

ANNUAL REPORT 2003-04

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO



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

MOVING STRATEGICALLY FORWARD

Yogi Berra once quipped that “you can observe an awful lot just by watching.” For anyone watching the CRTO move forward with vision, purpose and collaborative will, one can readily see our progress, our resolve and our functionality. Let me speak to you first about our strategic plan for it is what guides us towards a place where we all agree we need to be. As most of you appreciate, the CRTO has developed 6 major initiatives that guide our course and whilst the initiatives and vision are exciting in and of themselves, it is the shared strategic thinking and acting by the entire team that will ultimately bring us success. I would encourage all our members to revisit our six steps to success as articulated in the December 03 printing of The Exchange – these initiatives can also be found on the CRTO website. Our vision of our College is something we all feel is very positive for all our members and very prescriptive in terms of how we achieve our mandate.

I am also pleased to inform you that our work with and within the National Alliance of Respiratory Therapy Regulatory Bodies has been very rewarding. There is a strong commitment and will on the part of the Alliance representatives to endorse a National Competencies Profile for both education and examination purposes. This will be rolled out to the Canadian respiratory therapy schools officially in October. Further, we are moving towards a uniform accrediting body for our educational institutions and CoARTE has signed agreements with CRTO, CARTA, MARRT and CSRT to act as the Accreditation service of these jurisdictions.

In addition, CoARTE is entering into discussions with OPIQ to accredit Quebec respiratory therapy schools. The Alliance has worked closely with the CBRC (the current exam provider) to ensure that we have an exam this July that meets the CSRT's 2000/5 occupational profile and is available in both official languages.

This report will not attempt to cover all the work the College is doing but merely encourage you to read the reports from Gord Hyland and others. My goal will be to encourage you, once again, to stay in touch with your College and the shared vision we all embrace. Martin Luther King once observed that “if you want to move people, it has to be positive for them, that taps important values, that gets them something they desire, and it has to be presented in a compelling way that they feel inspired to follow.” My goal, and the goal of our entire College Leadership is to inspire you to row with us in the same direction. Reading these reports in the Exchange or on our Website, attending Council Meetings and talking to the College team lets you understand that direction and hopefully inspires you to take this journey with us.



James McCormick RRT, RRCP
President, CRTO

It is now almost two years since I joined the CRTO as your Registrar. In that short time, I have seen tremendous positive changes in the relationships between the College and its Respiratory Therapist Members and other stakeholders across Canada, including, but not limited to, the areas of Quality Assurance, registration examinations, educational accreditation, communications, labour mobility, feedback on issues and general Member input into all of the things the College does in its mandate to support the profession practising in the public interest.

In the area of the governance of the College, the leadership of three RTs, who have been Presidents of your College in the last two years, stands out as exemplary: Bill Butler, Keith Olimb and last but not least, our current President, Jim McCormick. These three individuals have provided a high benchmark of leading the Council, Committees and Staff of the College toward the goals that are expressed very succinctly in the College's new 2003 Strategic Plan. The Members should be pleased and proud to have had these RTs at the helm.

The Council Members and Non-Council Committee Members are to be equally commended for their tireless work as the dedicated volunteers that they are, both the RTs elected by you, the Members of the College, and the Public Members appointed by the government. I believe that the Members of the College owe a tremendous debt to them for the "Fresh Start" approach that the College has taken over the last few years. This approach continues at every meeting that we hold.

The Staff of the College, including [Christine Robinson](#), [Mary Bayliss](#), [Melanie Jones](#), [Amelia Ma](#), [Barb Saunders](#), [Ania Rudzinska](#) and [Julia Pak](#), are a team of highly skilled, dedicated and loyal individuals, whom the Members can trust to not only give them the best information, but to expertly guide and assist them in their everyday practice and the promotion of safe and ethical care of patients. Without these hard-working colleagues, the College could not function at the high level that it does. They make the Registrar's job so much easier!

To the Members of the College, I thank you for your many kind words and feedback on our efforts to better serve you in your goal of caring for patients in the best way possible. The College Staff and I encourage you to contact us by telephone, email, letter and in person, come to information meetings, and visit our newly re-designed web site, www.crto.on.ca. We are here for you the professionals, in the interest of the Public of Ontario.



Gord Hyland
Registrar & CEO, CRTO

EXECUTIVE COMMITTEE

During the last fiscal year the Executive Committee met on nine occasions. At each meeting the Committee reviewed the financial statements with the Registrar and with the assistance of our auditor, Mr. Vinay Raja, the Committee for the first time reviewed the budget at the fiscal mid-year. A revised budget was presented to Council in September 2003 and approved.

