# College of **Respiratory Therapists** of Ontario



Annual Report 2007 - 2008

Excellence for all the right reasons

www.crto.on.ca

# **CRTO 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 therapy services provided to the public, by its Members, are delivered in a safe and ethical manner.

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Report from the *President* and the *Registrar* 



## 2007 - Recognizing the evolving and expanding roles of the Respiratory Therapist



Susan Martin, RRT President



Christine Robinson Registrar

A s with other health professions, Respiratory Therapy is constantly evolving and many of our Members have taken on new and expanding roles. This past year, we have seen this reflected in a number of College special projects and initiatives.

Perhaps most notably, in February 2007, the CRTO Council voted unanimously to write a letter of intent to the Deputy Ministers of Health and Training, Colleges and Universities, indicating a wish to change the entry to practice education requirement for **Respiratory Therapists in Ontario** from a diploma to a baccalaureate degree. This decision was made after considering the results of a 3-year study into the complex issues and prospects associated with moving from a diploma to a degree requirement for entry to practice. The study, which was divided into four phases, included key informant interviews, focus group discussions with CRTO Members and employers, a survey of students, a literature review, in-depth interviews with each of the six

educational institutions currently offering Respiratory Therapy programs in Ontario, consultation with regulators, associations, employers; and dialogue with government. The College would like to thank all of those who participated in the consultation process, and to Harry Cummings and his associates who assisted with the study. The response to the letter of intent from the Deputy Ministers will be made public once it is received.

In November 2007 the College held its annual Education Dav for Council and Non-Council Committee members. The theme of the 2007 event was *Emerging Issues* in Respiratory Therapy and featured panel presentations on Emerging Roles (Anesthesia Assistants: Infection Control Practitioners; Labour & Delivery; International Transport), and Emerging Practice (RACE; PACE; Long-Term Ventilation strategies; and VAP intervention). Thank you to all the RTs who participated in what was agreed to be our best Education Day so far.

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#### Report from the President and the Registrar continued ...

In recognition of the changes in Respiratory Therapy practice, the College has embarked on a review of the Prescribed Procedures Regulation to help ensure that the list of prescribed procedures below the dermis reflects current practice. For example, some procedures that were once considered "advanced" are now acknowledged as part of core Respiratory Therapy practice. As part of this initiative the College formed several working groups, consisting of RTs in a variety of practice settings in order to develop Clinical Best Practice Guidelines (CBPG) for some of the advanced procedures below the dermis. The resulting CBPGs include Radial & Femoral Artery, Peripheral & Femoral Vein, Umbilical Artery & Vein cannulation, and Chest Tube and Needle Insertion.

In February 2008 the CRTO Council held a Strategic Planning Day. Two important initiatives emerged related to emerging RT roles:

- Embrace collaborative interprofessional care with integrity while highlighting the unique contribution of RTs to the health care system, and
- Examine the role of Anesthesia Assistants in the health care team and influence policy decisions regarding education, entry to practice, and regulation in the public interest.

Related to the first strategic initiative, the CRTO has been involved in a number of activities concerning Interprofessional Collaboration (IPC) over the past year. These include the Minister of Health's referral to the Health Professions Regulatory Advisory Council on mechanisms to facilitate and support interprofessional collaboration between health Colleges, HealthForceOntario's work on advancing interprofessional education and practice, and collaboration between the members of the Federation of Health Regulatory Colleges of Ontario. Respiratory Therapists are acknowledged as integral members of the health care team.

The CRTO will continue to participate in initiatives that address barriers to interprofessional collaboration, while recognizing the unique contributions of Respiratory Therapists and other health professionals, in order to improve patient care.

#### Susan Martin, RRT, President Christine Robinson, Registrar



### Executive Committee

ne of seven statutory committees established under the Regulated Health Professions Act, the Executive Committee oversees the administration of the College in consultation with the Registrar. In between Council meetings the Executive Committee is authorized to act on behalf of Council on matters that require immediate attention, except for making, amending or revoking regulations or bylaws. During the course of the year the Executive Committee reviews and makes recommendations to Council on policies, bylaws and regulations. The Executive Committee also receives a monthly report from the Registrar which includes the College's financial statements. In addition, and in consultation with the Registrar, the Executive Committee looks at needs related to strategic planning, budget, committee appointments and a number of other governance related issues.

