

College of **Respiratory Therapists** of Ontario

Annual Report **2005 - 2006**



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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.

Report from the President and the Registrar

This report, co-authored by the President and the Registrar, will highlight key initiatives and actions undertaken by the College in the past year since our last Annual General Meeting. For the avid reader of CRTO communiqués, one will notice this co-authorship format as a shift from historical reporting efforts. We hope the report herewith aptly reflects the collaborative working relationships we enjoy among the CRTO staff, Non-Council and Council team members.

Please find the broad updates on the following key initiatives:

Update on the National Alliance Initiatives:

The College continues to be an active member and participant in the National Alliance of Respiratory Therapy Regulators. Ongoing issues are the Mutual Recognition Agreement (MRA), national examinations, national competency profile, accreditation, licensing during inter-provincial transport, degree-entry, among others. The next meeting is Sunday, May 28, in conjunction with the CSRT Forum in Saint John, New Brunswick. We are optimistic that fruitful discussions will bring the profession closer to the realization of a truly national process and a common exam. Both British Columbia and Saskatchewan will attend these discussions as observers as both provinces move closer towards a self-regulating model for RT's in those respective provincial jurisdictions.

The CBRC affiliation:

The College is also an active member and participant in the Canadian Board for Respiratory Care (CBRC), a non-profit organization which produces and administers the registration examination for all provinces, except Quebec. The next meeting is Sunday, May 28, in conjunction with the CSRT Forum in Saint John, New Brunswick. We will update Council as to issues emanating from our May meetings with the CBRC board of directors.

Audited financial statements. Our financial progress:

The 2005-2006 Audited Financial Statements were presented to Council for approval on June 16, 2006. They show a small surplus for the fiscal year. Continuing vigilance and cost savings by Staff, Committees and Council have served to ensure a positive outlook for the College's financial operations in the coming years. While there are always expected and unexpected costs to a regulatory College, the various Committees have demonstrated due diligence in both budgetary process and cost review.

The Degree "entry to practice" project:

The Council approved the College's continuation of this investigative project (Phase 2), which is looking at the issues, pros, and cons of a degree-level entry to practice for Respiratory Therapy in Ontario. The report of Phase 2 will be presented to Council in 2007. At press deadline for this report to be posted, we enjoyed a good meeting with Ministry Staff regarding both the genesis and the methodology used to examine the "entry to practice" floor. We are committed to a sound evidence based approach in this next phase, wherein consultation and feedback with all Stakeholders is key. Two excellent reports re: Phase One are available on the CRTO Web Site. These documents, authored by Dr H. Cummings and (second document) Chris Robinson/Mary Bayliss are a must read for all!

The Federation:

The College continues to be an active member and participant in the Federation of Health Regulatory Colleges of Ontario and its working groups. This information-sharing and cost-sharing organisation gives a number of benefits to the College in the regulatory area. The Federation affords all Health Regulatory Colleges the opportunity to dialogue



James McCormick
RRT
President, CRTO



Gord Hyland
Registrar & CEO,
CRTO

directly with the Ministry of Health regarding: issues affecting patient care, patient advocacy and regulatory issues.

The HPRAC report regarding the RHPA:

The Health Professions Regulatory Advisory Council (HPRAC), a group which advises the Minister on referrals which he has sent to them, announced their recommendations regarding the RHPA and related issues, on Friday, May 19, 2006. We will be analysing the details of this report, making a submission by the deadline of June 30, and awaiting the Ministry's decisions on the recommendations.

Our Internal working groups on various issues:

The College has established some working groups on a number of issues, including infection control and a review of the Responsibilities of Members as Educators Education and and the Delegation of Controlled Acts Delegation PPGs. These will give the Committees and Council important information to assist them in determining changes needed to keep up with everyday practice. Detailed outcome reports can be found in the various Committee reports {Registration, PRC, etc} for a better insight on these important initiatives.

Ministry issues; AHHRDB, Pandemic Planning:

The College continues to participate in a number of Ministry initiatives, including the Allied Health Human Resources Database project, and the Pandemic Planning project.

Regulation Changes:

We are still waiting for word from the Ministry on our most recent regulation submissions, which are currently being reviewed to ensure compliance with government policy.

RT supply and demand:

The issue of RT supply and demand is ongoing, especially in discussions with the RTSO.

Communications:

The College and the RTSO are continuing their joint efforts to educate the public about the profession, and we also participate in the Federation public communications project. The College receives unprecedented positive feedback related to all our efforts to more effectively communicate with our members and stakeholders. Two stellar examples of those communication vehicles are the "Exchange" newsletter and more recently the DVD release on the diverse and dynamic profession that is Respiratory Therapy.

In Conclusion:

While admittedly this report is but a broad overview of College functions and activities over the year, one can readily see the significant amount of work involved for staff and Committees alike. It is our distinct pleasure to be able to highlight these and other efforts on behalf of our entire team @ the College of Respiratory Therapists of Ontario.

James McCormick RRT, President, CRTO
Gord Hyland Registrar & CEO, CRTO

Committee Reports

EXECUTIVE COMMITTEE

The Executive Committee met on 8 occasions during the 2005/2006 fiscal year.

