

College of Respiratory Therapists of Ontario

EXCELLENCE



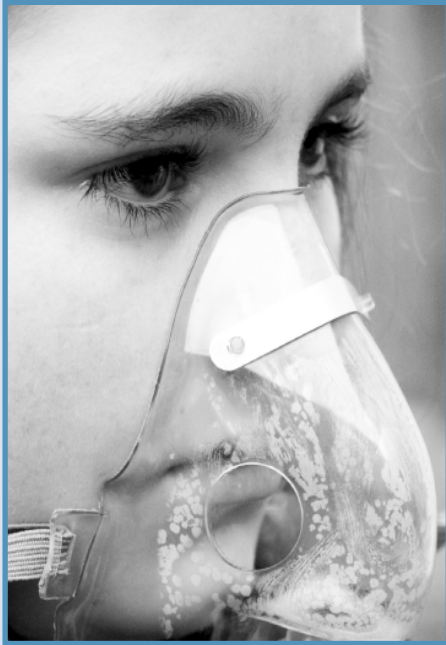
FOR ALL THE RIGHT REASONS

Annual Report 2006 - 2007

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C R T O M I S S I O N

S T A T E M E N T



The **College of Respiratory Therapists of Ontario**, through its administration of the *Regulated Health Professions Act* and the *Respiratory Therapy Act*, is dedicated to ensuring that respiratory therapy services provided to the public, by its Members, are delivered in a safe and ethical manner.

Index

Remembering Gord	3
Report from the President and Registrar	3
Committee Reports	5
Statistics	9
Financial Statements	12
Council, Non-Council, and Staff	13
Committees	14
Council Team	15
Staff	15

Like any Annual Report, this document will attempt to provide a synopsis of the entire year with clear concise component stories that describe our past year's progress. Unlike any other annual report, how could we not but pay tribute, once again, to our beloved leader, Gord Hyland? And given the impact of his leadership, how can we not be cognizant that all future reports and hence our future progress would not be judged against that high standard he set? In essence, when we scribe this report, we effectively close a chapter in our College history, forever to be measured, on a go forward basis by the PPG perspective (Period Post Gord). During his tenure we witnessed a sea change in our governance, our collaborative approach and our sense of pride and optimism in being part of a functional, fair and respected Regulatory College.



One of the countless tributes coming to us from our Members was as follows:

"I pause to think that sometimes...there are reasons why special people like Gord, just happen along at the right place at the right time."

It is to this sentiment that we pay our final respects, for he surely came along at a time of unrest. **Yet to define the measure of this man, it was not how he was affected by "The Troubles" at the College but rather how he affected the College and its membership during these difficult, if not tumultuous times.** That speaks to a special kind of leadership, fueled by sincerity, passion and goodness. Where the College is today is really Gord's lasting legacy! And so rather than worry about the PPG comparators, all of Council, Gord's Girl's, Public and Profession Members embrace those comparisons, for he brought us to a place we can all be

proud. A place wherein we all realize fully that the best way to honor his memory is to constantly ask *"What would Gord do?"* and then proceed to do it with grace, humility and a passion for doing the right thing the right way!

James McCormick, RRT

Report from the President and the Registrar

Assessing how successful the CRTO has been in fulfilling its mandate in light of the 2003 Strategic Plan

In 2003, CRTO Council, Committees and staff identified six major strategic initiatives at the Strategic Planning session:

1. Ensure that entry to practice requirements are based on needs assessment and in the public interest.
2. Ensure that an adequate number of qualified Respiratory Therapists are available to meet anticipated demand.
3. Create a positive atmosphere in the relations between the College and its Members.
4. Educate the public in the role of Respiratory Therapists – who they are, what they do and how they are regulated.
5. Continue to influence change in legislation and regulation, and in setting standards for entry to practice.
6. Create, nurture and leverage partnerships with important external stakeholders.

The mention of the term "strategic plan" often evokes visions of a hefty tome gathering dust on a shelf. At the CRTO we have aimed to keep our document alive by using it as a tool for tracking the progress we have made in meeting the objectives and priorities that were identified during the strategic planning process. These priorities were directly related to the College's mandate of safeguarding the public interest, and ensuring public access to a competent, motivated, well informed RT profession. In assessing how successful the College has been in implementing the strategic

priorities, and therefore, fulfilling its mandate, the College used a variety of monitoring tools including:

- Ongoing strategic plan updates;
- Monitoring and revising Council and Committee goals;
- Soliciting widespread CRTO Member involvement and input on a variety of initiatives;
- Ensuring ongoing dialogue with key stakeholders;
- Carrying out staff performance evaluations; and
- Monitoring Members' compliance with regulations & standards.

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So, how are we doing in advancing the objectives that were identified in 2003?

