
<b>DISTRICT #3 TOTAL</b>	<b>80</b>	<b>114</b>	<b>77</b>	<b>11</b>	<b>282</b>
Durham	9	18	12	3	42
Haliburton	0	0	0	0	0
Northumberland	1	0	0	0	1
Peel	14	55	36	1	106
Peterborough	0	6	6	2	14
Simcoe	8	16	17	1	42
Metro Toronto/York	130	205	108	23	466
Victoria	2	1	3	1	7
<b>DISTRICT #4 TOTAL</b>	<b>173</b>	<b>329</b>	<b>202</b>	<b>32</b>	<b>736</b>
Brant	1	4	0	1	6
Dufferin	0	0	2	0	2
Haldimand-Norfolk	1	5	0	2	8
Halton	3	15	8	2	28
Hamilton-Wentworth	46	49	26	7	128
Niagara	7	13	6	0	26
Waterloo	9	12	21	8	50
Wellington	4	8	3	2	17
<b>DISTRICT #5 TOTAL</b>	<b>71</b>	<b>106</b>	<b>66</b>	<b>22</b>	<b>265</b>
Bruce	1	1	0	0	2
Elgin	1	2	3	2	8
Essex	18	39	18	3	78
Grey	1	4	9	2	16
Huron	0	1	2	0	3
Kent	5	5	8	0	18
Lambton	6	9	6	1	22
Middlesex	30	73	67	17	187
Oxford	1	1	2	2	6
Perth	2	6	4	0	12
<b>DISTRICT #6 TOTAL</b>	<b>65</b>	<b>141</b>	<b>119</b>	<b>27</b>	<b>352</b>
<b>TOTAL</b>	<b>428</b>	<b>751</b>	<b>491</b>	<b>101</b>	<b>1771</b>

**COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO**

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## AUDITORS' REPORT

TO THE MEMBERS OF COUNCIL  
COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO  
/ORDRE DES THERAPEUTES RESPIRATOIRES DE L'ONTARIO

We have audited the statement of financial position of College of Respiratory Therapists of Ontario /Ordre des Therapeutes Respiratoires de l'Ontario as at February 28, 2003 and the statements of operations, net assets and cash flows for the year then ended. These financial statements are the responsibility of the College's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we 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 our opinion, these financial statements present fairly, in all material respects, the financial position of the College as at February 28, 2003 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles, applied on a basis consistent with that of the preceding year.

*Clarke Henning LLP*  
CHARTERED ACCOUNTANTS

Toronto, Ontario  
April 2, 2003



Member:  
Independent  
Accountants  
International

# COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

## STATEMENT OF FINANCIAL POSITION

AS AT FEBRUARY 28, 2003

	2003	2002
<b>ASSETS</b>		
Current assets		
Cash	\$ 1,073,354	\$ 131,868
Marketable securities (market value \$370,024)	-	390,861
Accounts receivable	-	75,000
Prepaid expenses	1,088	6,588
	<b>1,074,442</b>	<b>604,317</b>
Furniture and equipment ( <i>note 3</i> )	3,100	-
	<b>1,077,542</b>	<b>604,317</b>
<b>LIABILITIES</b>		
Current liabilities		
Accounts payable and accrued liabilities	35,917	22,446
Deferred revenue ( <i>note 4</i> )	503,875	133,205
	<b>539,792</b>	<b>155,651</b>
<b>NET ASSETS</b>		
Abuse therapy fund	20,000	20,827
General investigations and hearings fund	267,666	207,072
Invested in furniture and equipment	3,101	-
Operating - unrestricted	246,983	220,767
	<b>537,750</b>	<b>448,666</b>
	<b>\$ 1,077,542</b>	<b>\$ 604,317</b>

Approved on behalf of the Council:

\_\_\_\_\_, President      \_\_\_\_\_, Member

# COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

## STATEMENT OF OPERATIONS

YEAR ENDED FEBRUARY 28, 2003

	2003	2002
<b>Revenue</b>		
Registration and renewal fees	\$ 958,017	\$ 940,215
Examination fees	83,200	69,900
Application fees	13,425	9,075
Investment and sundry income	20,445	69,193
Legal challenge recoveries	-	103,956
	<b>1,075,087</b>	<b>1,192,339</b>
<b>Expenses</b>		
Salaries, benefits and professional development	379,167	1,136,564
<b>Office operations</b>		
Rent	62,732	67,872
Professional fees	72,938	123,550
Printing	48,907	38,803
Postage and delivery	37,904	24,324
Stationery and office supplies	18,735	14,606
Bank and credit card charges	16,194	12,801
Telephone	15,083	16,340
Equipment maintenance and rental	12,118	11,128
Insurance	9,047	7,470
Minor equipment and software purchases	9,088	5,580
Staff travel	6,823	19,575
Depreciation	344	-
All other - operations	29,594	38,403
	<b>339,507</b>	<b>380,452</b>
CCE examination costs	113,036	131,804
<b>Council and committee</b>		
Travel, accommodation and meals	49,406	42,180
Per diem	25,175	21,160
Meeting room rentals	1,222	2,718
	<b>75,803</b>	<b>66,058</b>
<b>Total operating expenses</b>	<b>907,513</b>	<b>1,714,878</b>
Excess (deficiency) of revenues over expenses from operations before the following	167,574	(522,539)
General investigations and hearings fund expenses	(28,490)	(62,526)
Legal challenge costs waived	(50,000)	-
<b>Excess (deficiency) of revenues over expenses for the year</b>	<b>\$ 89,084</b>	<b>\$ (585,065)</b>

# COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

## STATEMENT OF NET ASSETS

YEAR ENDED FEBRUARY 28, 2003

	2003					2002
	<i>Operating Fund</i>	<i>Abuse Therapy Fund</i>	<i>General Investigations and Hearings Fund</i>	<i>Invested In Furniture and Equipment</i>	<i>Total</i>	<i>Total</i>
Balance - at beginning of year	\$ 220,767	\$ 20,827	\$ 207,072	\$ -	\$ 448,666	\$ 1,031,121
Excess (deficiency) of revenues over expenses for the year	117,574	-	(28,490)	-	89,084	(585,065)
	338,341	20,827	178,582	-	537,750	446,056
Inter-fund transfers						
Furniture and equipment purchases	(3,445)	-	-	3,445	-	-
Depreciation expense	344	-	-	(344)	-	-
Other	(88,257)	(827)	89,084	-	-	-
Balance - at end of year	\$ 246,983	\$ 20,000	\$ 267,666	\$ 3,101	\$ 537,750	\$ 446,056

# COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

## STATEMENT OF CASH FLOWS

YEAR ENDED FEBRUARY 28, 2003

	2003	2002
Cash flows from operating activities		
Cash received from registration and application fees	\$ 1,427,086	\$ 1,135,074
Interest received	18,671	56,937
Cash paid to employees and suppliers	(916,687)	(1,780,964)
Other income received	25,000	97,202
	<u>554,070</u>	<u>(491,751)</u>
Cash flows from financing and investing activities		
Purchase of equipment	(3,445)	-
Proceeds from marketable securities	390,861	614,137
	<u>387,416</u>	<u>614,137</u>
Change in cash during the year	941,486	122,386
Cash - at beginning of year	131,868	9,482
Cash - at end of year	<u>\$ 1,073,354</u>	<u>\$ 131,868</u>

# COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

## NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED FEBRUARY 28, 2003

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### 1. PURPOSE AND ORGANIZATION

The College of Respiratory Therapists of Ontario/Ordre des Therapeutes Respiratoires de l'Ontario ("College"), through its administration of the Regulated Health Professions Act and the Respiratory Therapy Act is dedicated to ensure that respiratory care services provided to the public by its members are delivered in a safe and ethical manner.

The College is the governing body established by the provincial government to regulate the practice of respiratory therapy in Ontario under the Regulated Health Professions Act and was enacted by statute under the Respiratory Therapy Act (1991). The College is a not-for-profit organization incorporated without share capital under the laws of Ontario and, as such, is exempt from income tax.

### 2. SIGNIFICANT ACCOUNTING POLICIES

#### *Basis of Accounting*

##### *General*

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles using the accrual method of accounting. Under the accrual method of accounting, revenues are recorded when earned and expenses are recorded when incurred.

##### *Operations*

The operating fund reflects the day-to-day activities of the College which are financed generally by registration, renewal, application and examination fees. All interest income earned is allocated to the operating fund.

The designated funds account for specific purpose activities and are financed by appropriations from the operating fund. The details of designated funds are as follows:

- (a) General investigations and hearings fund to provide for legal costs resulting from complaints, investigations, fitness to practice and discipline process.
- (b) In accordance with the Regulated Health Professions Act, the College has set up the Abuse Therapy Fund to provide therapy and counselling for persons who, while patients, were sexually abused by a member(s). This fund will be expended on persons who satisfy the College's eligibility criteria.