The Executive Committee continued to host joint meetings with the RTSO Board members. Agenda items included: RTs as Anesthesia Assistants, professional liability insurance, RT supply vs. demand, RT participation in the Pandemic Influenza Plan, potential roles for RTs on Critical Response Teams and the CRTO's approach to a study into baccalaureate degree level entry-to-practice for Respiratory Therapy.

The Executive Committee considered a number of by-law and policy amendments which were subsequently recommended to Council. As part of its ongoing responsibilities, the Executive Committee reviewed the budget as prepared by the Registrar and reviewed the College's financial status with the Registrar on an ongoing basis.

The CRTO made submissions both individually and through the Federation, to HPRAC's RHPA review – the Legislative Framework Project.

The Executive Committee reviewed the Thomson Report and were in agreement that the CRTO should be a signatory to the letter from the Federation of Health Regulatory Colleges, which was drafted in response to the report. The report, written by George Thomson, a former provincial court judge, reviewed the current appeals processes for the registration decisions of Ontario's 36 professional regulatory bodies.

Late in 2005, the College was asked to comment on proposed amendments to the Respiratory Therapy Regulation under the *Alberta Health Professions Act*. The proposed legislative changes include a 1500 practice hours requirement and the Executive Committee agreed that the CRTO should make a submission regarding the impact of this requirement on the Mutual Recognition Agreement (MRA).

Following the election of the new Executive Committee at the November 2005 Council meeting, the members of the Executive Committee met to appoint Council and Non-Council Members to Committees. In doing so, the members of the Executive Committee considered the Members' individual preferences, experience and committee workload.

As part of its mandate the Executive Committee appointed Non-Council Committee Members for District 3 (there was an insufficient number of candidates for the position) and District 4 (where a vacancy had arisen). An invitation for appointees was circulated to the membership and following a review of the applications the Executive Committee appointed Caroline Tessier RRT and Ginny Martins RRT, as the Non-Council Committee Members for District 3 and 4 respectively. Caroline Tessier has been appointed to the Quality Assurance Committee and Discipline/Fitness to

Practise Committees, Ginny Martins has been appointed by the Executive Committee to the Registration and Discipline/Fitness to Practise Committees.

Under the Regulated Health Professions Act the Executive Committee has specific duties in relation to investigations and hearings including: approving the investigation of allegations of professional misconduct or incompetence; referring specified allegations of professional misconduct or incompetence to the Discipline Committee; with respect to incapacity matters, appointing a Board of Inquiry and referring a matter to the Fitness to Practise Committee.

James McCormick, RRT, Chair

Source of referral	Concern	Resolution
Mandatory employer (termination) report.	Sexual harassment.	Negotiated a voluntary Acknowledgement and Undertaking with the member which included completing a course/program on professionalism that included a professional boundaries component and appearing before the Committee to be cautioned.
Mandatory employer (termination) report.	Forged documents relating to the care of patients; making a false or misleading statement.	Referral of specified allegations of professional misconduct to the Discipline Committee for a hearing.
Quality Assurance Committee.	Failure to comply with the QA Program.	Negotiated a voluntary Agreement and Undertaking which included the member's agreement that he/she complete the PSA.
Registrar's referral.	Fitness to practice.	Negotiated a voluntary Acknowledgement and Undertaking with the member which included supervision and monitoring.
Registrar's referral.	Sexual abuse; theft from employer; making false or misleading statement.	Still under investigation.
Registrar's referral	Intimidation and offensive remarks.	No action.
Report under s. 13 of the Standards of Practice.	Removing and discarding a blood gas report from a patient's chart.	No action. Recommendations.

PATIENT RELATIONS COMMITTEE

The Patient Relations Committee is responsible for developing, establishing and maintaining a Patient Relations Program that includes Member education, public information, as well as setting guidelines for Members' conduct with patients. This Committee also advises Council on a Communications Plan and recommends the development of and if necessary, amendments to existing, CRTO Professional Practice Guidelines. The Committee is mandated by the government to administer the College's program for funding therapy and counselling for eligible persons who were sexually abused by a Respiratory Therapist.

The Patient Relations Committee (PRC) met seven times over the past year. In addition to these regular meetings, a working group was formed to review and amend the *Documentation* Professional Practice Guideline.

The CRTO/RTSO Communications Working Group comprised of several members of the PRC and the RTSO also met several times to work on the joint communications strategy.

The Patient Relations Committee continually works to be responsive to the needs of all stakeholders. The Committee achieves this by reviewing the PRC goals at every meeting and revising them to reflect the current needs identified by the Committee and CRTO Members. The following issues represent the goals the PRC has accomplished in the last year, as well as the goals currently in progress:

- Started development of a new PPG on Infection Control specific to Respiratory Therapy.
- New Position Statement approved by Council:
 - *Respiratory Therapists as Anesthesia Assistants* (June 2005)
- New Professional Practice Guideline approved by Council:
 - *Dispensing Medications* (November 2005)

QUALITY ASSURANCE COMMITTEE

The Quality Assurance Committee's main responsibility is to develop and maintain programs to promote continuing competency among Members, and to ensure the quality of practice of the profession is in accordance with the *Regulated Health Professions Act, 1991*, the *Respiratory Therapy Act, 1991*, regulations, by-laws and policies of the College.