The Executive Committee is also responsible for certain regulatory functions related to investigations, and is authorized to consider referrals and reports from the Registrar, the Complaints Committee and the Quality Assurance Committee, and authorizes the appointment of investigators to conduct investigations. The Executive Committee can also appoint a Board of Inquiry to determine if a Member is incapacitated and refer matters to the Discipline and Fitness to Practice Committees. Under rare circumstances the Committee may make an interim order directing the Registrar to impose restrictions on a Member's certificate of registration if the Member has been referred to the Discipline Committee or Fitness to Practice Committee and the Executive Committee it is of the opinion that the conduct or physical or mental state of the Member respectively, exposes or is likely to expose the member's patients to harm or injury.

In November 2007 the President and Vice-President and the three other Members of the Executive Committee were elected by the Council. In December 2007 the Executive Committee appointed the Council and Non-Council Members to the remaining six statutory committees. The Executive Committee met nine times in the 2007/2008 fiscal year. Throughout the year the Executive Committee reviewed and recommended to Council a number of revisions to the investment, professional liability insurance and honourary Members' policies, to bylaws related to penalty fees, and developed a position on Anaesthesia Assistants' Programs. In addition to receiving the Registrar's monthly report, the Committee Members also received, considered information and provided direction, related to succession planning and strategic planning.

The Executive Committee considered the following referrals in the 2007/2008 fiscal year:

Source of referral	Concern	Resolution
Employer report	Sexual	Referral to
	Harassment	Discipline
		Committee
Employer report	Incapacity	Negotiated
		Undertaking
QA Committee	Failure to comply	Negotiated
	with QA Program	Undertaking
	requirements	and
		Agreement to
		complete the
		PSA
Employer report	Incapacity	Member
		voluntarily
		resigned from
		College
Member self-report	Incapacity	On-going
Anonymous report	Criminal	No action
	conviction	
Employer Report	Falsifying patient	Under
	records; not	investigation
	meeting standards	
	of the profession.	

Susan Martin, RRT, Chair

### PATIENT RELATIONS COMMITTEE

The Patient Relations Committee (PRC) is responsible for developing, establishing and maintaining a Patient Relations Program that includes Member education, public information, and setting guidelines for Members' conduct with patients/clients. 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. Representatives from the PRC sit on the joint RTSO/ CRTO Communication Working Group.

The Patient Relations Committee has met at the CRTO office three times over the past year. In addition, although there were no more working group meetings for the Clinical Best Practice Guideline (CBPG) on *Infection Prevention & Control*, work on its development continued. We received some excellent feedback from the membership, as well as some key experts in the field of Infection Control. We are pleased to announce that this document was approved by Council at the February 22, 2008 meeting and is now available on our Web site for Members to use. We hope that it will prove to be a valuable resource. Plans for how the information contained within this CBPG will be disseminated to the membership are being finalized.

It came to the attention of the Committee that the Professional Practice Guideline (PPG) *Responsibilities of Members as Educators* required some revisions in order for it to more accurately reflect current RT practice. A working group of the Patient Relations Committee was established and the new draft was circulated to the membership in the summer of 2007. After incorporating the feedback we received, the revised PPG was approved by both the Registration Committee and Council, formatted and posted on our Web site.

The Committee has been monitoring a number of recent changes in health care. As HealthForceOntario's **Physician Assistant Program** moves into its implementation phase, the College has been consulted on the project's development of authorizing mechanisms. Also, the **Ontario Long-Term Ventilation Strategy** stakeholder meeting in the fall of 2007 had representation from the CRTO as well as many other RTs from across the province. Its focus is how to best enable individuals who are on long-term ventilation to live in a community setting.

Representatives from the Health Professions Regulatory Advisory Council (HPRAC) met with College staff in October to begin an evaluation of our Patient Relations program. Areas of focus are public awareness, member relations and interprofessional collaboration. A final report is expected in the near future.

One of the most recent initiatives from the PRC was the development of a set of criteria to be utilized when considering a nomination for **Honourary Membership**. An individual who would be considered for such a title would be someone who was not an RT but who had made a significant contribution to the profession. The criteria and nomination forms will be available on the Web site.

And finally, the PRC continues to work on the development of the College's **Emergency Preparedness Plan.** This plan will define how the College will function in the event of a pandemic influenza outbreak or any similar emergency.

Representatives from the PRC continue to take part

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### Patient Relations Committee Report continued ...

in the joint **RTSO/CRTO Communication Working Group** (CWG). The CRTO's overall goal for the group is to raise awareness of the profession in the interest of the general public. The Committee has met four times at the CRTO office and once by teleconference over the past year.

On behalf of the CWG, staff met with the Ministry of Health & Long-Term Care (MOHLTC) with regards to the issue of RTs not being listed as a Professional Service and how this might create difficulties for the members of the public who wish to access RT services in the community. Although they were not able to answer all of our questions, we did learn that Family Health Teams (FHT) are now funded for RT services. We were told that nine FHTs have RTs working for them, generally in the capacity of Chronic Disease Management. It was suggested at the meeting that we try to contact another individual with the MOHLTC in order to determine who can best address our concerns regarding the Primary Care Provider list. A letter was approved by the CWG and sent out in mid April 2008.