##### *Furniture and Equipment*

Furniture and equipment are recorded at cost. Depreciation is provided on a straight-line basis over the estimated useful lives of the assets at the following annual rates:

Office furniture and equipment	- 20%
Computer equipment and software	- 33 $\frac{1}{3}$ %

##### *Use of Estimates*

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires the College's management to make estimates and assumptions that affect the amounts reported in the financial statements and related notes to the financial statements. Actual results may differ from these estimates.



# COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

## NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED FEBRUARY 28, 2003

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### 3. FURNITURE AND EQUIPMENT

Details of furniture and equipment are as follows:

	<i>Cost</i>	<i>Accumulated Depreciation</i>	<i>Net Book Value 2003</i>	<i>2002</i>
Office furniture and equipment	\$ 3,444	\$ 344	\$ 3,100	\$ -

### 4. DEFERRED REVENUE

Deferred revenue represents membership renewal fees and examination fees received in the current year, but applicable to a subsequent year, and will be accounted for as income in the year to which they pertain and are as follows:

	<i>2003</i>	<i>2002</i>
Membership renewal fees	\$ 466,700	\$ 83,600
Examination fees	37,175	49,605
	<b>\$ 503,875</b>	<b>\$ 133,205</b>

### 5. FINANCIAL INSTRUMENTS

The College's financial instruments consist of cash and accounts payable. It is management's opinion that the College is not exposed to significant interest, currency or credit risks arising from these financial instruments.

### 6. LEASE COMMITMENTS

The College is committed to annual rental payments under leases for office equipment and premises (excluding operating costs) as follows:

	<i>Equipment</i>	<i>Premises</i>
Fiscal year February 28, 2004	\$ 12,627	\$ 18,075
2005	12,452	15,063
2006	11,578	-
2007	11,578	-
2008	7,719	-
	<b>\$ 55,954</b>	<b>\$ 33,138</b>

In addition, the College is responsible for its share of annual operating costs and realty taxes on premises which, in 2003 amount to \$44,657 (2002 - \$49,797).

### 7. COMPARATIVE FIGURES

The comparative figures were audited by another chartered accountant.

The comparative figures in the Statement of Operations are reclassified to conform to the financial statement presentation adopted for the current year.

## COUNCIL MEMBERS AND NON-COUNCIL COMMITTEE MEMBERS

### COUNCIL MEMBERS

#### MARCH 1, 2002 TO FEBRUARY 28, 2003

William Butler *RRT, RRCP Chair* (to November 28, 2002)  
Keith Olimb *RRT, RRCP Vice-Chair* (to November 28, 2002),  
*Chair* (from November 29, 2002)  
Susan Martin *RRT, RRCP Vice-Chair* (from November 29,  
2002)  
Moti Costa  
Anthony Cunningham *RRT, RRCP*  
Jagan Dhawan  
Michael Duben (to June 23, 2002)  
Jean E. Faichney (to March 31, 2002)  
Gloria Hinton (from April 8, 2002)  
Ellen Holmes *RRT, RRCP* (to November 28, 2002)  
Lydia Jones (to December 31, 2002)  
Donald Kirkpatrick  
Richard Levert (from October 9, 2002)  
Judy MacGregor *RRT, RRCP* (from November 29, 2002)  
Vito Maiolino *RRT, RRCP* (from November 29, 2002)  
James McCormick *RRT, RRCP*  
Robert Slattery (to November 29, 2002)  
Paul Stewart *RRT, RRCP*  
Peter Szkorla *RRT, RRCP*

### NON-COUNCIL COMMITTEE MEMBERS

#### MARCH 1, 2002 TO FEBRUARY 28, 2003

Gary Ackerman *RRT, RRCP* (from November 29, 2002)  
Mario Aquilina *RRT, RRCP* (from November 29, 2002)  
Donald Charkavi *RRT, RRCP* (to November 28, 2002)  
Brent Dionne *RRT, RRCP*  
Jeff Earnshaw *RRT, RRCP*  
Harold Featherston *RRT, RRCP*  
Daniel Fryer *RRT, RRCP* (to November 28, 2002)  
Carole Hamp *RRT, RRCP*  
Chris Harris *RRT, RRCP*  
Cheryl Homuth *RRT, RRCP* (from November 29, 2002)  
Allison Kean *RRT, RRCP*  
Carmen Kergl *RRT, RRCP*  
Daniel Larose *RRT, RRCP* (from November 29, 2002)  
Ginny Martins *RRT, RRCP* (from November 29, 2002)  
Lynda McCrae *RRT, RRCP* (to November 28, 2002)  
Melissa McLean *RRT, RRCP* (from November 29, 2002)  
Bernard McNamara *RRT, RRCP*  
Mike Milks *RRT, RRCP*  
Lorella Piirik *RRT, RRCP* (from November 29, 2002)  
Jason Proudman *RRT, RRCP* (to November 28, 2002)  
Jim Quigley *RRT, RRCP* (from August 8, 2002)  
Martin Rennick *RRT, RRCP*  
Dale Schwartz *RRT, RRCP* (to November 28, 2002)