1. Ensure that entry to practice requirements are based on needs assessment and in the public interest

- The CRTO is working with other jurisdictions to develop national competency standards. As a member of the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB) the CRTO is a participant in the development of the National Competency Profile and assessment tools for regulation of Canadian and internationally trained healthcare practitioners seeking to practice Respiratory Therapy in Canada.
- In meeting its objective to ensure that entry to practice requirements are research-based and in the public interest, the CRTO initiated a study into baccalaureate degree level entry to practice for Respiratory Therapy in Ontario. Phase 1 of the study is complete (and the report posted on our Web site) and Phase Two is underway.

2. Ensure that an adequate number of qualified Respiratory Therapists are available to meet anticipated demand.

The CRTO has participated and collaborated in a number of initiatives with educational programs, government and other agencies including:

- Participated in various career day forums;
- Participated in various government sponsored and other health human resources planning initiatives;
- Collaborated with government and other organizations regarding representation of Respiratory Therapy and related funding of Respiratory Therapy services (e.g. meeting with LHINs); and
- Participated in initiatives that assist internationally trained health care providers (working with Algonquin College and the Michener Institute to

improve the Prior Learning Assessment process and reduce costs to the applicant while ensuring the key goals, fairness to the candidates and protection of the public, are maintained).

3. Create a positive atmosphere in the relations between the College and its Members.

CRTO Council, committees and staff have worked hard to:

- Create clear and consistent communications with Members;
- Support methods for two-way communication by inviting Members to have their say through surveys, evaluation forms and other consultation mechanisms;
- Listen and be prepared to act or communicate on Member feedback;

- Meet RTs in their communities and provide Members with education and orientation sessions (e.g., Professional Portfolio workshops, Professional Practice Presentations);
- Involve volunteer RT Members in the development of standards, guidelines, QA mechanisms, and other key initiatives (e.g., Infection Control PPG working group; advanced procedures below the dermis regulation review working group; baccalaureate degree level entry to practice advisory group; Portfolio Reviewers, PSA item writers and reviewers);
- Build and maintain a relationship of trust with the RTSO and CSRT including holding regular meetings with the RTSO and attending the CSRT Forum.

4. Educate the public on the role of Respiratory Therapists – who they are, what they do and how they are regulated.

The ongoing work of the RTSO/CRTO Communications working group, our various communication efforts and the participation of staff and Members on various task forces, has resulted in progress in public education and media relations for the profession. Through these initiatives the College and its Members have:

- Educated the public, other health professions and key stakeholders on the different roles and work environments of Respiratory Therapists;
- Positioned RTs as experts and advocates on prevention and coping with respiratory ailments.

5. Continue to influence change in legislation and regulation, and in setting standards for entry to practice.

- The CRTO has made numerous submissions to government on statutes and regulations, most notably on Bill 171, the *Health Systems Improvements Act* and the Registration Regulation.
- The CRTO continues to review standards and policies related to entry to practice including Prior Learning Assessment, approval of RT programs and language proficiency requirements.
- The CRTO is working with the National Alliance of Respiratory Therapy Regulatory bodies to develop national assessment tools for the regulation of Canadian and Foreign Trained Respiratory Therapists in Canada.

6. Create, nurture and leverage partnerships with important external stakeholders.

Council/committee Members and staff strive to forge strong links with professional associations (both nationally and provincially), RT education programs, government, employers and other key stakeholders, and with as many Members as possible.

In 2008, the CRTO embarks on its next strategic planning session and we will look to our Members and partnerships to once again help us identify priorities.

Susan Martin, RRT, President
Christine Robinson, Acting Registrar



Susan Martin, RRT
President,



Christine Robinson
Acting Registrar

Committee Reports

EXECUTIVE COMMITTEE

One of the biggest challenges for the Executive Committee was that of selecting a Registrar following the sad occasion of the death of our much respected Registrar and colleague, Gord Hyland, in October 2006. The Committee embarked on the Registrar recruitment process which ended on March 20, 2007 with the appointment of Christine Robinson as the new Registrar and CEO.

During the 2006-2007 fiscal year the Executive Committee held 10 regular meetings. In December 2006, following the election of Members and election of Executive Committee, the Committee met to appoint the Council and Non-Council Members to committees in accordance with the CRTO bylaw. In addition, some appointments were made during the year to fill Committee vacancies. We thank all those Members who allowed their names to stand and hope that those who were elected and appointed find the opportunities rewarding.

The Executive Committee continued meeting with the Respiratory Therapy Society of Ontario through 2006. Agenda items included the RTSO Gord Hyland Award, potential roles for RTs on Critical Response Teams, the degree entry project, conflict of interest policy for CRTO reviewers and item writers, a review of election eligibility requirements under the Bylaw related to length of time serving on a professional association/board, and the proposed statutory amendments under Bill 171 on which both the CRTO and RTSO have made submissions.

