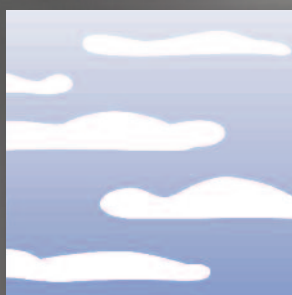




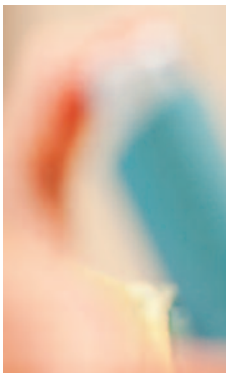
College of Respiratory Therapists of Ontario



2012 / 2013

Annual Report

**Many
Faces**



In Many Places.

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.



TABLE OF CONTENTS

MESSAGE FROM THE PRESIDENT & REGISTRAR	4
COUNCIL, NON-COUNCIL, COMMITTEE AND STAFF LISTS	6
EXECUTIVE COMMITTEE REPORT	8
QUALITY COMMITTEE ASSURANCE REPORT	9
PATIENT RELATIONS COMMITTEE REPORT	10
STATISTICS	11
PROFESSIONAL PRACTICE COMMITTEE REPORT	15
REGISTRATION COMMITTEE REPORT	16
INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE REPORT	18
DISCIPLINE & FITNESS TO PRACTISE COMMITTEE REPORT	19
FINANCIAL REVIEW	20

MESSAGE FROM THE PRESIDENT & REGISTRAR



Welcome to our Annual Report 2012 - 2013.

In our 2011 - 2012 Annual Report, we characterized the year as one of renewal. If there was then one phrase to describe *this* year, it would have to be “new directions”.

A key focus for us this year was the ongoing implementation of our strategic plan. Approved by Council in December 2011, this first year of the plan contained three priorities:

- An internal review of our scope of practice, to ensure that Respiratory Therapists will be able to continue to meet the needs of patients in the future;
- Increasing the level of engagement of our membership, to ensure that RTs in Ontario remain active and involved in the self-governance of their profession; and
- Communication with Members and the public, to ensure that the information they receive is relevant, timely and accessible.



SCOPE OF PRACTICE REVIEW

We began this initiative by conducting a comprehensive analysis of current epidemiological trends, along with policy and funding shifts to predict the care requirements for patients in the foreseeable future. Working back from there, we matched those needs to the competencies held by RTs and, after a comparison against the current range of competencies, subsequently identified opportunities to optimize the scope of practice of RTs to meet those needs. These opportunities ranged from changes in practice guidelines, policy, undergraduate and postgraduate education, etc. This work will continue in 2013.

ENGAGEMENT

A high degree of engagement from the membership is essential to the proper execution of self-governance, where an increase in the level of participation in elections, consultations, volunteers to sit on working groups, QA portfolio reviewers, etc. leads directly to better decision making and to better governance. To that end:

- We conducted a “perceptions of the College” survey to determine how we’re viewed by the membership today, allowing us to better understand the starting point for our engagement efforts.
- We adopted an electronic process for elections in 2012, making it easier than ever for Members to elect RTs to our Council and Committees.
- We launched a framework for professional development, entitled GROW, to assist our Members in charting their ongoing education activities.
- We embarked on a complete redesign of our website, recognizing that it is a key resource for our Members in providing excellent patient care. This redesign will allow Members to access the information that they need more effectively and efficiently. The newly designed website will be available for Members in the fall of 2013.
- Finally, we initiated our regular five-year review of our Quality Assurance program with an aim to make the consultation process as broad and inclusive as possible. By obtaining feedback from as many Members as possible during this process, we can ensure that the QA Program continues to meet and support the needs of our Members in their continuing education pursuits.

COMMUNICATIONS

Much of this work on engagement is achieved through effective communication so we again surveyed our Members to identify their preferences for how and when they wish to receive information, along with what they found most valuable. In response, we’ve diversified our communications palette, adding “on demand” video, a consistent “brand voice”, and will be adding social media in 2013.

This last year also saw revisions to our Quality Assurance regulation and the complete implementation of recent changes to our Registration Regulation. We saw the addition of a Prescribed Substances Regulation, laying the groundwork for better access to respiratory care for patients in the community setting. We continued to demonstrate fiscal responsibility, managing a balanced budget and continuing to reduce our operational costs through increasing electronic administrative practices. Finally, as a result of our efforts to increase the accessibility of our office and practices, we were recognized by the Rick Hansen Institute for Accessibility for Ontarians with Disabilities Act (AODA) for our friendly approach.