The QA Program, outlined in O.Reg 596/94 Part VI, includes the Continuous Quality Improvement (CQI) component and the Assessment component. The Continuous Quality Improvement component is achieved by each Member maintaining a Professional Portfolio in a manner set out by the College. The Assessment component is fulfilled through the Professional Standards Assessment (PSA), an online open-book assessment requiring Members to apply their knowledge of College legislation, regulations, standards and/or guidelines. The Professional Portfolio may also be used as part of the Assessment Component.

The Committee met nine times during the 2005-06 fiscal year. During this time, the Committee heard presentations by two experts in the field. Dr. Harry Cummings outlined his process for Results-Based Management

The PRC revised the following Professional Practice Guidelines which Council approved:

- *Conflict of Interest* (November 2005)
- *Delegation of Controlled Acts* (February 2006)
- *Documentation* (November 2005)
- *Orders for Medical Care* (February 2006)
- *Prevention of Abuse of Patients/Clients* (February 2006)

The CRTO continues to work to improve communications with Members in the following ways:

- Updated Ontario Respiratory Therapists about professional issues of importance and interest by sending broadcast emails in addition to regular mailings.
- Introduced online surveys for consulting with Members as an option for responding to College Consultation Papers. Online surveys made it easier for Members to give us feedback about the new *Dispensing Medications* PPG and about the extensive revisions to the *Documentation* PPG.
- Participated in a number of site visits with students and current Members.

A successful joint venture between the RTSO and the CRTO in carrying out the Communications Strategy resulted in the following:

- Production of an 11 minute public education video about the profession of Respiratory Therapy.
- Published two stories in Hospital News highlighting Respiratory Therapy in the practice areas of critical care and asthma education.
- Exhibited at the annual conference for Ontario School Guidance Counsellors and at several high school career fairs.
- Generated Public Relations Opportunities: Respiratory Therapists from York, Durham, Guelph and Mississauga were interviewed by Rogers Community Cable Television around World Asthma Day in May 2005.

Susan Martin, RRT, Chair

and Evaluation. He previously conducted the 5-year review of Health Professions Colleges for the MOHLTC's Health Professions Regulatory Advisory Council (HPRAC). On a separate occasion, Dr. Glenn Regher presented his work on Self-Assessment in Health Professionals. Dr. Regher is Professor of Health Professions Education Research at the University of Toronto's Faculty of Medicine.

In 2005, staff presented nine Portfolio Workshops in locations across Ontario. In addition to these, staff provided one-on-one sessions to 15 Members who were identified by QA Committee Panels in 2004 as needing assistance with their documentation.

Based on the results of the 2004-05 QA Program, the Committee revised the *Assessment Criteria* associated with the Portfolio to help to better identify Members who are having difficulty meeting the requirements. As well, the *Professional Portfolio* form was amended to include more examples of how to document the four-step process. An explanation of the SMART acronym, and how to develop SMART learning goals were also incorporated into the Portfolio.

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Committee Reports

Quality Assurance continued.....

Subsequently, the Professional Portfolio Reviewers convened for a two-day training session. As part of this session, the online assessment forms that the Reviewers use to submit their reports to the College were updated.

Two separate working groups of Respiratory Therapists met in July to review the pilot results and develop new questions for the PSA (the online, open-book, standards-based multiple-choice test). Following the review, the Committee was able to retire 10 questions from the PSA Item Bank and post them on the CRTO web site in the form of a sample test. This sample test can be accessed for self-assessment purposes from the Members' Only section of the web site. Similar to the real PSA, Members are provided with the correct answers and rationales upon completion of the sample test. The Committee also reconfirmed that the College does not intend to have a pass/fail mark for the PSA.

Members' scores on the PSA will be considered at the same time as their Portfolio review, along with any personal circumstances of which the Committee was notified.

The Committee also addressed the concerns of inactive and non-practising Members by publicizing that requests to defer QA Program requirements for up to 12-months will be considered on an individual basis. Deferrals may be granted for such reasons as maternity/parental leave, illness or compassionate leave.

Looking ahead, the College is planning to develop an evaluation mechanism of the QA Program's effectiveness. Preliminary discussions regarding this initiative took place throughout 2005.

Harold Featherston, RRT, Chair

REGISTRATION COMMITTEE

The Registration Committee carries out registration-related duties in accordance with the *Regulated Health Professions Act*, the *Respiratory Therapy Act*, the Registration Regulation and the By-laws and Policies of the College. Panels of the Registration Committee consider referrals from the Registrar of applications that do not appear to meet all of the registration requirements, or if the Registrar believes that terms, conditions or limitations should be imposed on a certificate of registration.

There were six meetings of the Registration Committee over the course of last year. In addition, 10 Panels were convened to consider referrals from the Registrar. Altogether 47 referrals were reviewed. The Health Professions Appeal and Review Board (HPARB) issued two decisions regarding reviews of the decisions of the Registration Committee requested by applicants. In both cases, HPARB upheld the decisions of the Registration Committee and found that the Committee applied the College's registration regulations and policies in a consistent manner.

As required under the Regulation on Prescribed Procedures (Below the Dermis), the Committee reviewed and approved 16 certification programs for advanced prescribed procedures below the dermis.