The Executive Committee accepts financial reports from the Registrar and works in collaboration with the Registrar in developing policies for the College's investments. This year the Executive Committee is reviewing, with the Registrar, the College's investment strategy and policy for approval by Council.

The Committee has considered nine referrals during the 2006-2007 registration year. Most of the referrals stemmed from employer reports. The disposition of these matters is as follows:

Source of referral	Concern	Resolution
Employer report	<i>Inappropriate touching</i>	Negotiation of Undertaking and Agreement
Employer report	<i>Altering or falsifying a certificate of registration</i>	Negotiation of Undertaking and Agreement
Registrar's referral	<i>Incomplete or inaccurate statements to the College; breach of agreement; use of title/holding out; sexual abuse.</i>	Referral to discipline
Employer report	<i>Incapacity</i>	Board of Inquiry
Employer report	<i>Working while certificate of registration under suspension</i>	Letter of warning
Employer report	<i>Failure to meet employer obligations</i>	No action
QA Committee referral	<i>Practicing while inactive</i>	No action
Employer report	<i>Dishonesty/fraud</i>	Still under investigation
Employer report	<i>Sexual harassment</i>	Still under investigation

Susan Martin, RRT, Chair

QUALITY ASSURANCE COMMITTEE

The QA Committee's role and responsibilities include maintaining programs to promote continuing competence among Members, and ensuring the quality of practice of the profession in accordance with the *Regulated Health Professions Act, 1991*, the *Respiratory Therapy Act, 1991*, regulations, by-laws and policies of the College.

The Quality Assurance Program currently consists of two components:

1) Professional Portfolio:

- The four step process of continuous quality improvement, or CQI, is designed to encourage self-reflection in the hope that Members will gain more from their learning by completing this process.
- Members are required to document one Learning Goal every 12-months and capture their day-to-day professional development activities in a Learning Log.

2) Professional Standards Assessment:

- The 'PSA' is an on-line, self-invigilated, open-book

assessment consisting of 50 multiple-choice questions requiring the application of College legislation, regulations or guidelines.

- Utilizing whatever resources Members deem necessary, the aim is to provide an opportunity to understand and apply the standards to their practice.

The Committee met five times during the 2006-2007 fiscal year. Their work included the assessment of 174 Members Professional Portfolios and Professional Standards Assessment scores. Approximately 89% of Members either met or exceeded the Committee's expectations regarding their QA requirements. The Committee also granted 21 Members deferrals of their QA requirements, ranging in length from 6 weeks to 12 months.

The Committee will continue to develop a mechanism to measure the effectiveness of the Quality Assurance Program in the coming year, in addition to our on-going goal to facilitate Members "to be the best they can be."

Kathleen Keating, Chair

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 counseling for eligible persons who were sexually abused by a Respiratory Therapist.

The Patient Relations Committee (PRC) met four times over the past year, three times at the CRTO office and once by teleconference. In addition to these regular meetings, there were several working groups formed to review two existing Professional Practice Guidelines on *Dispensing Medication* and *Delegation of Controlled Acts* and to develop a new PPG on the topic of infection control for Respiratory Therapists. In addition, the PRC and the Registration Committee collaborated to review the *Responsibilities as Educators* and the *Delegation of Controlled Acts* PPGs. The *Delegation of Controlled Acts* was approved by Council in February 2007.

At the February 2007 Council meeting, the proposed draft *Infection Control* PPG was approved for the purpose of circulation to Members and other stakeholders for feedback. The PRC will consider comments and feedback and make any necessary changes before bringing it back to Council for their final approval. It is anticipated that the final version of this PPG will be published and distributed to Members in the fall of 2007.

Representatives from the PRC continue to take part in the joint CRTO/RTSO Communication Working Group (CWG). The strategy of this group is to inform key stakeholders as to the vital role Respiratory Therapists (RTs) play in health care. The Local Health Integration Networks (LHINs) have been an important focus of the CWG over the past year. RTs from each of the 14

LHIN regions along with CRTO staff met with the LHIN CEO and/or senior policy staff in order to learn more about their Integrated Health Service Plan Priorities. The goal was also to provide important information about the delivery of Respiratory Therapy to patients in their LHIN communities and offer a list of contacts to call for further information or for possible representation on various LHIN working groups.

Other activities of the CWG include:

- Liaison with the Ontario Schools Guidance Counselors Association which has resulted in several RT's speaking to high schools in their area about their profession.
- Canada Career Consortium magazine published an interview with CRTO Member Mika Nonoyama RRT.
- Photo contest for the RT week poster with Respiratory Therapists working in Critical Care as the theme.