With the assistance of Royal LePage, the College is in the process of reviewing the CRTO's lease agreement and we anticipate that a final decision regarding physical facilities will be made by December 2004.

The Executive Committee continued to meet with the RTSO throughout the year and we have collectively resolved to draft a position paper that outlines our mutual intent to move from mediation to regular meetings with the CRTO Executive Committee on items of mutual interest.

On October 1, 2003, the Chair of the Executive Committee and President at that time, Mr. Keith Olimb, co-presented with the RTSO at the SARS Commission. The CRTO/RTSO presentation was very well received and resulted in several media interviews, considerable exposure of the profession to the public and a seat at the table regarding the management of future outbreaks.

The Committee follows closely the work of the College committees and participated in the development of a number of initiatives concerning new and revised regulations, by-laws and policies including:

- Registration regulation amendment - AIT and titles and designations;
- By-law - Establishing honorary certificates of registration to be granted by Council on an individual basis;
- Position Statement – Medical Directives and the Ordering of Controlled Acts;
- Policy - Reinstatement of Former Members Found Guilty of Sexual Abuse;
- Policy - Registration of a respiratory therapist who is working in Ontario for the purpose of assisting with an emergency situation;
- Policy - professional liability insurance;
- Professional Practice Guideline – Delegation of Controlled Acts - amendment to permit members with a General certificate of registration with no terms, conditions or limitations imposed, to accept delegation of a tracheostomy tube change and/or re-insertion for a fresh stoma less than 24 hours.

In December, the Executive Committee met to make the committee appointments and during the course of the year appointed new non-Council committee members under the By-law as vacancies arose.

Much time has been devoted to monitoring and participating in the development of the National Competency Profile, the National (CBRC) exam, and accreditation of respiratory therapy programs. Discussions took place with the National Alliance team, on which the President and Registrar represent both the

Ontario perspective and the philosophical commitment to a National process. The Alliance members deserve significant thanks for their collective energies and strategies towards these common objectives.

During the fiscal year the Executive Committee considered the following referrals:

- *3 Mandatory reports under section 85.5 (1) (termination):*
In one matter the Committee issued a letter of warning; one matter was resolved through a voluntary Agreement and Undertaking; one matter is still under consideration.
- *3 Employer reports under section 8 of the Standards of Practice - Professional Conduct*
In one matter the Committee issued a caution; in 2 matters the Committee took no action.
- *2 matters concerning non-members - unauthorized practice*
In one matter Committee directed to Registrar to take no action, in another matter the Committee directed the Registrar to commence legal proceedings.

Conclusion:

It has been said before that an organization is greater than the sum of its parts. We are an extremely healthy and productive organization, called the College of Respiratory Therapists of Ontario. I need to thank my Executive Committee for the great job they have done this year, and this thanks includes our Public and Professional members, Gord, Christine and all the College staff who help us achieve excellence. Well done indeed.

James McCormick RRT, RRCP
Chair

PATIENT RELATIONS COMMITTEE

The Patient Relations Committee (PRC) had 5 meetings over the past year – 4 in person meetings and one teleconference. In addition to these regular meetings a small working group comprised of several members of the PRC and the RTSO met several times to work on the communications strategy along with the consulting firm of GPC International. The CRTO's Communications Strategy is available on the CRTO website.

The PRC has been very busy this past year and has completed a variety of projects and continues to work on other matters that are brought to our attention by CRTO members. In summary the following matters were accomplished, are in progress or under consideration by the PRC:

- PRC Goals were reviewed and revised to reflect current needs identified by the Committee and CRTO members
- A Position Statement on Bloodborne Pathogens was circulated to all CRTO members for feedback prior to being approved by Council
- Amendments were made to the Professional Practice Guideline on *Delegation* and approved by Council