The promotional brochures ("Respiratory Therapist" brochure for the general public and "Ask an Expert: Breathing is our Business" student brochure) were revised by the CWG in order to provide a more up to date view of the profession. The theme for the RT

Week Poster Photo Contest this year was "*Many Faces in Many Places.*" Jose Carrelas submitted the winning photos which were used in this years poster and Larry Temple's submission took second prize. Both of these RTs are from the London Health Science organization. The posters were sent out to all hospitals with RT departments and both the RTSO and the CRTO placed the poster on their respective Web sites.

This was the first year for the RTSO's **Gord Hyland Memorial Award**. The CRTO supported the initiative by circulating invitations for nominations. The honor was awarded to Bill Butler at the RTSOs annual conference in November 2007. The criteria for the award, as well as nomination forms are available on the

RTSO Web site.

The **Communication Strategy** for 2007/2008 was drafted to reflect the goals of the RTSO/CRTO joint CWG. In it is listed our key messages, potential partners and tactics for meeting our mandated objective of informing the public about the profession of Respiratory Therapy.

#### Jim McCormick, 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, the bylaws, 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 2007/2008 fiscal year the Registration Committee held six meetings and reviewed 23 referrals from the Registrar. Of these applications, three were approved for General Certificates and four for Graduate Certificates of Registration; seven applicants were denied a Certificate of Registration. Six applicants previously referred to the Prior Learning Assessment Process requested extensions to the PLA completion deadline, all six requests were granted. In addition, three Members requested revisions to the terms, conditions, or limitations imposed on their certificates of registration; two of the requests were approved.

In the past year the Registration Committee focused on a number of regulation and policy issues. Members of the Committee conducted an extensive review of the Registration Regulation. At the June 2007 meeting, Council agreed to put certain amendments to the Registration Regulation on hold in the light of additional proposed amendments resulting from changes related to the Mutual Recognition Agreement and changes to the RHPA as a result of the *Fair Access to Regulated Health Professions Act.* These additional proposed amendments were considered at the February 2008 Council meeting and approved for circulation to stakeholders for consultation and feedback.

During the course of the year, six certification programs for the performance of advanced prescribed procedures below the dermis were approved by the Committee. The Committee continues its discussions regarding proposed amendments to the Prescribed Procedures Regulation. As part of the review process, Council approved the development of Clinical Best Practice Guidelines for advanced prescribed procedures. The main goal of the guidelines is to outline consistent certification requirements and streamline the approval process. The Advanced Prescribed Procedures Working Group met several times during 2007. As a result the following four Clinical Best Practice Guidelines have been drafted: Radial & Femoral Artery Cannulation, Peripheral & Femoral Vein Cannulation, Umbilical Artery & Vein Cannulation, and Chest Tube & Needle Insertion.

One of the goals of the Registration Committee was to conduct a review of the *Responsibilities of Members as Educators* Professional Practice Guideline (PPG). A working group of the Registration Committee conducted a comprehensive review of the PPG following a number of practice advice questions from Members regarding their responsibilities when providing education to regulated and non-regulated health care professionals. The revised document was approved by Council in September 2007.

The Committee reviewed the policy on the registration of Graduate Members, specifically with regard to re-issuing of graduate certificates (after the 18 month revocation). Following a review of the Registration Regulation, it was recommended that the policy be amended to clarify that a Graduate Certificate of Registration which has been revoked under section 55(5) of the Registration Regulation shall not be re-issued unless extenuating circumstances can be demonstrated. In addition, a provision was added to the policy to allow successful PLA applicants to be eligible for a Graduate Certificate of Registration. The Committee continues to monitor the Prior Learning Assessment to ensure that the process is a true assessment of applicants' continued...

### Registration Committee Report continued ...

competence and is fair and transparent.

The Committee conducted a thorough review of the College's current practices with regard to approval of Respiratory Therapy education programs as well as granting equivalency status to Respiratory Therapy programs offered outside Canada. As a result, a policy regarding equivalency status has been drafted and we hope will be approved by Council in the upcoming months.

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. Harry Cummings and Associates (HCA) has been engaged to assist the College in phase three of the project. During this phase HCA conducted two key informant interviews with representatives from another health regulatory College regarding their experience concerning changing their entry to practice requirements. The College also met with representatives of all the RT programs in Ontario and with the Ministry of Training, Colleges and Universities (MTCU). A report on phase three of the project was presented to Council in February 2008, after which Council agreed to send a letter of intent to the Deputy Ministers of Health and Long-Term Care, and Training, Colleges and Universities.