The PRC reviewed the CRTO's French language services in terms of the telephone voice mail, e-mail and written correspondence translations that are provided. All PPGs as well as all essential documents are presently translated into French and the CRTO, in conjunction with the PRC, continue to look for ways to improve the service.

Efforts were made by the PRC in collaboration with the RTSO to assist in disseminating the new CPR guidelines to the RT's in the province. A mass e-mail which included a link to the CPR guidelines summary document was sent out to all of our Members who have provided us with their email address. As well, the link was also posted on the CRTO Web site. A summary of the changes was also written by a member of the PRC for the summer 2006 issue of *The Exchange*.

Duty of Care as it pertains to the CRTO Pandemic Plan continues to be an issue that the PRC is evaluating. It has also been identified by the PRC that there is a need for an effective Communication Strategy in the event of a Pandemic Influenza outbreak.

Carole Hamp, RRT, Chair

REGISTRATION COMMITTEE

The Registration Committee carries out the duties related to the application and registration of Respiratory Therapists in accordance with the *Regulated Health Professions Act* 1991, the *Respiratory Therapy Act* 1991, the Registration Regulation and the by-laws and policies of the College. The Committee reviews the eligibility of applicants for registration and establishes the criteria by which the College issues Certificates of Registration.

During the year of March 1, 2006 to February 28, 2007, the Registration Committee met a total of five times and held one teleconference. In addition, seven Panels were convened to consider referrals from the Registrar. Altogether 45 referrals were

reviewed. The Committee also reviewed an Order from the Health Professions Appeal and Review Board ("the Board") in the matter of an internationally trained professional's application for registration. The Board referred the application back to the Registration Committee for further consideration. Following a review of the Board's decision, and based on the information with respect to extenuating circumstances as indicated in the applicant's submission to the Board (information that was not available to the initial Panel of July 14, 2005), the Committee decided to permit the applicant a further and final opportunity to write the Didactic Assessment as part of the Prior Learning Assessment process. In addition, the Committee conducted a detailed review of one Respiratory Therapy program offered

continued...

Committee Reports

Registration Committee Report continued ...

outside Canada as requested by an applicant for registration. The Committee was not able to determine the equivalency of the program based on the documentation provided by the applicant. The applicant was referred to the CRTO's Prior Learning Assessment process in order for the applicant to demonstrate whether she possesses the minimum knowledge, skills and abilities to practice the profession competently in Ontario.

Members of the Registration Committee conducted a review of the Prior Learning Assessment (PLA) policy and recommended a number of changes. The Committee also reviewed a Memorandum of Understanding with Algonquin College regarding the conducting of Prior Learning Assessments (PLAs). The CRTO Council subsequently approved the Memorandum of Understanding. There are now two educational institutions approved by the CRTO to conduct PLAs: The Michener Institute in Toronto, and Algonquin College in Ottawa. We are also pleased to report that three of our internationally trained applicants successfully completed their PLA and are now registered with the College.

The Registration Committee developed a new policy regarding Language Proficiency Requirements in order to assist the College in evaluating internationally trained applicants' language proficiency and to provide internationally trained applicants with clear and specific information on language requirements before entering the CRTO Prior Learning Assessment Process.

During the course of the year, five certification programs at various hospitals for the performance of advanced prescribed procedures below the dermis by Members, were considered and approved by the Committee. The Registration Committee continues its discussions regarding proposed amendments to the Prescribed Procedures Regulation, including exploration of issues associated with creation of best practice guidelines for the more common advanced prescribed procedures below the dermis (APPBD). A working group will commence in April 2007, to produce the APPBD Best Practice Guidelines. The main goal of

the guidelines is to help streamline the approval process and make it more consistent. The APPBD working group will also serve as a focus group for the information gathering phase of the Prescribed Procedures regulation review.

The Registration Committee has been overseeing the activities related to the CRTO Study into Baccalaureate Degree Level entry to practice for Respiratory Therapy in Ontario. The College has moved forward with Phase Two of the project. This includes identifying options and transitional issues associated with degree level entry to practice credentials, meeting with government, college and university representatives and canvassing stakeholders, including the entire CRTO membership. The Advisory Group met on October 11, 2006, to identify options/transitional issues and discuss the gap analysis. All Ontario RT programs were represented. In addition, representatives from the Canadian Society of Respiratory Therapists and the Respiratory Therapy Society of Ontario were also present.

We are happy to announce that the Conestoga College RT program received an "approved" status at the June 2006 Council meeting. The program has received "New Program Approval" accreditation status from the Council on Accreditation for Respiratory Therapy Education (CoARTE).