- A successful joint venture between the RTSO and CRTO on communications resulted in an elevated exposure of the profession to the public of Ontario. We are delighted to report that there is a desire by both parties to continue this excellent working relationship, which will hopefully build upon and improve the level of awareness of Respiratory Therapy in Ontario.
- Several successful presentations were made during the aftermath of the SARS crisis, which included a presentation at the Campbell inquiry and written presentations to the Walker Panel.
- The following PPGs are currently being revised: *Responsibilities Under Consent Legislation* and *Orders for Medical Care*. Once revisions are complete they will be brought to Council for consideration and approval.
- Following a request from several CRTO members, the Committee agreed to review the issue of CRTO members accepting delegation for the controlled act of dispensing drugs. Currently, CRTO members are not permitted to accept delegation for dispensing drugs. A discussion paper is being drafted and will be circulated to CRTO members in addition to the College of Physicians and Surgeons and the Ontario College of Pharmacists prior to coming to Council for their consideration.
- The CRTO web site is currently being updated following an RFP process. The intent is to make the website more user friendly and accessible to both CRTO members and the public of Ontario.
- The Committee has just begun to consider the following matters as a result of member inquiry: Disclosure of Harm Policy and Electronic Charting.
- In conjunction with the Registration Committee and the Quality Assurance Committee, 2 members of the PRC have agreed to sit on a small working group to begin the review of the Standards of Practice, 1996, document.

Susan Bryson
Chair

QUALITY ASSURANCE COMMITTEE

In 2003-2004, the Quality Assurance Committee continued with their 'Fresh Start' initiative and a detailed review of the Quality Assurance Program. After many months of work by the Committee and consultation with stakeholders, the revisions to the Professional Portfolio form were finalized and the new document was distributed to the membership with positive results. Subsequent to this, College staff offered workshops across the Province to demonstrate the streamlined Portfolio approach and answer any questions regarding members' responsibilities. More than 15% of College members attended the workshops and overwhelmingly regarded them as helpful.

As a result of the Fresh Start Initiative, a random selection of members was not held in 2003-2004 and therefore, few Panels of the Quality Assurance Committee were needed. The Panels that did convene looked at Professional Portfolios that members had

previously agreed to submit. There were no serious concerns raised as a result of those reviewed.

The Committee then began work on the Assessment component of the Quality Assurance Program. When the Core Competencies Evaluation and Practical Competencies Verification Forms were discontinued in the previous fiscal year, the assessment of members' knowledge, skills and abilities/judgment was limited to the Professional Portfolio. To date, the Committee has received approval in principal from the Council for the development of the Professional Standards Assessment or PSA. The PSA is envisioned to be an on-line, open-book, self-invigilated test of the College's legislation, standards and guidelines. In the coming months, the Committee and a working group of College members will work with a consultant to develop the questions and technology to bring this assessment tool to fruition.

Harold Featherston RRT, RRCP
Chair

REGISTRATION COMMITTEE

The Registration Committee develops and implements the Registration Regulation in accordance with the *Regulated Health Professions Act 1991*, the *Respiratory Therapy Act 1991*, the bylaws and the policies of the College, with the following objectives:

1. To develop policies and make recommendations regarding the criteria for certificates of registration with the College;
2. To form panels as required; to make decisions regarding members;
3. To approve Certification Programs for Advanced Prescribed Procedures Below the Dermis;
4. To ensure that the registration examination approved by Council meets its objective;
5. To ensure that the *Entry to Practice Competencies* are relevant and current.

There were five meetings of the Registration Committee over the course of last year. In addition, 13 Panels were convened, either at meetings or via teleconference, to consider registration referrals from the Registrar and requests from members to have terms, conditions and limitations on their certificates lifted or revised. The Committee reviewed and approved 15 certification programs for advanced prescribed procedures below the dermis.

2003 Registration Committee Highlights

■ CoARC-Accredited American Education Programs

The Committee on Accreditation for Respiratory Care (CoARC) is the American equivalent of the CSRT's CoARTE and the CMA's Accreditation Services. After reviewing the standards of the CoARC organization and being satisfied that these standards are equivalent to Ontario's, the Registration Committee made a recommendation that Council pass a motion granting equivalency to any such American program accredited at the 200 (therapist) level. The motion was passed on June 13, 2003.

■ **Amendments to Registration Regulation on Titles & Designations and Labour Mobility**

It is the view of the Committee that the title and designation *Registered Respiratory Care Practitioner/RRCP* should be dropped from the Registration Regulation. Members of the College had opportunity to express their preferences and in our very first web survey voted overwhelmingly to return to the original title and designation *Registered Respiratory Therapist/RRT*. This is also consistent with the RTA. Following 60 days of circulation to the membership of the College, the proposed amendments to the Registration Regulation (including the Labour Mobility amendment) were approved by Council on June 13, 2003 and submitted to the Ministry of Health and Long Term Care.