In May 2005 the Registration Regulation amendments regarding labour mobility and title & designation were passed into law by the Ontario government. As a result, the Registration Committee promptly revised the *Registration and Use of Title Professional Practice Guideline*. The Committee also conducted a review of the *Responsibilities of Members as Educators Professional Practice Guideline*. A number of revisions have been made. The revised PPGs received approval at the September Council meeting.

During the year, the Committee continued the review and development of proposed changes to the Prescribed Procedures Regulation. This included the exploration of issues associated with creating a clinical practice guideline for advanced prescribed procedures. In the upcoming year, the Committee will develop a systematic approach to the regulation review and will examine government guidelines regarding regulation change.

Throughout the year, the Committee oversaw the activities related to the Respiratory Therapy Degree Project. The College has completed the first phase of the study into the potential issues and impact of degree level entry to practice credentials for Respiratory Therapy in Ontario. A report on the Preliminary Information Gathering – Phase 1 was presented to Council in February 2006. Upon receipt of the report, the Council made a decision to move forward with Phase 2 of the project. This will include identifying options and transitional issues associated with degree level entry to practice credentials, meeting with government, teaching college and university representatives and canvassing stakeholders, including the entire CRTO membership.

The Registration Committee continues to monitor the Prior Learning Assessment Program. We are pleased to report that one of our internationally trained applicants was able to successfully complete the PLA in 2005. She has since passed the CBRC examination and became a General Member of the College. Following a meeting with the Michener Institute PLA and Access and Options representatives, staff brought forward a concern regarding the hospital tour requirement as outlined in the policy. Members of the Committee conducted a review of the PLA policy and agreed that the hospital tour should no longer be a requirement in the PLA process, but it should still be available to the PLA candidates. It was also suggested that the RTSO/CRTO Respiratory Therapy Video be included with the PLA guide.

Dorothy Angel, Chair

Committee Reports

COMPLAINTS COMMITTEE

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

The following matters were considered by the Complaints Committee in the 2005/2006 fiscal year.

Concern	Resolution
<ul style="list-style-type: none">• Failure to meet the standards of practice with respect to performing a tracheostomy tube change.• Failure to follow a physician's order.• Failure to document an order.	No action. No action. Negotiation of a voluntary Agreement and Undertaking which included the member's agreement to review and abide by the College's and facility's standards and policies related to orders and documentation.
Selling "used" medical equipment without the client's knowledge.	No action. Recommendations.
Failure to meet the standards of practice with respect to ventilatory care.	Still under investigation.
Harassment and other inappropriate behaviour.	Still under investigation.

In a previous matter where the complainant requested a review of the Complaints Committee's decision to the Health Professions Appeal and Review Board, the Board confirmed the Committee's decision.

Brent Dionne, RRT, 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 2005/2006.

Carole Hamp, RRT, 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 the Executive Committee. During the hearing the Discipline Committee hears evidence regarding the matter and should the Committee make a finding of professional misconduct or incompetence, it may:

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

In the 2005-2006 period a number of members of the Discipline Committee attended the Federation of Health Regulatory College's "Conducting a Discipline Hearing" workshop.

Discipline hearing summary: Richard Suozzi RRT

Allegation

It was alleged that Mr. Suozzi committed an act of professional misconduct in that he contravened a Standard of Practice of the profession, failed to fulfill the terms of an agreement for professional services, falsified a record, signed or issued a false document and engaged in unprofessional conduct.

At the hearing held on September 21, 2005, Richard Suozzi admitted to allegations outlined in an Agreed Statement of Facts as follows:

Agreed Statement of Facts

1. Richard Suozzi was employed by Hospital A as a Clinical Respiratory Therapist for Community Care. In this role, Richard Suozzi was authorized to perform physician ordered arterial blood gases.
2. Around the week of October 21, 2004, Richard Suozzi was reminded by another employee to perform arterial blood gases on two long term care facility clients.
3. Shortly thereafter Richard Suozzi told the employee that the blood gas samples had been drawn on the two clients and that he would be faxing the results soon.
4. Richard Suozzi faxed arterial blood gas results for the two clients on or about November 3, 2004, from a hospital (B) where Richard Suozzi held a part-time position.
5. Richard Suozzi entered a note in the patient record of one of the clients dated Saturday, October 30, 2004, indicating that he had drawn arterial blood gases.
6. Richard Suozzi was not scheduled to work on Saturday, October 30, 2004, and was in fact scheduled for vacation from Friday, October 29, 2004 to Sunday October 31, 2004 and was in South Carolina on a golf weekend during this time.
7. The employer investigated the matter and it was discovered that Richard Suozzi had not performed the arterial blood gases for the two clients and that the written entry on the chart of one of the clients was false.