The Committee conducted a thorough review of the College's current practices with regard to approval of Respiratory Therapy programs as well as granting equivalency status to Respiratory Therapy programs offered outside Canada. On a recommendation from the Registration Committee, the Council agreed to discontinue the accreditation services stakeholder agreement with the Canadian Society for Respiratory Therapy. Council also approved a new policy regarding the Approval of Canadian Education Programs. In the upcoming year, Members of the Committee will continue their discussions regarding equivalency status for education programs offered outside of Canada.

Dorothy Angel, 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 2006-2007 period a number of Members of the Discipline Committee attended the Federation of Health Regulatory College's "Conducting a Discipline Hearing" workshop.

One matter was referred to the Discipline Committee for a hearing which is scheduled for 2007.

Carole Hamp, RRT, Chair

FITNESS TO PRACTICE COMMITTEE

The Fitness to Practice 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 Practice Committee in 2006/2007.

Carole Hamp, RRT, Chair

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 2006/2007 registration year.

Concern	Resolution
<i>Harassment and other inappropriate behaviour toward coworkers</i>	Negotiated Undertaking and Agreement Caution
<i>Impugning reputation of a colleague</i>	Caution
<i>Failure to meet the SOP of the profession with respect to ventilatory care.</i>	No Action
<i>Verbal abuse</i>	No Action
<i>Unprofessional conduct</i>	No Action
<i>Rude behaviour</i>	Complaint Withdrawn
<i>Sexual harassment, Impugning reputation of a colleague, breach of confidentiality</i>	Still Under Investigation

Brent Dionne, RRT, Chair

REGISTRATION STATUS

	2006/2007	2005/2006
General	2338	2246
Active	2259	2159
Inactive	79	87
Graduate	20	25
Limited	18	18
Active	16	16
Inactive	2	2
TOTAL	2376	2289
Suspended	21	12
Due to non-payment of fees	21	11
Due to disciplinary decisions	0	1
Resigned	27	35
Revoked	10	20
Due to non-payment of fees	8	12
Due to disciplinary decisions	0	0
Due to expiration of Graduate Certificates	2	8
Due to expiration of Registration Certificate	0	0
Reinstated:		
From Resigned	6	4
From Revoked	3	6
From Suspended	3	2
Currently under Suspension	17	8

REQUESTS FOR INFORMATION FROM PUBLIC REGISTER

	2006/2007	2005/2006
No. of enquiries	74	46
No. of Members information requested on	543	332

AREAS OF PRACTICE

	2006/2007	2005/2006
Primary/Care	726	703
Acute/Critical Care	1730	1670
Sub-Acute Care	1429	1420
Chronic/Long-term Care	1237	1250
Administration/Management	383	362
Anaesthesia	373	337
Consulting	181	217

2006/2007 2005/2006

	2006/2007	2005/2006
Diagnostics-cardiac	390	384
Diagnostics-pulmonary	851	767
Equipment Service/Maintenance	949	924
Home Care	385	377
Rehabilitation	214	189
Research	337	311
Sales	239	242
Teaching/Education	1147	1130
Infection Control	433	435
Polysomnography	141	131

GENDER

	2006/2007	2005/2006
Male	701	685
Female	1675	1604

DELEGATION

	2006/2007	2005/2006
Members who delegated a controlled act	45	46
Members who accepted delegation of:		
Communicating a diagnosis identifying a disease or disorder	44	32
Performing a procedure below the surface a of a mucous membrane	50	41
Putting an instrument, hand or finger: beyond the external ear canal;	1	0
the labia majora;	0	2
the anal verge	5	3
into an artificial opening into the body	12	17
Application of a form of energy	262	230
Cardiac pacemaker therapy	10	8
Defibrillation	123	109
Cardioversion	64	57
Electromyography	0	0
Nerve conduction studies	1	0
Transcutaneous cardiac pacing	54	48
Sound waves for diagnostic ultrasound	10	8
Allergy challenge testing	18	17
Reinsert Trach Tube < 24hrs	60	45
Dispensing drugs	48	31
Other	5	6
Total Members who accepted delegation	286	234

	2006/2007	2005/2006
ACTIVITIES PERFORMED BY MEMBERS		
Arterial puncture	1804	1734
Aspiration from a cannula	1224	1150
Blood analysis	1010	990
Capillary puncture	252	282
Cardiovascular perfusion/ECMO	32	35
Cardioversion	56	55
Chest assessments	1887	1827
Defibrillation	80	70
Diagnostics - pulmonary function	1203	1115
Diagnostics – polysomnography	137	140
Diagnostics - ECG	889	838
Diagnostics - stress testing	232	231
Diagnostics - holter monitoring	101	113
Diagnostics - echocardiography	22	21
Diagnostics - neurodiagnostics	45	37
Diagnostics - bronchoprovocation	294	274
Electronic patient charting	817	727
Equipment - quality control	1351	1329
Equipment - preventative maintenance/Repair	1284	1328
Inhalation - mechanical ventilation	1705	1645
Inhalation - hyperbarics	49	43
Inhalation - nitric oxide	774	793
Inhalation - anaesthetic agent	287	285
Injection - direct	295	259
Injection - via line or bag	368	356
Intubation - adult/paediatric	1262	1231
Intubation - neonatal	368	361
Literature search	1351	1297