■ **Core Competencies Evaluation**

In June 2003, Council directed the Registration Committee to find or develop an examination, which is based on the content of the Entry to Practice document (or its equivalent at the time) instead of the Core Competencies document and make a recommendation to Council. The Committee found little merit in pursuing the creation of a new exam for Ontario when a national certification exam, recognized throughout the country and internationally, already exists. The Registration Committee recommended to Council that the National Certification Examination, and its predecessor examinations, produced by The Canadian Board for Respiratory Care Inc. (CBRC), or the equivalent examination formerly produced by the Canadian Society of Respiratory Therapists, be approved as an acceptable examination for the purpose of Section 54 (4) (entry to practice) of the Registration Regulation. The Registration Committee also recommended that the CRTO Core Competencies Evaluation (CCE) continue to be accepted as an approved examination, but no longer be offered by the CRTO after the December 2003 session. The two recommendations were approved by Council on September 19, 2003.

■ **Prior Learning Assessment (PLA)**

The Committee continues to monitor the Prior Learning Assessment program. The College Council has approved the revised PLA policy and a new PLA candidate package. The cost to the applicant has decreased significantly; changes have been instituted to ensure that the applicant has a realistic view of the profession and some idea of the likelihood of successfully challenging the PLA process. Fairness to the candidates and protection of the public are the goals that have been foremost in the mind of the Committee.

■ **Policy: Inactive members returning to practice**

The Committee developed a policy regarding the return of members to active status from inactive status. Our purpose was to ensure that those returning to the profession after long periods of absence satisfy concerns for public safety. It is the consensus of the Committee that these concerns exist when a member has not practiced the profession for longer than three years. The policy provides for consistency in

the determinations made by panels of the Registration Committee and serves to inform members of the CRTO what is expected of them if they choose to enter inactive status.

■ **Review of the Standard of Practice Document**

The Committee has selected two members to participate, with representatives from the Quality Assurance and the Patient Relations Committees, in a review of the Standards of Practice document.

■ **Review of the Ontario Regulation 596/94 Part VII – Prescribed Procedures**

The Committee proposed to review Ontario Regulation 596/94 Part VII. Concerns have been expressed that the regulation is cumbersome, more restrictive than similar regulations governing other colleges and results in a disproportionate amount of work for CRTO staff and Committee members. The proposed review was added to the Committee's list of goals.

■ **Entry-level requirements**

Discussion continues regarding degree-level entry to practice requirements. Information received shows this to be a complex issue, but one which this College cannot avoid addressing. The Committee awaits further information, currently being sought by the staff, from other regulatory colleges.

Paul Stewart RRT, RRCP
Chair

COMPLAINTS COMMITTEE

The Complaints Committee deals with complaints filed with the registrar regarding the conduct or actions of members in accordance with the *Regulated Health Professions Act, 1991*, the *Respiratory Therapy Act 1991*, the by-laws and the policies of the College.

Panels of the Complaints Committee considered 8 complaints in the 2003/2004 fiscal year. Two of the complaints concerned multiple members and one of these was considered as the result of a 2002 review by the Health Professions Appeal and Review Board, where it was the Board's decision to refer the matter back to the Complaints Committee for reconsideration. The Panel's decisions were as follows:

- In 3 matters (including those concerning multiple members) it was the Panel's decision to take no action;
- In one matter it was the Panel's decision to issue a caution and make recommendations;
- In one matter it was the Panel's decision to resolve the concerns through a voluntary Undertaking and Agreement between the member and the College;
- In two matters it was the Panel's decision to require the members to appear before a Panel to be cautioned, and to resolve the concerns through a voluntary Undertaking and Agreement between the individual members and the College;
- One matter is still under consideration.

The Health Professions Appeal and Review Board reviewed one earlier Panel decision in 2003 at the complainant's request and in this matter the Board upheld the Panel's decision.

Peter Szkorla RRT, RRCP

Chair

DISCIPLINE COMMITTEE

The Discipline Committee holds hearings of allegations regarding members' professional misconduct or incompetence referred to the Committee by the Complaints Committee or Executive Committee.

On December 8, 2003, a panel of the Discipline Committee met to deal with allegations referred by the Complaints Committee against two members respecting their communication to other members concerning participation in the Core Competencies Evaluation (CCE). The College was concerned that this communication may have discouraged compliance with regulatory obligations that had been upheld by the courts. Prior to the hearing the two members provided assurances to the College that satisfied

the College that their conduct was a result of exceptional circumstances and would not reoccur. In light of these assurances, both parties agreed that the proceeding ought to be stayed, and the Discipline Committee accepted the joint submission and permanently stayed the proceedings. There have been no other referrals to the Discipline Committee during 2003-2004.