Thank you to everyone who worked alongside us through this eventful year and, as always, thank you to the RTs across the province for your continued efforts to provide the finest respiratory care to Ontarians.



CARRIE-LYNN MEYER, RRT
PRESIDENT



KEVIN TAYLOR, RRT
REGISTRAR

COMMITTEE LIST

as of February 28, 2013

DISCIPLINE

Allan Cobb (Chair)
David Jones, RRT (Vice-Chair)
Daniel Fryer, RRT
Jesse Haidar
Alean Jackman, RRT
Carrie-Lynn Meyer, RRT
Kathleen Olden-Powell, RRT
Renée Pageau, RRT
Lori Peppler-Beechey, RRT
Mark Pioro
Sylvia Rondelez, RRT
Christina Sperling, RRT
Cary Ward, RRT
Paul Williams, RRT

EXECUTIVE

Carrie-Lynn Meyer, RRT (President)
David Jones, RRT (Vice-President)
Allan Cobb
Sandra Ellis, RRT
Gordon Garshowitz

FITNESS TO PRACTISE

Allan Cobb (Chair)
David Jones, RRT (Vice-Chair)
Daniel Fryer, RRT
Jesse Haidar
Alean Jackman, RRT
Carrie-Lynn Meyer, RRT
Kathleen Olden-Powell, RRT
Renée Pageau, RRT
Lori Peppler-Beechey, RRT
Mark Pioro
Sylvia Rondelez, RRT
Christina Sperling, RRT
Cary Ward, RRT
Paul Williams, RRT

QUALITY ASSURANCE

Sandra Ellis, RRT (Chair)
Sylvia Rondelez, RRT (Vice-Chair)
Allan Cobb
Rhonda Contant, RRT
Daniel Fryer, RRT
Allen MacLean
Lori Peppler-Beechey, RRT
Daphne Shiner, RRT
Christina Sperling, RRT
Carol-Ann Whalen, RRT

INQUIRIES, COMPLAINTS AND REPORTS (ICRC)

Angela Shaw, RRT (Chair)
Gordon Garshowitz (Vice-Chair)
Julie Boulianne, RRT
Alexandra Brazeau, RRT
Allison Chadwick, RRT
Rhonda Contant, RRT
Jeff Earnshaw, RRT
Sandra Ellis, RRT
Allen MacLean
Daphne Shiner, RRT
Bruno Tassone, RRT
Carol-Ann Whalen, RRT

PROFESSIONAL PRACTICE

Paul Williams, RRT (Chair)
Renée Pageau, RRT (Vice-Chair)
Allan Cobb
Rhonda Contant, RRT
Daniel Fryer, RRT
Alean Jackman, RRT
Lori Peppler-Beechey, RRT
Bruno Tassone, RRT
Carol-Ann Whalen, RRT

PATIENT RELATIONS

Gordon Garshowitz (Chair)
Christina Sperling, RRT (Vice-Chair)
Allison Chadwick, RRT
Jeff Earnshaw, RRT
Jesse Haidar
Renée Pageau, RRT
Sylvia Rondelez, RRT
Angela Shaw, RRT
Cary Ward, RRT

REGISTRATION

David Jones, RRT (Chair)
Julie Boulianne, RRT (Vice-Chair)
Alexandra Brazeau, RRT
Gordon Garshowitz
Alean Jackman, RRT
Allen MacLean
Carrie-Lynn Meyer, RRT
Kathleen Olden-Powell, RRT
Mark Pioro
Paul Williams, RRT

COUNCIL & NON-COUNCIL LIST

as of February 28, 2013

COUNCIL

Julie Boulianne, RRT
Allan Cobb
Rhonda Contant, RRT
Jeff Earnshaw, RRT
Sandra Ellis, RRT
Gordon Garshowitz
Jesse Haidar
David Jones, RRT
Al MacLean
Carrie-Lynn Meyer, RRT
Mark Piro
Angela Shaw, RRT
Christina Sperling, RRT
Paul Williams, RRT

NON-COUNCIL

Alexandra Brazeau, RRT
Allison Chadwick, RRT
Daniel Fryer, RRT
Alean Jackman, RRT
Kathleen Olden-Powell, RRT
Renée Pageau, RRT
Lori Pepler-Beechey, RRT
Sylvia Rondelez, RRT
Daphne Shiner, RRT
Bruno Tassone, RRT
Cary Ward, RRT
Carol-Ann Whalen, RRT