	2006/2007	2005/2006
ACTIVITIES PERFORMED BY MEMBERS <i>continued</i>		
Patient transport	1260	1262
Suctioning	1771	1719
Suturing indwelling cannula	178	155
Teaching health care practitioner	1393	1322
Teaching patient/client	1936	1874
Tracheostomy tube change	1106	1028
Venipuncture	166	127

ADVANCED PRESCRIBED PROCEDURES

	2006/2007	2005/2006
Cannula/Line – Venous	169	158
Cannula/Line – Umbilical	17	14
Cannula/Line – Arterial	850	762
Chest tube insertions	4	5
Chest needle insertions	32	24

HIGHEST LEVEL OF EDUCATION

	2006/2007	2005/2006
Graduate degree	56	34
Undergraduate degree	860	765
RT Diploma	2306	N/A*
Other diploma	187	N/A*
College diploma	-	2245
Other	54	452

EMPLOYMENT STATUS

	2006/2007	2005/2006
Full-time	1494	1434
Part-time	428	425
Casual	181	164
Seeking employment	103	119
Not-seeking employment	170	147

NOTE: numbers are based on self-reporting by Members

* statistics not available for this time period

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	8	7	11	7	33
District #1 Total	8	7	12	8	35
Algoma	5	4	7	4	20
Cochrane	5	9	3	1	18
Manitoulin	0	0	0	0	0
Muskoka	0	5	3	1	9
Nipissing	3	9	6	3	21
Parry Sound	0	1	0	0	1
Sudbury	10	16	14	5	45
Timiskaming	0	2	2	0	4
District #2 Total	23	46	35	14	118
Dundas and Stormont	2	3	3	2	10
Frontenac	12	13	15	9	49
Glengarry	0	0	0	0	0
Grenville	0	0	0	0	0
Hastings	1	5	3	3	12
Lanark	0	0	0	3	3
Leeds	2	3	1	0	6
Lennox and Addington	0	0	0	0	0
Ottawa-Carlton	77	82	78	25	262
Prescott	0	0	0	0	0
Prince Edward	0	0	0	0	0
Renfrew	2	2	4	2	10
Russell	0	0	0	0	0
District #3 Total	96	108	104	44	352
					0
Durham	4	18	16	6	44
Haliburton	0	0	0	0	0
Metro Toronto	103	235	165	56	559
Northumberland	0	2	0	1	3
Peel	26	45	46	12	129
Peterborough	2	6	7	5	20
Simcoe	7	17	22	4	50
Victoria	4	1	2	3	10
York	11	18	32	11	72
District #4 Total	157	342	290	98	887
					0
Brant	2	1	4	3	10
Dufferin	0	0	4	1	5
Haldimand-Norfolk	1	3	2	2	8
Halton	1	15	16	4	36
Hamilton-Wentworth	34	55	41	15	145
Niagara	3	13	12	3	31
Waterloo	10	23	19	14	66
Wellington	7	4	8	0	19
District #5 Total	58	114	106	42	320
					0
Bruce	1	0	0	1	2
Elgin	1	5	5	1	12
Essex	6	36	23	8	73
Grey	2	3	8	4	17
Huron	0	0	3	0	3
Kent	1	6	7	3	17
Lambton	4	6	12	2	24
Middlesex	38	58	85	39	220
Oxford	0	2	0	4	6
Perth	1	3	6	3	13
District #6 Total	54	119	149	65	387
TOTAL	396	736	696	271	2099

Summarized Audited Financial Statements 2006 - 2007

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, 2007 and for the year then ended on which we expressed an opinion without reservation in our report dated April 13, 2007. 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 13, 2007

CLARKE HENNING LLP
CHARTERED ACCOUNTANTS
Licensed Public Accountants

SUMMARIZED STATEMENT OF FINANCIAL POSITION AS AT FEBRUARY 28, 2007

	2007	2006
ASSETS		
Current assets		
Cash and marketable securities	\$ 1,329,445	\$ 1,282,252
Prepaid expenses and sundry receivables	4,759	14,589
	<u>1,334,204</u>	<u>1,296,841</u>
Furniture and equipment	14,354	16,448
	<u>1,348,558</u>	<u>1,313,289</u>
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities	76,512	24,083
Deferred revenue	454,750	590,150
	<u>531,262</u>	<u>614,233</u>
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	14,354	16,448
Operating unrestricted	132,942	12,608
	<u>817,296</u>	<u>699,056</u>
	<u>1,348,558</u>	<u>1,313,289</u>