It was a busy and productive year for the Registration Committee. On behalf of the Committee I would like to extend a big thank you to all the Members who took the time to review the many documents sent for consultation and provided their valuable feedback.

#### Dorothy Angel, 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 bylaws and the policies of the College.

Concern	Resolution
Unprofessional conduct	Take no action
Failure to obtain/forward a valid medical order	Take no action
Verbal abuse of a patient/client	Take no action
Inappropriate use of confidential patient information and targeting/soliciting business in breach of the Advertising Regulation	Take no action The decision in this matter is currently being appealed to Health Professions Review and Advisory Board (HPARB) by the complainant.
Inappropriate use of confidential patient information and targeting/soliciting business in breach of the Advertising Regulation	Take no action

The following matters were considered by the Complaints Committee in the 2007/2008 registration year.

### **QUALITY ASSURANCE COMMITTEE**

The Quality Assurance Committee's focus is the development and maintenance of a program that will promote continuing competence among Members and ensure the quality of practice of the profession.

In pursuit of this objective, the QA Committee met six times during the 2007/2008 fiscal year. Throughout the year the Committee considered new issues impacting the Quality Assurance Program and reviewed existing practices and policies.

New issues included amendments to the *Regulated Health Professions Act* under the *Health System Improvements Act*, most of which will come into effect on June 4, 2009. In order to comply with the legislative changes the Committee will be revising the Quality Assurance regulation through consultation with other Colleges, the Ministry, and legal counsel. The QA Committee has begun drafting these amendments and it is anticipate that the proposed changes will be circulated to all CRTO Members this summer for feedback.

The ongoing review of Members' Professional Portfolio and Professional Standards Assessment (PSA) results has generated two key initiatives:

- 1) a benchmark for the PSA, and
- 2) the development of the Quality Assurance Program Evaluation plan.

The benchmark for the satisfactory completion of the online, open-book PSA, is set at 70% or above the  $6^{\text{th}}$  percentile.

The purpose of setting a benchmark was:

- to ensure that Members are treated fairly and consistently from year to year;
- to ensure openness and transparency to the membership, the public, the Ministries and other government agencies;
- to provide consistent guidance to Panels of the Quality Assurance Committee and staff; and
- to ensure the CRTO complies with regulatory provisions.

A Communiqué regarding the benchmark will be sent to Members for feedback in April 2008.

The Evaluation of the QA Program is intended to determine whether the existing tools – the Professional Portfolio and Professional Standards Assessment – are meeting the needs of Members and, by extension, the College's regulatory mandate. The Quality Assurance Committee will be randomly selecting a portion of the Membership to complete a brief, anonymous, online survey as the basis for the Evaluation data.

The Committee also acknowledges the achievements of the Members who completed their Quality Assurance requirements this year. Of the 175 Members who submitted their Professional Portfolios and completed the Professional Standards Assessment, over 90% met or exceeded the Committee's expectations. In addition, deferrals were granted to 26 Members for reasons including parental leave and illness.

Kathleen Keating, 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:

- Direct the Registrar to revoke the member's certificate of registration.
- Direct the Registrar to suspend the member's certificate of registration for a specified period of time.
- 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.
- Require the member to appear before the panel to be reprimanded.
- Require the member to pay a fine of not more than \$35,000 to the Minister of Finance

One matter was referred to the Discipline Committee for a hearing which was held on May 28, 2007.

#### Discipline Hearing Summary CRTO vs. Deodat Lillie RRT

At the hearing held on May 28, 2007, Mr. Deodat Lillie RRT admitted to allegations outlined in an Agreed Statement of Facts relating to:

- making false statements on his application for registration;
- breaching his agreement with the College by failing to report the change in his employer to the College; and

• holding himself out to be a registered member of the College of Respiratory Therapists of Ontario at a time when he was not registered with the College.

The Panel accepted the facts and the admission contained in the Agreed Statement of Facts and found Mr. Deodat Lillie had committed acts of professional misconduct as defined in paragraphs 18 (false document), 24 (contravening the *Regulated Health Professions Act*) and 29 (unprofessional conduct) of section 1 of Ontario Regulation 753/93 as amended.