John Schenk

Chair

FITNESS TO PRACTISE COMMITTEE

The Fitness to Practise Committee holds hearings related to members' mental or physical capacity referred to the Committee by the Executive Committee.

There were no referrals to the Fitness to Practise Committee in 2003/2004.

John Schenk

Chair

REGISTRATION STATISTICS

❖ As of February 29, 2004

	2002/2003	2003/2004
REGISTRATION STATUS		
General		
Active	1869	1971
Inactive	N/A*	67
Graduate	36	20
Limited		
Active	18	19
Inactive	N/A*	1
TOTAL	2002	2078
Suspended		
Due to non-payment of fees	24	19
Due to disciplinary decisions	24	19
Due to disciplinary decisions	0	0
Resigned	32	21
Revoked		
Due to non-payment of fees	50	24
Due to non-payment of fees	N/A*	15
Due to disciplinary decisions	0	0
Due to expiration of Graduate Certificates	N/A*	8
Due to expiration of Registration Certificate	N/A*	1
Reinstated:		
From Resigned	0	9
From Revoked	2	10
From Suspended	8	6
Currently under Suspension	16	13
REQUESTS FOR INFORMATION FROM PUBLIC REGISTER		
No. of enquiries	76	75
No. of members information requested on	186	343
AREAS OF PRACTICE (during the calendar year 2003)		
Primary/Care	911	602
Acute/Critical Care	1316	1417
Sub-Acute Care	1193	1216
Chronic/Long-term Care	1091	1033
Administration/Management	390	336
Anaesthesia	363	275
Consulting	327	146
Diagnostics-cardiac	407	295
Diagnostics-pulmonary	793	643
Equipment Service/Maintenance	1019	875
Home Care	373	355
Rehabilitation	258	157
Research	364	282
Sales	237	193
Teaching/Education	1121	970

	2002/2003	2003/2004
GENDER		
Male	637	647
Female	1366	1431
DELEGATION		
Members who delegated a controlled act	18	22
Members who accepted delegation of:		
Communicating a diagnosis identifying a disease or disorder	27	33
Performing a procedure below the surface of a mucous membrane	31	23
Putting an instrument, hand or finger:		
beyond the external ear canal;	2	1
the labia majora;	0	1
the anal verge	2	2
into an artificial opening into the body	21	19
Application of a form of energy	91	65
Allergy challenge testing	22	15
TOTAL MEMBERS WHO ACCEPTED DELEGATION	196	159

	2002/2003	2003/2004
ACTIVITIES PERFORMED BY MEMBERS (during 2003 calendar year)		
Arterial puncture	1427	1477
Aspiration from a cannula	926	959
Blood analysis	821	797
Computer – input	1667	N/A*
Computer – operate	1544	N/A*
Capillary puncture	226	230
Cardiovascular perfusion/ECMO	20	21
Cardioversion	N/A*	36
Chest assessments	1586	1573
Defibrillation	N/A*	51
Diagnostics - pulmonary function	1001	943
Diagnostics – polysomnography	134	127
Diagnostics - ECG	774	746
Diagnostics - stress testing	219	209
Diagnostics - holter monitoring	124	104
Diagnostics - echocardiography	22	20
Diagnostics - neurodiagnostics	30	21
Diagnostics - bronchoprovocation	268	241
Electronic patient charting	N/A*	533
Equipment - quality control	1367	1179
Equipment - preventative maintenance/Repair	N/A*	1166
Equipment - repair	987	N/A*
Inhalation - mechanical ventilation	1406	1419
TOTAL	2002/2003	2003/2004

NOTE:

numbers are based on self-reporting by members

* statistics not available for this time period

REGISTRATION STATISTICS

❖ As of February 29, 2004

	2002/2003	2003/2004
Inhalation - hyperbarics	51	43
Inhalation - nitric oxide	649	636
Inhalation - anaesthetic agent	276	241
Injection - direct	140	198
Injection - via line or bag	281	303
Intubation - adult/paediatric	953	1008
Intubation - neonatal	242	307
Literature search	1186	1012
Patient transport	1128	1089
Suctioning	1441	1457
Suturing indwelling cannula	130	106
Teaching health care practitioner	N/A*	1055
Teaching patient/client	1622	1607
Tracheostomy tube change	688	810
Venipuncture	65	88