STAFF LIST

as of February 28, 2013

KEVIN TAYLOR RRT, Registrar
MELANIE JONES-DROST, Deputy Registrar
CAROLE HAMP RRT, Manager of Quality Assurance and Member Relations
ANIA WALSH, Manager of Registration
AMELIA MA, Finance and Office Manager
JANICE CARSON-GOLDEN, Communications Co-ordinator
JENNIFER HARRISON RRT, Professional Practice Advisor
SHAH AMARSHI, Administrative Officer
MARLEY HILLEN, Administrative & Registration Assistant
ERIC JOYCE, Strategic Initiative Co-ordinator

EXECUTIVE COMMITTEE REPORT

ACCOMPLISHMENTS

During the 2012 - 2013 fiscal year, the Executive Committee:

- Monitored the ongoing implementation of the CRTO 2011 - 2016 Strategic Plan.
- Monitored the implementation and results of electronic voting in the 2012 elections.
- Appointed Council and Non-Council Members to the various CRTO Committees.
- Routinely reviewed the financial status of the College, including the results of our 2011-2012 financial audit.
- Received a report from the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB) detailing their own strategic plan.
- Guided the development and reviewed the results of our Perceptions and Communications Surveys, the results of which were used to develop the CRTO's Communications Plan.
- Reviewed the results of an internal Operational Review in the summer of 2012. This review, based on the criteria used for the recent reviews at the Ontario College of Teachers and the College of Denturists of Ontario, was successfully completed and identified nine non-critical areas for improvement.
- Guided the development and implementation of good governance tools for use in decision-making at the Council and Committee level.
- Proposed amendments to the:
 - o Executive Elections Policy – to resolve a conflict in the timing of the general elections and the executive elections.
 - o CRTO Confidentiality Policy – to expand and update the language to make it more current and comprehensive.

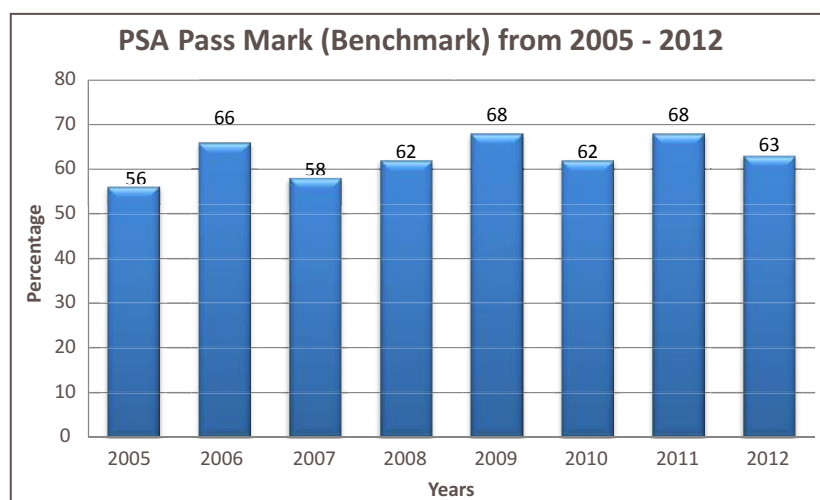
Sincerely,
Carrie-Lynn Meyer, RRT
Executive Committee Chair

QUALITY ASSURANCE COMMITTEE REPORT

ACCOMPLISHMENTS

During the 2012 - 2013 fiscal year, the Quality Assurance Committee (QAC):

- Undertook to begin a **QA Program Evaluation**, which will encompass the years from 2008 - 2012. The recommendations from this evaluation will be presented to the CRTO Council in November 2013.
- Revised the **QA Referrals from the Registrar Concerning Currency Policy and Procedure** to accommodate amendments that were made to the CRTO *Registration Regulation* and subsequent changes to the *Registration Currency Requirements Policy and Procedure*.
- Developed a **QA French Language Services Policy & Procedure** to outline the processes used to ensure the availability and accuracy of QA assessment tools and material that have been translated into French.
- Developed a **QA Mentors and Practice Assessors Policy & Procedure** to clarify the selection, training and re-training of QA mentors and assessors who assist with QA remediation and practice assessments.
- Randomly selected **227 Members** in 2012 to complete the Professional Standards Assessment (PSA) and submit their Professional Portfolio Online for Respiratory Therapists (PORTfolios). The pass mark (benchmark) for the PSA is 70%, or above the 6th percentile, whichever is lower in a given year. In 2012, the benchmark score was 63%.