The College and Mr. Lillie presented a Joint Submission on Penalty and Costs and after due consideration, the Panel accepted the disposition proposed in the Joint Submission and made the following order:

- That the Registrar suspend the certificate of registration of Mr. Lillie for a period of three months. The suspension shall commence on a date to be fixed by the Registrar.
- That the Registrar impose the following specified terms, conditions and limitations on Mr. Lillie's certificate of registration (which terms, conditions and limitations shall expire on the fifth anniversary of the date of hearing):
  - a) Mr. Lillie shall deliver to the Registrar, within 30 days of the date of the Order and within 30 days of commencing any new employment, a written undertaking from a representative of his employer(s). Mr. Lillie shall immediately notify the College if he learns that the representative of his employer(s) has revoked or suspended the undertaking and Mr. Lillie shall not practise respiratory therapy until he delivers a new written undertaking from another representative of his employer.

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### Discipline Committee Report continued ...

- b) Mr. Lillie shall deliver to the Registrar on the anniversary date of this Order commencing in 2008 and concluding in 2012, a written report from his employer(s) setting out the following:
  - i. A performance appraisal related to Mr. Lillie's work performance during the pervious year (or since the last performance appraisal if it has been more that one year);
  - Details of any disciplinary warnings or action taken against Mr. Lillie during the previous year (or since the last performance appraisal if it has been more that one year);

- iii. Details of any concerns expressed about Mr. Lillie's conduct, competence or capacity by any clients, colleagues or other person during the previous year (or since the last performance appraisal if it has been more that one year); and
- iv. Any other information that the employer(s) believes is appropriate to disclose to the College.
- That Mr. Lillie pay to the College \$9,000 towards the costs and expenses of investigating and prosecuting this matter.

Dave Jones, 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 2007/2008.

Dave Jones, RRT, Chair



	2007/2008	2006/2007	2007/2	2008	2006/2007
REGISTRATION STATUS			DELEGATION		
General	2467	2338	Members delegating RT Authorized Acts		
Active Inactive	2288 179	2259 79	Performing a prescribed procedure		/
mactive	1/9	19	below the dermis:	31	N/A*
Graduate	32	20	Intubation beyond the point in the nasal passages where they normally	10	
Limited	17	18	narrow or beyond the larnyx:	18	N/A*
Active	16	16	Suctioning beyond the point in the		
Inactive	1	2	nasal passages where they normally	44	N/A*
Torus	2516	2376	narrow or beyond the larnyx:	44	N/A
TOTAL	2510	2370	Administering a substance by injection or inhalation:	78	N/A*
Suspended	16	21	or minatation.	70	1N/A
Due to non-payment of fees	14	21	Members who accepted delegation of:		
Due to disciplinary decisions	2	0	Allergy challenge testing	20	18
			Application of a form of energy	20	10
Resigned	24	27	- Cardiac pacemaker therapy	9	10
Revoked	14	10	- Defibrilation	174	123
Due to non-payment of fees	8	8	- Cardioversion	67	64
Due to disciplinary decisions	0	0	- Electromyography	0	0
Due to expiration of Graduate			- Nerve conduction studies	3	1
Certificates	6	2	- Transcutaneous cardiac pacing	51	54
			- Sound waves for diagnostic ultrasound	8	10
			Communicationg a diagnosis identifying a disease or diagnosis:	31	44
GENDER			Dispensing drugs	60	48
Male	742	701	Performing a procedure below the		
Female	1774	1675	surface a of a mucous membrane:	36	50
			Putting an instrument, hand, or finger:		
			- beyond the external ear canal	3	1
AREAS OF PRACTICE			- the labia majora	0	0
Acute/Critical Care	1672	1730	- the anal verge	6	5
Administration/Management	349	383	- into an artificial opening into the body	14	12
Anaesthesia	537	373	Reinsert Trach Tube < 24hrs	65	60
Chronic/Long-term Care	1010	1237	2007/20	າດຂ	2006/2007
Diagnostics	1025	N/A*	ACTIVITIES PERFORMED BY MEMBER		2000/2007
Education (Faculty)	449	N/A*			
Home Care	356	385			
Infection Control	279	433			
Polysomnography	124	141			
Primary Care	484	726			
Rehabilitation	194	214			
Research	293	337			
Sales	201	239			