ADVANCED PRESCRIBED PROCEDURES

Cannula/Line – Venous	69	93
Cannula/Line – Umbilical	13	11
Cannula/Line – Arterial	455	559
Chest tube insertions	9	9
Chest needle insertions	8	20

HIGHEST LEVEL OF EDUCATION

	2002/2003	2003/2004
Graduate degree	17	22
Undergraduate degree	587	642
College diploma	1939	2147
Other	118	172

EMPLOYMENT STATUS

Full-time	1364	1311
Part-time	497	402
Casual	N/A*	101
Seeking employment	72	68
Not-seeking employment	63	192

NOTE:

numbers are based on self-reporting by members

* statistics not available for this time period

DISTRIBUTION OF MEMBERS BY PRIMARY EMPLOYER

❖ ON FEBRUARY 29, 2004

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	4	5	29
District #1 Total	8	12	6	5	31
Algoma	4	8	5	2	19
Cochrane	7	8	2	0	17
Manitoulin	0	0	0	0	0
Muskoka	1	5	1	1	8
Nipissing	3	6	4	4	17
Parry Sound	0	1	0	0	1
Sudbury	6	21	10	3	40
Timiskaming	0	2	1	0	3
District #2 Total	21	51	23	10	105
Dundas and Stormont	0	5	2	2	9
Frontenac	11	14	12	5	42
Glengarry	0	0	0	0	0
Grenville	0	0	0	0	0
Hastings	1	6	2	3	12
Lanark	0	0	2	1	3
Leeds	0	2	1	0	3
Lennox and Addington	0	0	0	0	0
Ottawa-Carlton	50	88	67	12	217
Prescott	0	0	0	0	0
Prince Edward	0	0	0	0	0
Renfrew	0	3	3	1	7
Russell	0	0	0	0	0
District #3 Total	62	118	89	24	293
Durham	7	23	9	6	45
Haliburton	0	0	0	0	0
Metro Toronto	107	219	127	40	493
Northumberland	0	0	0	0	0
Peel	16	54	40	4	114
Peterborough	1	6	6	2	15
Simcoe	5	14	17	4	40
York	3	1	3	1	8
Victoria	6	21	29	3	59
District #4 Total	145	338	231	60	774
Brant	2	3	2	1	8
Dufferin	0	0	3	0	3
Haldimand-Norfolk	1	4	1	2	8
Halton	2	7	14	3	26
Hamilton-Wentworth	42	47	27	11	127
Niagara	5	13	10	0	28
Waterloo	8	17	15	15	55
Wellington	3	5	7	2	17
District #5 Total	63	96	79	34	272
Bruce	0	0	0	0	0
Elgin	1	2	4	2	9
Essex	11	37	17	5	70
Grey	1	3	8	3	15
Huron	0	1	3	0	4
Kent	4	5	9	1	19
Lambton	5	9	8	1	23
Middlesex	26	57	80	24	187
Oxford	0	3	0	4	7
Perth	1	5	5	1	12
District #6 Total	49	122	134	41	346
TOTAL	348	737	562	174	1,821

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

AUDITORS' REPORT

The accompanying summarized statement of financial position and statement of operations are derived from the complete financial statements of the College of Respiratory Therapists of Ontario as at February 29, 2004 and for the year then ended on which we expressed an opinion without reservation in our report dated April 7, 2004. The fair summarization of the complete financial statements is the responsibility of management. Our responsibility, in accordance with the applicable Assurance Guideline of The Canadian Institute of Chartered Accountants, is to report on the summarized financial statements.

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

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

Toronto, Ontario
April 7, 2004

CLARKE HENNING LLP
CHARTERED ACCOUNTANTS

SUMMARIZED STATEMENT OF FINANCIAL POSITION

AS AT FEBRUARY 29, 2004

	2004	2003
ASSETS		
Current assets		
Cash	\$ 1,073,485	\$ 1,073,354
Prepaid expenses	3,618	1,088
	1,077,103	1,074,442
Furniture and equipment	2,480	3,100
	1,079,583	1,077,542
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities	9,467	35,917
Deferred revenue	403,600	503,875
	413,067	539,792
NET ASSETS		
Abuse therapy fund	20,000	20,000
General contingency reserve fund	500,000	-
General investigations and hearings fund	100,000	267,666
Special projects reserve	30,000	-
Invested in capital assets	2,480	3,100
Operating - unrestricted	14,036	246,984
	666,516	537,750
	1,079,583	1,077,542