8. The employer's investigation further revealed that blood gas results for the two clients which were faxed by Richard Suozzi had been cut and pasted from other patients' lab result records which he accessed through a computer records program.
9. Richard Suozzi would have known that, in addition to the risk of inappropriate care to these clients, those lab results would have been sent, in the ordinary course, to the Ministry of Health and Long Term Care and relied upon for public funding for home oxygen services.
10. Richard Suozzi admitted the above actions to his employer (Hospital A), and his employment was terminated on or about December 3, 2004.
11. Richard Suozzi was employed as a part time Respiratory Therapist at another facility, Hospital B.
12. Richard Suozzi had an email account that was established for him by Hospital A. This account provided email access at both Hospital A and Hospital B. However, when Mr. Suozzi was dismissed from his position at Hospital A his email access at both sites was terminated.
13. In an attempt to re-establish his email access at Hospital B, on or about December 15, 2004, without the proper authorization, Richard Suozzi entered the office of the Coordinator and finding her computer turned on, sent an email to the Helpdesk under her signature requesting an email account be established for himself.
14. Richard Suozzi had opportunities to report that he had done this before being confronted by Hospital B, but did not do so.
15. Richard Suozzi's actions were discovered, he then admitted his conduct and was terminated from Hospital B on December 21, 2004.
16. Both of Richard Suozzi's positions involved a high degree of independence. His employers placed a high level of trust in him.

Finding:

The admission, along with a joint submission on penalty by the Member and the College, was accepted by the Panel who made a finding of professional misconduct.

Order:

The Discipline Committee ordered that Richard Suozzi's certificate of registration be suspended for a period of six months, but that 2 months of the suspension be suspended if the remainder of the Order is successfully completed.

That the Registrar impose the following specified terms, conditions and limitations on Mr. Suozzi's certificate of Registration:

- Mr. Suozzi review the standards relating to documentation/recordkeeping;
- Mr. Suozzi must provide evidence of reviewing and understanding the standards in the form of a 1000 word essay, complete with references by September 21, 2006, on the topic of documentation/recordkeeping.
- Mr. Suozzi appear before a Panel to be reprimanded.

Mr Suozzi also agreed to pay \$4,500 toward the College's costs of the investigation and hearing.

Carole Hamp, RRT, Chair

	2005/2006	2004/2005		2005/2006	2004/2005
REGISTRATION STATUS					
General	2246	2137	Home Care	377	405
Active	2159	2053	Rehabilitation	189	203
Inactive	87	84	Research	311	331
Graduate	25	43	Sales	242	239
Limited	18	18	Teaching/Education	1130	1097
Active	16	17	Infection Control	435	N/A
Inactive	2	1	Polysomnography	131	N/A
TOTAL	2289	2198			
			GENDER		
Suspended	12	13	Male	685	669
Due to non-payment of fees	11	13	Female	1604	1529
Due to disciplinary decisions	1				
Resigned	35	26	DELEGATION		
Revoked	20	23	Members who delegated a controlled act	46	29
Due to non-payment of fees	12	12	Members who accepted delegation of:		
Due to disciplinary decisions	0	0	Communicating a diagnosis identifying a disease or disorder	32	37
Due to expiration of Graduate Certificates	8	11	Performing a procedure below the surface a of a mucous membrane	41	42
Reinstated:			Putting an instrument, hand or finger:		
From Resigned	4	4	beyond the external ear canal;	0	2
From Revoked	6	5	the labia majora;	2	1
From Suspended	2	1	the anal verge	3	3
Currently under Suspension	8	10	into an artificial opening into the body	17	19
			Application of a form of energy	230	151
			Cardiac pacemaker therapy	8	6
			Defibrillation	109	83
			Cardioversion	57	9
			Electromyography	0	1
			Nerve conduction studies	0	2
			Transcutaneous cardiac pacing	48	43
			Sound waves for diagnostic ultrasound	8	7
			Allergy challenge testing	17	17
			Re-insert Trach Tube < 24hrs	45	N/A
			Dispensing drugs	31	N/A
			Total members who accepted delegation	234	190
			ACTIVITIES PERFORMED BY MEMBERS		
			Arterial puncture	1734	1687
			Aspiration from a cannula	1150	1137
			Blood analysis	990	978
			Capillary puncture	282	283
REQUESTS FOR INFORMATION FROM PUBLIC REGISTER					
No. of enquiries	46	35			
No. of members information requested on	332	244			
AREAS OF PRACTICE <i>(during the 2005 calendar year)</i>					
Primary/Care	703	701			
Acute/Critical Care	1670	1612			
Sub-Acute Care	1420	1316			
Chronic/Long-term Care	1250	1186			
Administration/Management	362	392			
Anesthesia	337	316			
Consulting	217	182			
Diagnostics-cardiac	384	334			
Diagnostics-pulmonary	767	773			
Equipment Service/Maintenance	924	1023			