Arterial puncture	1842	1804	Cannula/Li
Aspiration from a cannula	1302	1224	- Arteria
Bronchoscopy (performing)	187	N/A*	- Umbil
Cardiovascular perfusion/ECMO	38	32	- Venou
Cardioversion	95	56	Chest tube i
Concious sedation (performing)	200	N/A*	Chest needl
Defibrillation	154	80	
Diagnostics			EDUCATIO
- bronchoprovocation	296	294	Graduate de
- cardiac stress testing	201	232	Undergradu
- echocardiography	79	22	RT Diploma
- holter monitoring	97	101	Other diplor
- neurodiagnostics (EMG, EEG)	40	45	Other
- polysomnography	117	137	Other
- pulmonary function Inhalation	1008	1203	EMPLOYN
- anaesthetic agent	345	287	Full-time
- high frequency oscillation ventilat			Part-time
- adult	574	N/A*	Casual
- paediatric/neonatal	310	N/A*	
- hyperbarics	45	49	Unknown
- mechanical ventilation	1753	1705	Working in
- nitric oxide	805	774	Not working
Injection			
- direct	357	295	
- via line or bag	382	368	
Interosseous access	20	N/A*	
Intubation			
- adult	1360	N/A*	
- neonatal	527	N/A*	
- paediatric	290	N/A*	
Needle cricothyrotomy (performing)	9	N/A*	
Patient transport			
- air	231	N/*	
- land	1205	N/*	
Suturing indwelling cannula	224	178	
Teaching (Outpatient)	851	N/A*	
Tracheostomy tube change	1201	1106	
Venipuncture	220	166	
2 ADVANCED PRESCRIBED PROC	2007/2008	2006/2007	
ADVANCED FRESCRIDED PROC	LDUKES		

Cannula/Line		
- Arterial	970	850
- Umbilical	22	17
- Venous	193	169
Chest tube insertions	16	4
Chest needle insertions	53	32
EDUCATION		
Graduate degree	87	56
Undergraduate degree	1079	860
RT Diploma	2440	2306
Other diploma	200	187
Other	27	54
EMPLOYMENT STATUS		
Full-time	1630	1494
Part-time	430	428
Casual	167	181
Unknown	41	N/A*
Working in Ontario Not working in Ontario	2268 248	N/A* N/A*

#### 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	0	2	2
Rainy River	0	1	0	0	1
Thunder Bay	6	8	11	9	34
District #1 Total	6	9	11	11	37
Algoma	7	2	9	4	22
Cochrane	5	13	3	4	22
Manitoulin	0	0	0	0	0
Muskoka	0	5	5	0	10
Nipissing	7	10	8	3	28
Parry Sound	0	1	0	0	1
Sudbury	10	17	18	7	52
Timiskaming	1	2	2	0	5
District #2 Total	30	50	45	15	140
Dundas and Stormont	3	3	3	2	11
Frontenac	21	17	15	8	61
Glengarry	0	0	0	0	0
Grenville	0	0	2	0	2
Hastings	1	7	3	4	15
Lanark	1	0	0	3	4
Leeds	2	3	1	0	6
Lennox and Addington Ottawa-Carlton	0 89	0 104	0 88	0 27	0 308
Prescott	89	104	88	27	308
Prince Edward	0	0	0	0	0
Renfrew	5	4	4	3	16
Russell	1	0	0	0	1
District #3 Total	124	138	117	47	426
Durham	12	25	26	9	72
Haliburton	0	0	0	0	0
Metro Toronto	125	260	180	69	634
Northumberland	0	3	0	0	3
Peel	25	56	47	17	145
Peterborough	4	9	6	6	25
Simcoe	9	23	24	7	63
Victoria	5	2	2	2	11
York District #4 Total	20 200	25 403	35 320	18 128	98 1051
District #4 Total	200	403	520	128	1051
Brant	1	1	3	3	8
Dufferin	0	0	3	1	4
Haldimand-Norfolk	0	3	2	2	8
Halton Hamilton-Wentworth	4 42	22 69	26 46	4 19	56 176
Niagara	42 5	16	46	6	39
Waterloo	15	28	20	16	79
Wellington	6	8	9	1	24
District #5 Total	73	147	122	54	396
Bruce	0	2	0	1	3
Bruce Elgin	0	2 6	0 4	1 1	3 12
Essex	10	34	4 30	1 7	81
Grey	3	5	8	4	20
Huron	0	1	2	0	3
Kent	2	6	5	4	17
Lambton	6	5	16	3	30
Middlesex	44	62	87	46	239
Oxford	2	3	0	4	9
Perth District #6 Total	1 69	1 125	7 159	3 73	12 426
TOTAL	502	872	774	328	2476

#### **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, 2008 and for the year then ended on which we expressed an opinion without reservation in our report dated April 11, 2008. 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.