SUMMARIZED STATEMENT OF OPERATIONS

YEAR ENDED FEBRUARY 29, 2004

Revenues		
Registration, renewal, application and examination fees	1,073,890	1,054,642
Interest and other income	43,080	20,445
	1,116,970	1,075,087
Expenses		
Salaries and benefits	463,306	379,167
Occupancy costs	58,259	62,732
Professional fees	70,896	72,938
Printing, postage, stationery and delivery	94,821	105,546
CCE examination costs	84,608	113,036
Patient relations communications plan	20,050	-
Council and committee	82,959	75,803
General investigations and hearing fund	-	28,490
Legal challenge costs waived	-	50,000
All other operating expenses	113,305	98,291
	988,204	986,003
Excess of revenues over expenses for the year	\$ 128,766	\$ 89,084

Copies of 2003/2004 complete audited financial statements are available on our website at www.crto.on.ca or on request from the registrar at 416-591-7800.

CLARKE HENNING LLP

COUNCIL MEMBERS

NON-COUNCIL COMMITTEE MEMBERS

March 1, 2003 to February 29, 2004

Keith Olimb RRT, RRCP (*President to November 27, 2003*)

James McCormick RRT, RRCP

(*President from November 28, 2003*)

Susan Martin RRT, RRCP *Vice-President*

Marisa Ammerata RRT, RRCP

Dorothy Angel (from June 4, 2003)

Susan Bryson

Moti Costa (to March 30, 2003)

Anthony Cunningham RRT, RRCP

(to November 27, 2003)

Jagan Dhawan (to March 30, 2003)

Gloria Hinton

Donald Kirkpatrick (to September 30, 2003)

Richard Levert (from October 9, 2002)

Judy MacGregor RRT, RRCP

Vito Maiolino RRT, RRCP

John Schenk (from April 24, 2003)

Paul Stewart RRT, RRCP

Peter Szkorla RRT, RRCP

Gary Weeks (from March 31, 2003)

March 1, 2003 to February 29, 2004

Gary Ackerman RRT, RRCP

Mario Aquilina RRT, RRCP

Shari Cole RRT, RRCP (from November 28 2003)

Brent Dionne RRT, RRCP

Jeff Earnshaw RRT, RRCP

Harold Featherston RRT, RRCP

Carole Hamp RRT, RRCP

Chris Harris RRT, RRCP

Cheryl Homuth RRT, RRCP

Allison Kean RRT, RRCP (to November 27, 2003)

Carmen Kergl RRT, RRCP

Daniel Larose RRT, RRCP

Ginny Martins RRT, RRCP

Melissa McLean RRT, RRCP

Bernard McNamara RRT, RRCP

Mike Milks RRT, RRCP (to November 27, 2003)

Lorella Piirik RRT, RRCP

James Quigley RRT, RRCP

Martin Rennick RRT, RRCP

Kevin Taylor RRT, RRCP (from November 28, 2003)

STAFF

FEBRUARY 29, 2004

Gord Hyland, *Registrar & C.E.O.*

Mary Bayliss, RRT, RRCP, CAE, *Professional Practice Advisor*

Melanie Jones, *Co-Ordinator of Quality Assurance*

Amelia Ma, *Co-Ordinator of Administrative Services*

Julia Pak, *Administrative Officer*

Ania Rudzinska, *Registration Officer*

Christine Robinson, *Manager of Policy and Investigations*

Barb Saunders, *Co-Ordinator of Communications & Member Services*

CRTO

Committees

EXECUTIVE

MARCH 1, 2003 TO NOVEMBER 27, 2003

Keith Olimb RRT, RRCP *Chair*
Susan Martin RRT, RRCP *Vice-Chair*
Jagan Dhawan (to March 30, 2003)
Gloria Hinton
James McCormick RRT, RRCP

NOVEMBER 28, 2003 TO FEBRUARY 29, 2004

James McCormick RRT, RRCP *Chair*
Susan Martin RRT, RRCP *Vice-Chair*
Gloria Hinton
Richard Levert
Judy MacGregor RRT, RRCP
Keith Olimb RRT, RRCP *ex-officio*

PATIENT RELATIONS

MARCH 1, 2003 TO DECEMBER 7, 2003

Anthony Cunningham RRT, RRCP *Chair*
Gary Ackerman RRT, RRCP *Vice-Chair*
Gloria Hinton
Don Kirkpatrick (to September 30, 2003)
Allison Kean RRT, RRCP
Bernie MacNamara RRT, RRCP
Ginny Martins RRT, RRCP