## COMMITTEES & STAFF

### COMPLAINTS

*March 1, 2002 to December 11, 2002*

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

*December 12, 2002 to February 28, 2003*

Peter Szkorla RRT, RRCP *Chair*  
Mike Milks RRT, RRCP *Vice-Chair*  
Carmen Kergl RRT, RRCP  
Don Kirkpatrick  
Vito Maiolino RRT, RRCP  
Jim Quigley RRT, RRCP

### DISCIPLINE

*March 1, 2002 to December 11, 2002*

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

*December 12, 2002 to February 28, 2003*

Carole Hamp RRT, RRCP *Chair*  
Richard Levert *Vice-Chair*  
Mario Aquilina RRT, RRCP  
Moti Costa  
Anthony Cunningham RRT, RRCP  
Brent Dionne RRT, RRCP  
Jeff Earnshaw RRT, RRCP  
Allison Kean RRT, RRCP  
Daniel Larose RRT, RRCP  
Judy MacGregor RRT, RRCP  
Melissa Mclean RRT, RRCP  
Paul Stewart RRT, RRCP

### EXECUTIVE

*March 1, 2002 to December 11, 2002*

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

*December 12, 2002 to February 28, 2003*

Keith Olimb RRT, RRCP *Chair*  
Susan Martin RRT, RRCP *Vice-Chair*  
Jagan Dhawan  
Gloria Hinton  
James McCormick RRT, RRCP

### FITNESS TO PRACTISE

*March 1, 2002 to December 11, 2002*

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

*December 12, 2002 to February 28, 2003*

Carole Hamp RRT, RRCP *Chair*  
Richard Levert *Vice-Chair*  
Mario Aquilina RRT, RRCP  
Moti Costa  
Anthony Cunningham RRT, RRCP  
Brent Dionne RRT, RRCP  
Jeff Earnshaw RRT, RRCP  
Allison Kean RRT, RRCP  
Daniel Larose RRT, RRCP  
Judy MacGregor RRT, RRCP  
Melissa Mclean RRT, RRCP  
Paul Stewart RRT, RRCP

### PATIENT RELATIONS

*March 1, 2002 to December 11, 2002*

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

*December 12, 2002 to February 28, 2003*

Anthony Cunningham RRT, RRCP  
*Chair*  
Gary Ackerman *Vice-Chair*  
Gloria Hinton  
Don Kirkpatrick  
Allison Kean RRT, RRCP  
Bernie MacNamara RRT, RRCP  
Ginny Martins RRT, RRCP

### QUALITY ASSURANCE

*March 1, 2002 to December 11, 2002*

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

*December 12, 2002 to February 28, 2003*

Jagan Dhawan *Chair*  
Martin Rennick RRT, RRCP *Vice-Chair*  
Harold Featherston RRT, RRCP  
Richard Levert  
Judy MacGregor RRT, RRCP  
Lorella Piiirik RRT, RRCP

### REGISTRATION

*March 1, 2002 to December 11, 2002*

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

*December 12, 2002 to February 28, 2003*

Paul Stewart RRT, RRCP *Chair*  
Gloria Hinton *Vice-Chair*  
Moti Costa  
Chris Harris RRT, RRCP  
Cheryl Homuth RRT, RRCP  
Peter Szkorla RRT, RRCP

### STAFF

*at February 28, 2003*

Gord Hyland  
*Registrar and C.E.O.*  
Mary Bayliss, RRT, RRCP, CAE  
*Professional Practice Advisor*  
Melanie Jones  
*Acting Coordinator of Evaluations*  
Amelia Ma  
*Coordinator of Administrative Services*  
Mikaela Mihu  
*Administrative and Technical Support Officer*  
Monifa Morgan  
*Acting Registration Officer*  
Christine Robinson  
*Manager of Policy and Investigations*

● COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

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C R T O