	CLARKE HENNING LLP
Toronto, Ontario	CHARTERED ACCOUNTANTS
April 11, 2008	Licensed Public Accountants

### SUMMARIZED STATEMENTS OF FINANCIAL POSITION AS AT FEBRUARY 29, 2008

	2008	2007
ASSETS		
Current assets		
Cash and marketable securities	\$ 1,758,606	\$ 1,329,445
Prepaid expenses and sundry receivables	3,773	4,759
	1,762,379	1,334,204
Furniture and equipment	115,230	14,354
	1,877,609	1,348,558
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities	48,858	76,512
Deferred revenue	738,130	454,750
	786,988	531,262
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	112,549	30,000
Fees stabilization reserve	102,550	20,000
Invested in capital assets	115,230	14,354
Operating - unrestricted	140,292	132,942
	1,090,621	817,296
	1,877,609	1,348,558
SUMMARIZED STATEMENT OF OPERATIONS YEAR ENDED FEBRUARY 29, 2008 Revenues		
Registration, renewal and application fees	1,195,502	1,155,900
Interest and other income	20,103	22,255
	1,215,605	1,178,155
Expenses		
Salaries and benefits	534,200	521,912
Occupancy costs	67,801	69,231
Professional fees	91,244	95,439
Printing, postage, stationery and delivery	70,329	102,203
Council and committee	91,054	87,154
Special projects	59,608	67,794
All other operating expenses	136,270	116,182
	 1,050,506	 1,059,915
Excess of revenues over expenses for the year	\$ 165,099	\$ 118,240

Copies of 2007/2008 complete audited financial statements are available on our Web site 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, 2007 to February 29, 2008

Susan Martin, RRT President Gloria Hinton Vice-President (to November 28, 2007) John Schenk Vice-President (from November 29, 2007) Marisa Ammerata, RRT **Dorothy Angel** Sudershen Beri (to June 27, 2007) Judy Dennis, RRT **Jim Ferrie** Gordon Garshowitz (from April 1, 2007) Carole Hamp, RRT (to July 10, 2007) **Kathleen Keating** Vito Maiolino, RRT Jim McCormick, RRT Carrie-Lynn Meyer, RRT (from October 23, 2007) Lorella Piirik, RRT Ian Summers, RRT Kevin Taylor, RRT Gary Weeks (to March 31, 2007)

#### NON-COUNCIL COMMITTEE MEMBERS

March 1, 2007 to February 29, 2008

Gary Ackerman, RRT Brent Dionne, RRT Jeff Earnshaw, RRT Daniel Fryer, RRT David Jones, RRT Amy Kropf, RRT Carole LeBlanc, RRT Judy McRae, RRT Mika Nonoyama, RRT James Quigley, RRT Caroline Tessier, RRT John Unrau, RRT (from January 10, 2008)

#### **STAFF**

March 1, 2007 to February 29, 2008

Christine Robinson, Acting Registrar and CEO (to April 22, 2007) Registrar and CEO (from April 23, 2007) Mary Bayliss, RRT, Manager, Policy and Invvestigations Janice Carson-Golden, Communications Co-ordinator (from April 16, 2007) Carole Hamp, RRT, Professional Practice Advisor (from August 16, 2007) Dianne Johnson, RRT, LHIN Project Co-ordinator (to July 14, 2007) Melanie Jones-Drost, Co-ordinator of Quality Assurance Amelia Ma, Finance and Office Manager Ginny Martins, RRT, Professional Practice Advisor (to August 10, 2007) Ania Walsh, Co-ordinator of Registration Shahsultan Amarshi, Administrative Officer

# CRTO Committees

#### **COMPLAINTS**

March 1/07 to December 16/07 Brent Dionne RRT Chair Sudershen Beri Vice-Chair (to June 27/07) Kevin Taylor RRT Vice-Chair (from July 19/07) Gary Ackerman RRT Marisa Ammerata RRT Jim Ferrie Gordon Garshowitz (from August 15/07) James Quigley RRT

December 17/07 to February 29/08 Brent Dionne RRT Chair Kevin Taylor RRT Vice-Chair Gary Ackerman RRT Marisa Ammerata RRT Dorothy Angel Gordon Garshowitz Carrie-Lynn Meyer RRT James Quigley RRT

#### DISCIPLINE

March 1/07 to December 16/07 Carole Hamp RRT Chair (to July 10/07) David Jones RRT Vice-Chair (to July 18/07) Lorella Piirik RRT Vice-Chair (from July 19/07) Dorothy Angel Jeff Earnshaw RRT Dan Fryer RRT Gordon Garshowitz (April 1 - August 14/07) Kathleen Keating Amy Kropf RRT Carole LeBlanc RRT Vito Maiolino RRT Judy McRae RRT Lorella Piirik RRT Ian Summers RRT Caroline Tessier RRT John Unrau RRT Gary Weeks (to March 31/07)

December 17/07 to February 29/08 David Jones RRT Chair Lorella Piirik RRT Vice-Chair Jeff Earnshaw RRT Jim Ferrie Dan Fryer RRT Kathleen Keating Amy Kropf RRT Carole LeBlanc RRT Vito Maiolino RRT Judy McRae RRT Mika Nonoyama RRT Ian Summers RRT Caroline Tessier RRT Public Member (vacant)