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	2005/2006	2004/2005		2005/2006	2004/2005
ACTIVITIES PERFORMED BY MEMBERS <i>continued</i>			ADVANCED PRESCRIBED PROCEDURES		
Cardiovascular perfusion/ECMO	35	25	Cannula/Line – Venous	158	107
Cardioversion	55	56	Cannula/Line – Umbilical	14	15
Chest assessments	1827	1784	Cannula/Line – Arterial	762	680
Defibrillation	70	85	Chest tube insertions	5	2
Diagnostics - pulmonary function	1115	1096	Chest needle insertions	24	25
Diagnostics – polysomnography	140	135			
Diagnostics - ECG	838	834			
Diagnostics - stress testing	231	255	HIGHEST LEVEL OF EDUCATION		
Diagnostics - holter monitoring	113	127	Graduate degree	34	24
Diagnostics - echocardiography	21	23	Undergraduate degree	765	709
Diagnostics - neurodiagnostics	37	40	College diploma	2245	2154
Diagnostics - bronchoprovocation	274	297	Other	452	177
Electronic patient charting	727	683	Members working toward undergraduate degrees	36	N/A
Equipment - quality control	1329	1337	Members working toward graduate degrees	12	N/A
Equipment - preventative maintenance/Repair	1328	1312			
Inhalation - mechanical ventilation	1645	1617			
Inhalation - hyperbarics	43	47			
Inhalation - nitric oxide	793	728			
Inhalation - anesthetic agent	285	286	EMPLOYMENT STATUS		
Injection - direct	259	239	Full-time	1434	1382
Injection - via line or bag	356	358	Part-time	425	409
Intubation - adult/paediatric	1231	1164	Casual	164	157
Intubation - neonatal	361	360	Not-seeking employment	147	148
Literature search	1297	1233			
Patient transport	1262	1223			
Suctioning	1719	1658			
Suturing indwelling cannula	155	137			
Teaching health care practitioner	1322	1322			
Teaching patient/client	1874	1831			
Tracheostomy tube change	1028	954			
Venipuncture	127	102			

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

DISTRIBUTION OF MEMBERS BY PRIMARY EMPLOYER

County/Age	Less than 30	30 - 39	40 - 49	50 and over	Total
Kenora	0	0	1	1	2
Rainy River	0	0	0	0	0
Thunder Bay	6	7	9	6	28
DISTRICT #1 TOTAL	6	7	10	7	30
Algoma	3	5	8	2	18
Cochrane	8	9	3	1	21
Manitoulin	0	0	0	0	0
Muskoka	2	4	3	1	10
Nipissing	3	9	5	4	21
Parry Sound	0	1	0	0	1
Sudbury	6	20	10	5	41
Timiskaming	0	3	1	0	4
DISTRICT #2 TOTAL	22	51	30	13	116
Dundas and Stormont	2	4	2	2	10
Frontenac	11	12	14	8	45
Glengarry	0	0	0	0	0
Grenville	0	0	0	0	0
Hastings	1	5	3	3	12
Lanark	0	0	1	2	3
Leeds	2	3	1	0	6
Lennox and Addington	0	0	0	0	0
Ottawa-Carleton	75	81	74	18	248
Prescott	0	0	0	0	0
Prince Edward	0	0	0	0	0
Renfrew	2	1	4	1	8
Russell	0	0	0	0	0
DISTRICT #3 TOTAL	93	106	99	34	332
Durham	7	20	14	6	47
Haliburton	0	0	0	0	0
Metro Toronto	123	239	137	54	553
Northumberland	0	2	0	1	3
Peel	25	52	40	8	125
Peterborough	2	5	7	4	18
Simcoe	5	17	19	3	44
Victoria	4	2	3	2	11
York	8	21	34	7	70
DISTRICT #4 TOTAL	174	358	254	85	871
Brant	2	1	4	2	9
Dufferin	1	0	4	1	6
Haldimand-Norfolk	1	4	1	2	8
Halton	2	12	15	3	32
Hamilton-Wentworth	39	56	34	15	144
Niagara	4	13	13	0	30
Waterloo	8	24	16	15	63
Wellington	4	3	8	0	15
DISTRICT #5 TOTAL	61	113	95	38	307
Bruce	1	1	0	0	2
Elgin	2	4	5	1	12
Essex	4	33	25	7	69
Grey	4	2	8	3	17
Huron	0	1	2	1	4
Kent	1	7	8	2	18
Lambton	5	7	10	2	24
Middlesex	36	58	83	29	206
Oxford	0	2	0	4	6
Perth	2	5	3	3	13
DISTRICT #6 TOTAL	55	120	144	52	371
TOTAL	411	755	632	229	2027

Condensed Audited Financial Statements 2005-2006

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 28, 2006 and for the year then ended on which we expressed an opinion without reservation in our report dated April 12, 2006. 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 12, 2006

CLARKE HENNING LLP
CHARTERED ACCOUNTANTS

SUMMARIZED STATEMENT OF FINANCIAL POSITION

AS AT FEBRUARY 28, 2006

	2006	2005
ASSETS		
Current assets		
Cash and marketable securities	\$ 1,282,252	\$ 1,259,749
Prepaid expenses	14,589	2,539
	1,296,841	1,262,288
Furniture and equipment	16,448	1,791
	1,313,289	1,264,079
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities	24,083	18,607
Deferred revenue	590,150	549,950
	614,233	568,557
NET ASSETS		
Abuse therapy fund	20,000	20,000
General contingency reserve fund	500,000	500,000
General investigations and hearings fund	100,000	100,000
Special projects reserve	30,000	30,000
Fees stabilization reserve	20,000	20,000
Invested in capital assets	16,448	1,791
Operating - unrestricted	12,608	23,731
	699,056	695,522
	1,313,289	1,264,079

SUMMARIZED STATEMENT OF OPERATIONS

YEAR ENDED FEBRUARY 28, 2006

Revenues		
Registration, renewal, application and examination fees	1,100,175	1,062,300
Interest and other income	58,094	40,162
	1,158,269	1,102,462
Expenses		
Salaries and benefits	550,076	524,586
Occupancy costs	67,230	61,072
Professional fees	72,688	78,851
Printing, postage, stationery and delivery	119,854	113,258
Council and committee	83,323	74,831
Special projects	121,398	88,386
All other operating expenses	140,166	132,472
	1,154,735	1,073,456
Excess of revenues over expenses for the year	\$ 3,534	\$ 29,006

Copies of 2005/2006 complete audited financial statements are available on our website at www.crto.on.ca or on request from the Registrar at 416-591-7800.