SUMMARIZED STATEMENT OF OPERATIONS YEAR ENDED FEBRUARY 28, 2007

Revenues		
Registration, renewal, application and examination fees	1,155,900	1,100,175
Interest and other income	22,255	58,094
	<u>1,178,155</u>	<u>1,158,269</u>
Expenses		
Salaries and benefits	521,912	550,076
Occupancy costs	69,231	67,230
Professional fees	95,439	72,688
Printing, postage, stationery and delivery	102,203	119,854
Council and committee	87,154	83,323
Special projects	67,794	121,398
All other operating expenses	116,182	140,166
	<u>1,059,915</u>	<u>1,154,735</u>
Excess of revenues over expenses for the year	<u>\$ 118,240</u>	<u>\$ 3,534</u>

Copies of 2006/2007 complete audited financial statements are available on our website at www.crto.on.ca or on request from the Registrar at 416-591-7800.

Council Members, Non-Council Committee Members and Staff

COUNCIL MEMBERS

March 1, 2006 to February 28, 2007

James McCormick RRT *(President - to November 22, 2006)*

Susan Martin RRT *(Vice-President - to November 22, 2006)(President – from November 23, 2006)*

Marisa Ammerata RRT

Dorothy Angel

Sudershen Beri

Judy Dennis RRT

Jim Ferrie *(from June 28, 2006)*

Carole Hamp *(from November 23, 2006)*

Gloria Hinton *(Vice-President – from November 23, 2006)*

Kathleen Keating

Vito Maiolino RRT

Lorella Piirik RRT

John Schenk

Paul Stewart RRT *(to November 22, 2006)*

Ian Summers RRT *(from November 23, 2006)*

Kevin Taylor RRT

Gary Weeks

NON-COUNCIL COMMITTEE MEMBERS

March 1, 2006 to February 28, 2007

Gary Ackerman RRT

Shari Cole RRT *(to November 22, 2006)*

Brent Dionne RRT

Jeff Earnshaw RRT

Harold Featherston RRT *(to November 22, 2006)*

Daniel Fryer RRT

Carole Hamp RRT *(to November 22, 2006)*

Chris Harris RRT *(to November 22, 2006)*

David Jones RRT

Amy Kropf RRT *(from November 23, 2006)*

Carole LeBlanc RRT *(from November 23, 2006)*

Carmen Kergl RRT *(to November 22, 2006)*

Ginny Martins RRT *(to January 23, 2007)*

Bernard McNamara RRT *(to November 22, 2006)*

Judy McRae RRT *(from November 23, 2006)*

Mika Nonoyama RRT *(from February 23, 2007)*

James Quigley RRT

Ian Summers RRT *(to July 18, 2006)*

Caroline Tessier RRT

John Unrau RRT *(from November 23, 2006)*

STAFF

March 1, 2006 to February 28, 2007

Gord Hyland, Registrar and CEO *(to October 11, 2006)*

Christine Robinson, Manager of Policy and Investigations *(to October 11, 2006)*

Acting Registrar and CEO (from October 11, 2006)

Mary Bayliss, RRT Professional Practice Advisor *(to February 11, 2007)*

Manager of Professional Practice (from February 12, 2007)

Dianne Johnson, RRT LHIN Project Co-ordinator *(from February 2, 2007)*

Melanie Jones-Drost, Co-ordinator of Quality Assurance

Amelia Ma, Co-ordinator of Administrative Services *(to February 21, 2007)*

Finance and Office Manager (from February 22, 2007)

Ginny Martins, Professional Practice Advisor *(from February 12, 2007)*

Ania Walsh, Co-ordinator of Registration

Barb Saunders, Co-ordinator of Communications & Member Services *(to February 16, 2007)*

Shahsultan Amarshi, Administrative Officer

COMPLAINTS

March 1, 2006 to November 22, 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

December 8, 2006 to February 28, 2007

Brent Dionne RRT *Chair*
Sudershen Beri *Vice-Chair*
Gary Ackerman RRT
Marisa Ammerata RRT
Jim Ferrie
James Quigley RRT
Kevin Taylor RRT

DISCIPLINE

March 1, 2006 to November 22, 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
Jim Ferrie (from July 19, 2006)
David Jones RRT
Kathleen Keating
Ginny Martins RRT
Bernard McNamara RRT
Vito Maiolino RRT
Lorella Piirik RRT
Ian Summers RRT
Caroline Tessier RRT
Gary Weeks