DECEMBER 8, 2003 TO FEBRUARY 29, 2004

Susan Bryson *Chair*
Gary Ackerman RRT, RRCP *Vice-Chair*
Dorothy Angel
Shari Cole RRT, RRCP
Susan Martin RRT, RRCP
Ginny Martins RRT, RRCP
Melissa McLean RRT, RRCP
Bernard McNamara RRT, RRCP
Gary Weeks

QUALITY ASSURANCE

MARCH 1, 2003 TO DECEMBER 7, 2003

Jagan Dhawan *Chair* (to March 30, 2003)
Harold Featherston RRT, RRCP *Chair*
(from April 1, 2003)
Martin Rennick RRT, RRCP *Vice-Chair*
Richard Levert
Judy MacGregor RRT, RRCP
Lorella Piirik RRT, RRCP

DECEMBER 8, 2003 TO FEBRUARY 29, 2004

Harold Featherston RRT, RRCP *Chair*
Keith Olimb RRT, RRCP *Vice-Chair*
Susan Bryson

Vito Maiolino RRT, RRCP
Lorella Piirik RRT, RRCP
John Schenk

REGISTRATION

MARCH 1, 2003 TO DECEMBER 7, 2003

Paul Stewart RRT, RRCP *Chair*
Gloria Hinton *Vice-Chair*
Moti Costa (to March 15, 2003)
Chris Harris RRT, RRCP
Cheryl Homuth RRT, RRCP
Peter Szkorla RRT, RRCP

DECEMBER 8, 2003 TO FEBRUARY 29, 2004

Paul Stewart RRT, RRCP *Chair*
Gloria Hinton *Vice-Chair*
Marisa Ammerata RRT, RRCP
Dorothy Angel
Cheryl Homuth RRT, RRCP
Martin Rennick RRT, RRCP
Kevin Taylor RRT, RRCP

COMPLAINTS

MARCH 1, 2003 TO DECEMBER 7, 2003

Peter Szkorla RRT, RRCP *Chair*
Mike Milks RRT, RRCP *Vice-Chair*
Carmen Kergl RRT, RRCP
Don Kirkpatrick (to September 30, 2003)
Vito Maiolino RRT, RRCP
Jim Quigley RRT, RRCP

DECEMBER 8, 2003 TO FEBRUARY 29, 2004

Peter Szkorla RRT, RRCP *Chair*
Brent Dionne RRT, RRCP *Vice-Chair*
Dorothy Angel
Susan Bryson
Shari Cole RRT, RRCP
Carmen Kergl RRT, RRCP
Vito Maiolino RRT, RRCP
Kevin Taylor RRT, RRCP

DISCIPLINE

MARCH 1, 2003 TO DECEMBER 7, 2003

Carole Hamp RRT, RRCP *Chair*
Richard Levert *Vice-Chair*
Mario Aquilina RRT, RRCP
Moti Costa (to March 15, 2003)
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

DECEMBER 8, 2003 TO FEBRUARY 29, 2004

John Schenk *Chair*
Carole Hamp RRT, RRCP *Vice-Chair*
Marisa Ammerata RRT, RRCP
Mario Aquilina RRT, RRCP
Jeff Earnshaw RRT, RRCP
Chris Harris RRT, RRCP
Daniel Larose RRT, RRCP
Richard Levert
Melissa McLean RRT, RRCP
Keith Olimb RRT, RRCP
James Quigley RRT, RRCP
Paul Stewart RRT, RRCP
Gary Weeks

FITNESS TO PRACTISE

MARCH 1, 2003 TO DECEMBER 7, 2003

Carole Hamp RRT, RRCP *Chair*
Richard Levert *Vice-Chair*
Mario Aquilina RRT, RRCP
Moti Costa (to March 15, 2003)
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

DECEMBER 8, 2003 TO FEBRUARY 29, 2004

John Schenk *Chair*
Carole Hamp RRT, RRCP *Vice-Chair*
Marisa Ammerata RRT, RRCP
Mario Aquilina RRT, RRCP
Jeff Earnshaw RRT, RRCP
Chris Harris RRT, RRCP
Daniel Larose RRT, RRCP
Richard Levert
Melissa McLean RRT, RRCP
Keith Olimb RRT, RRCP
James Quigley RRT, RRCP
Paul Stewart RRT, RRCP
Gary Weeks

COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

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