COUNCIL MEMBERS

March 1, 2005 to February 28, 2006

James McCormick RRT President
Susan Martin RRT Vice-President
Marisa Ammerata RRT
Dorothy Angel
Sudershen Beri
Susan Bryson (to December 23, 2005)
Gloria Hinton
Kathleen Keating-Burghardt (from October 5, 2005)
Richard Levert (to October 8, 2005)
Judy MacGregor RRT
Vito Maiolino RRT
Lorella Piirik RRT
John Schenk
Paul Stewart RRT
Peter Szkorla RRT (to November 23, 2005)
Kevin Taylor RRT (from November 24, 2005)
Gary Weeks

NON-COUNCIL COMMITTEE MEMBERS

March 1, 2005 to February 28, 2006

Gary Ackerman RRT
Mario Aquilina RRT (to November 23, 2005)
Shari Cole RRT
Brent Dionne RRT
Jeff Earnshaw RRT
Harold Featherston RRT
Daniel Fryer RRT (from November 24, 2005)
Carole Hamp RRT
Chris Harris RRT (to November 23, 2005)
Cheryl Homuth RRT (to November 23, 2005)
David Jones RRT (from November 24, 2005)
Carmen Kergl RRT
**Ginny Martins RRT (to November 23, 2005
Re-appointed from February 3, 2006)**
Melissa McLean RRT (to November 23, 2005)
Bernard McNamara RRT
James Quigley RRT
Martin Rennick RRT (to November 23, 2005)
Ian Summers (from November 24, 2005)
Caroline Tessier RRT (from November 24, 2005)
Kevin Taylor RRT (to November 23, 2005)

STAFF

Gord Hyland Registrar and CEO
Mary Bayliss RRT, CAE Professional Practice Advisor
Melanie Jones-Drost Co-ordinator of Quality Assurance
Amelia Ma Co-ordinator of Administrative Services
Julia Pak Administrative Officer (to November 30, 2005)
Shahsultan Amarshi Administrative Officer (from January 23, 2006)
Ania Walsh Co-ordinator of Registration
Christine Robinson Manager of Policy and Investigations
Barb Saunders Co-ordinator of Communications and Member Services

COMPLAINTS

March 1, 2005 to December 12, 2005
Peter Szkorla RRT Chair (*to November 23, 2005*)

Brent Dionne RRT Vice-Chair
Dorothy Angel
Sudershen Beri
Shari Cole RRT
Cheryl Homuth RRT
Carmen Kergl RRT
Vito Maiolino RRT
Paul Stewart RRT
Kevin Taylor RRT

December 13, 2005 to February 28, 2006

Brent Dionne RRT Chair
Paul Stewart RRT Vice-Chair
Marisa Ammerata RRT
Dorothy Angel
Sudershen Beri
Carmen Kergl RRT
James Quigley RRT
Kevin Taylor RRT

DISCIPLINE

March 1, 2005 to December 12, 2005

John Schenk Chair
Carole Hamp RRT Vice-Chair
Gary Ackerman RRT
Marisa Ammerata RRT
Mario Aquilina RRT
Susan Bryson
Jeff Earnshaw RRT
Gloria Hinton
Richard Levert (*to October 8, 2005*)
Judy MacGregor RRT
Ginny Martins RRT
Bernard McNamara RRT
Lorella Piirik RRT
James Quigley RRT
Gary Weeks

December 13, 2005 to February 28, 2006

Carole Hamp RRT Chair
Judy MacGregor RRT Vice-Chair
Gary Ackerman RRT
Susan Bryson (*to December 23, 2005*)
Shari Cole RRT
Jeff Earnshaw RRT
David Jones RRT
Kathleen Keating-Burghardt
Ginny Martins RRT (*to November 23, 2005 Re-appointed from February 3, 2006*)
Bernard McNamara RRT
Vito Maiolino RRT
Lorella Piirik RRT
Ian Summers RRT
Caroline Tessier RRT
Gary Weeks

EXECUTIVE

March 1, 2005 to November 23, 2005

James McCormick RRT Chair
Susan Martin RRT Vice-Chair
Gloria Hinton
Richard Levert (*to October 8, 2005*)
Judy MacGregor RRT

November 24, 2005 to February 28, 2006

James McCormick RRT Chair
Susan Martin RRT Vice-Chair
Gloria Hinton
Judy MacGregor RRT
John Schenk

FITNESS TO PRACTISE

March 1, 2005 to December 12, 2005

John Schenk Chair
Carole Hamp RRT Vice-Chair
Gary Ackerman RRT
Marisa Ammerata RRT
Mario Aquilina RRT
Susan Bryson
Jeff Earnshaw RRT
Gloria Hinton
Richard Levert (*to October 8, 2005*)
Judy MacGregor RRT
Ginny Martins RRT
Bernard McNamara RRT
Lorella Piirik RRT
James Quigley RRT
Gary Weeks