March 1/07 to November 28/07 Susan Martin RRT Chair Gloria Hinton Vice-Chair Judy Dennis RRT Jim McCormick RRT John Schenk

November 29/07 to February 29/08 Susan Martin RRT Chair John Schenk Vice-Chair Judy Dennis RRT Dorothy Angel Jim McCormick RRT Past President, ex-officio Kevin Taylor RRT

#### FITNESS TO PRACTICE

March 1/07 to December 16/07 Carole Hamp RRT Chair (to July 10/07) Judy Dennis RRT Vice-Chair (to July 18/07) Chair (from July 19/07) Lorella Piirik RRT Vice-Chair (from July 19/07)Dorothy Angel Jeff Earnshaw RRT Dan Fryer RRT Gordon Garshowitz (April 1 - August 14/07) Kathleen Keating Amy Kropf RRT Carole LeBlanc RRT Vito Maiolino RRT Judy McRae RRT Ian Summers RRT Caroline Tessier RRT Gary Weeks (to March 31/07)

December 17/07 to February 29/08 David Jones RRT Chair Lorella Piirik RRT Vice-Chair Jeff Earnshaw RRT Dan Fryer RRT Kathleen Keating Amy Kropf RRT Carole LeBlanc RRT Vito Maiolino RRT Judy McRae RRT Mika Nonoyama RRT Ian Summers RRT Caroline Tessier RRT Public Member (vacant)

#### **PATIENT RELATIONS**

March 1/07 to December 16/07 Carole Hamp RRT Chair (to July 10/07) Jim McCormick RRT Chair (from July 19/07) Jim Quigley RRT Vice-Chair

Dorothy Angel Jim Ferrie Kathleen Keating Amy Kropf RRT Judy McRae RRT

December 17/07 to February 29/08 Jim McCormick RRT Chair Amy Kropf RRT Vice-Chair Jim Ferrie Gloria Hinton Kathleen Keating Jim Quigley RRT Carrie-Lynn Meyer RRT

#### **OUALITY ASSURANCE**

March 1/07 to December 16/07 Kathleen Keating Chair Jim McCormick RRT Vice-Chair Gary Ackerman RRT Sudershen Beri (to June 27/07) Carole LeBlanc RRT Vito Maiolino RRT John Schenk (from July 19/07) Caroline Tessier RRT John Unrau RRT

December 17/07 to February 29/08 Kathleen Keating Chair Jim McCormick RRT Vice-Chair Gary Ackerman RRT John Schenk Carole LeBlanc RRT Vito Maiolino RRT Caroline Tessier RRT

#### REGISTRATION

March 1/07 to December 16/07 Dorothy Angel Chair Kevin Taylor RRT Vice-Chair Dan Fryer RRT Gloria Hinton David Jones RRT Mika Nonoyama RRT (from March 19/07) Lorella Piirik RRT Ian Summers RRT

December 17/07 to February 29/08 Dorothy Angel Chair Lorella Piirik RRT Vice-Chair Jim Ferrie Gloria Hinton David Jones RRT Judy McRae RRT Ian Summers RRT Kevin Taylor 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.



**Council Members missing from photo:** 





**Gordon Garshowitz** Public Member

**Kathleen Keating** Public Member



**Carrie-Lynn Meyer, RRT** Profession Member

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

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

Welcome to our new Council Members:

**Carrie-Lynn Meyer RRT** Profession Member, District 5 Joined us on October 23, 2007

**Gordon Garshowitz** Public Member Joined us on April 1, 2007

Thanks to the following Council and Non-Council Committee Members who have completed their terms:

**Sudershen Beri** Public Member 20/10/2004 - 27/06/2007

**Gary Weeks** Public Member 31/03/2003 - 31/03/2007

**Carole Hamp RRT Profession Member** 23/11/2006 - 10/07/2007 Resigned as District 5 Council Member to become the Professional Practise Advisor for the College

#### John Unrau RRT

Non-Council Committee Member 23/11/2006 - 10/01/2008 Resigned as District 5 Non-Council Committee Member

## **CRTO STAFF**

Back Row: Christine Robinson, Registrar and CEO (left to right)

Janice Carson-Golden, Communications Co-ordinator Melanie Jones-Drost, Co-ordinator of Quality Assurance Mary Bayliss, RRT, Manager, Policy and Investigations

**Front Row:** Amelia Ma, Office and Finance Manager Carole Hamp, RRT, Professional Practice Advisor *(left to right)* Ania Walsh, Co-ordinator of Registration Shahsultan Amarshi, Administrative Officer



### College of Respiratory Therapists of Ontario

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