December 8, 2006 to February 28, 2007

Carole Hamp RRT *Chair*
David Jones RRT *Vice-Chair*
Dorothy Angel
Jeff Earnshaw RRT
Dan Fryer RRT
Kathleen Keating
Amy Kropf RRT
Carole LeBlanc RRT
Ginny Martins RRT (to January 23, 2007)
Vito Maiolino RRT
Judy McRae RRT
Lorella Piirik RRT
Ian Summers RRT
Caroline Tessier RRT
John Unrau RRT
Gary Weeks

EXECUTIVE

March 1, 2006 to November 22, 2006

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

November 23, 2006 to February 28, 2007

Susan Martin RRT *Chair*
Gloria Hinton *Vice-Chair*
Judy Dennis RRT
Jim McCormick RRT
John Schenk

FITNESS TO PRACTICE

March 1, 2006 to November 22, 2006

Carole Hamp RRT *Chair*
Judy Dennis RRT *Vice-Chair*
Gary Ackerman RRT
Shari Cole RRT
Jeff Earnshaw RRT
David Jones RRT
Jim Ferrie (from July 19, 2006)
Kathleen Keating
Ginny Martins RRT
Bernard McNamara RRT
Vito Maiolino RRT
Lorella Piirik RRT
Ian Summers RRT
Caroline Tessier RRT
Gary Weeks

December 8, 2006 to February 28, 2007

Carole Hamp RRT (*Chair*)
David Jones RRT (*Vice-Chair*)
Dorothy Angel
Jeff Earnshaw RRT
Dan Fryer RRT
Kathleen Keating
Amy Kropf RRT
Carole LeBlanc RRT
Ginny Martins RRT (to January 23, 2007)
Vito Maiolino RRT
Judy McRae RRT
Lorella Piirik RRT
Ian Summers RRT
Caroline Tessier RRT
John Unrau RRT
Gary Weeks

PATIENT RELATIONS

March 1, 2006 to November 22, 2006

Susan Martin RRT *Chair*
Shari Cole RRT *Vice-Chair* (to July 18, 2006)
Carole Hamp RRT *Vice-Chair* (from July 19, 2006)

Dorothy Angel
Sudershen Beri
Carole Hamp RRT
Kathleen Keating
Bernard McNamara RRT
Ian Summers RRT

December 8, 2006 to February 28, 2007

Carole Hamp RRT (*Chair*)
Jim Quigley RRT (*Vice-Chair*)
Dorothy Angel
Jim Ferrie
Kathleen Keating
Amy Kropf RRT
Jim McCormick RRT
Judy McRae RRT

QUALITY ASSURANCE

March 1, 2006 to November 22, 2006

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

December 8, 2006 to February 28, 2007

Kathleen Keating *Chair*
Jim McCormick RRT *Vice-Chair*
Gary Ackerman RRT
Sudershen Beri
Carole LeBlanc RRT
Vito Maiolino RRT
Caroline Tessier RRT
John Unrau RRT

REGISTRATION

March 1, 2006 to November 22, 2006

Dorothy Angel *Chair*
Kevin Taylor RRT *Vice-Chair*
Jeff Earnshaw RRT
Dan Fryer RRT
Gloria Hinton
David Jones RRT
Ginny Martins RRT
Lorella Piirik RRT

December 8, 2006 to February 28, 2007

Dorothy Angel *Chair*
Kevin Taylor RRT *Vice-Chair*
Dan Fryer RRT
Gloria Hinton
David Jones RRT
Ginny Martins RRT (to January 23, 2007)
Lorella Piirik RRT
Ian Summers 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 CRTO Council Members - All profession Council Members are Registered Respiratory Therapists elected by Members of the College

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



Back Row (left to right): Gary Weeks, Ian Summers RRT, Sudershen Beri, James McCormick RRT, Susan Martin RRT, Vito Maiolino RRT, John Schenk, Kevin Taylor RRT, Jim Ferrie

Front Row (left to right): Dorothy Angel, Carole Hamp, Judy Dennis RRT, Lorella Piirik RRT, Gloria Hinton, Marisa Ammerata RRT

Council Member missing from photo:

Kathleen Keating,
Public Member



Thanks to Council Member Paul Stewart who has completed his term.

Profession Member
24/11/2000 - 22/11/2006



CRTO STAFF

(left to right)

Back Row: Melanie Jones-Drost, *Co-ordinator of Quality Assurance*
Christine Robinson, *Manager of Policy and Investigation*
Barb Saunders, *Co-ordinator of Communications and Member Services*

Middle Row: Ania Walsh, *Co-ordinator of Registration*
Shahsultan Amarshi, *Administrative Officer*
Amelia Ma, *Office and Finance Manager*

Front Row: Gord Hyland, *Registrar and CEO*
Mary Bayliss, *Manager of Professional Practice*





College of Respiratory Therapists of Ontario

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