December 13, 2005 to February 28, 2006

Carole Hamp RRT Chair
Judy MacGregor RRT Vice-Chair
Gary Ackerman RRT
Susan Bryson (*to December 23, 2005*)
Shari Cole RRT
Jeff Earnshaw RRT
David Jones RRT
Kathleen Keating-Burghardt
Ginny Martins RRT (*to November 23, 2005 Re-appointed from February 3, 2006*)
Bernard McNamara RRT
Vito Maiolino RRT
Lorella Piirik RRT
Ian Summers RRT
Caroline Tessier RRT
Gary Weeks

PATIENT RELATIONS

March 1, 2005 to December 12, 2005

Susan Bryson Chair
Ginny Martins RRT Vice-Chair
Dorothy Angel
Shari Cole RRT
Carole Hamp RRT
Susan Martin RRT
Melissa McLean RRT
Bernard McNamara RRT
Gary Weeks

PATIENT RELATIONS

December 13, 2005 to February 28, 2006

Susan Martin RRT Chair
Shari Cole RRT Vice-Chair
Dorothy Angel
Sudershen Beri
Carole Hamp RRT
Kathleen Keating-Burghardt
Bernard McNamara RRT
Ian Summers RRT

QUALITY ASSURANCE

March 1, 2005 to December 12, 2005

Harold Featherston RRT (Chair)
Vito Maiolino RRT Vice-Chair
Gary Ackerman RRT
Mario Aquilina RRT
Sudershen Beri
Carmen Kergl RRT
James McCormick RRT
John Schenk

December 13, 2005 to February 28, 2006

Harold Featherston RRT Chair
Vito Maiolino RRT Vice-Chair
Gary Ackerman RRT
Sudershen Beri
Kathleen Keating-Burghardt
James McCormick RRT
Caroline Tessier RRT

REGISTRATION

March 1, 2005 to December 12, 2005

Dorothy Angel Chair
Kevin Taylor RRT Vice-Chair
Marisa Ammerata RRT
Chris Harris RRT
Gloria Hinton
Lorella Piirik RRT
James Quigley RRT
Martin Rennick RRT

December 13, 2005 to February 28, 2006

Dorothy Angel Chair
Kevin Taylor RRT Vice-Chair
Jeff Earnshaw RRT
Dan Fryer RRT
Gloria Hinton
David Jones RRT
Ginny Martins RRT (*to November 23, 2005 Re-appointed from February 3, 2006*)
Lorella Piirik RRT

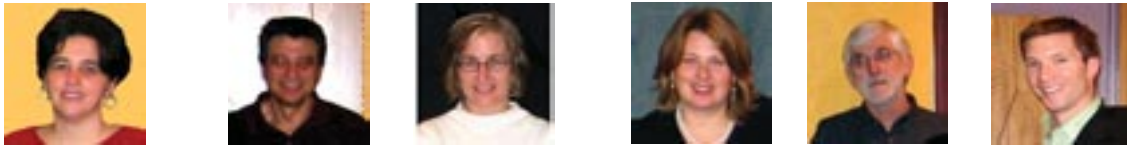
The **CRTO Council Team** is the Board of Directors of the College made up of Profession (Respiratory Therapy) Members and Public Council Members.

Profession Council Members

All profession Council Members are Registered Respiratory Therapists elected by Members of the College.



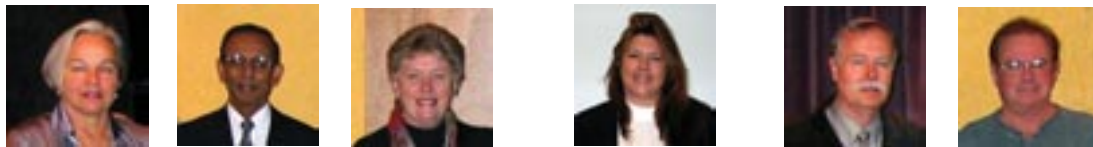
President: *James McCormick, RRT*
Vice President: *Susan Martin, RRT*



Left to right: *Marisa Ammerata RRT, Vito Maiolino RRT, Judy MacGregor RRT, Lorella Piirik RRT, Paul Stewart RRT, Kevin Taylor RRT.*

Public Council Members

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

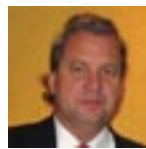


Left to right: *Dorothy Angel, Sudershen Beri, Gloria Hinton, Kathleen Keating-Burghardt, John Schenk, Gary Weeks.*

Thanks to our Council Members who have recently completed their terms.



Public Member
Susan Bryson
27/02/03 to 23/12/05



Public Member
Richard Levert
09/10/02 to 08/10/05



Profession Member
Peter Szklora, RRT
26/11/99 to 23/11/05

CRTO Staff



Back Row: Melanie Jones-Drost, Co-ordinator of Quality Assurance
Christine Robinson, Manager of Policy and Investigations
Barb Saunders, Co-ordinator of Communications and Member Services
Middle Row: Ania Walsh, Co-ordinator of Registration
Shahsultan Amarshi, Administrative Officer
Amelia Ma, Co-ordinator of Administrative Services
Front Row: Gord Hyland, Registrar and CEO
Mary Bayliss RRT, CAE, Professional Practice Advisor



COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

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