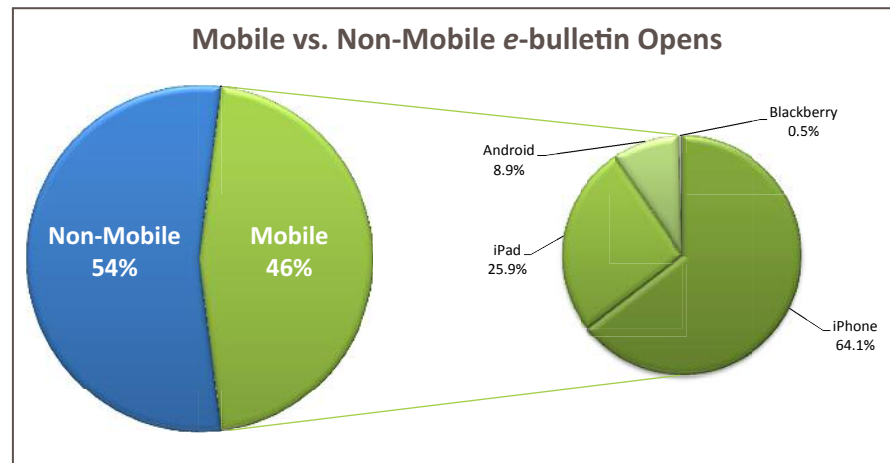
Sincerely,
Sandra Ellis, RRT
Quality Assurance Committee Chair

PATIENT RELATIONS COMMITTEE REPORT

ACCOMPLISHMENTS

During the 2012 - 2013 fiscal year, the Patient Relations Committee (PRC):

- Developed a **Life Membership Policy and Procedure** to outline the process by which Council may issue a Certificate of Life Membership to a person who is or was a Member and who is permanently retired from the practice of Respiratory Therapy.
- **Set priorities** that are closely linked to several of the CRTO's 2011 – 2016 Strategic Plan initiatives. Committee activities related to these priorities are as follows:
 - Member Engagement
 - Public Awareness
 - Optimizing Scope
- Made several on-site visits (through College staff) as part of the **Member & Student Engagement** strategy. On-site visits were made to the following:
 - William Osler - Etobicoke General & Brampton Civic
 - St. Clair College (1st & 2nd year students)
 - Conestoga College (3rd year students)
 - Michener College (2nd year students)
 - Windsor Regional Hospital
 - Hôtel-Dieu Grace Hospital, Windsor
 - Humber River Regional Hospitals (Finch & Church sites)
 - Algonquin College (1st & 2nd year students)
 - The Ottawa Hospital
 - North York General Hospital
- Continued to monitor how Members access the monthly e-bulletin. One example of the data that the Committee considers is the **type of devices** that are used to open the e-bulletins.



Sincerely,
Gordon Garshowitz
 Patient Relations Committee Chair

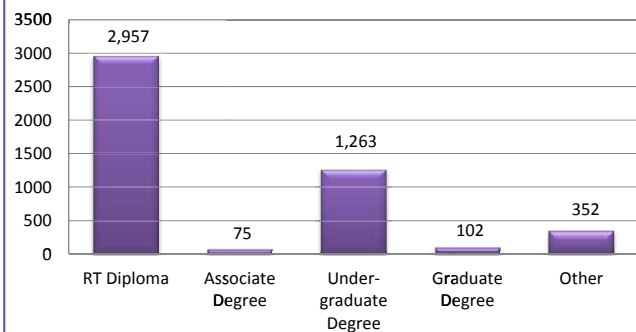
STATISTICS AND DEMOGRAPHICS

as of February 28, 2013

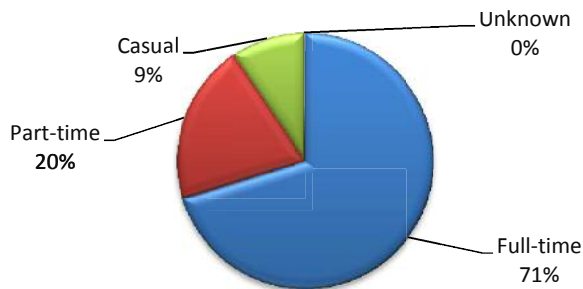
REGISTRATION STATUS



EDUCATIONAL PROFILE



EMPLOYMENT STATUS



MAIN AREA OF PRACTICE

Main focus of Respiratory Therapy practice at the specific place of Members employment.

	Based on Primary Employer	Based on All Employers
Acute Care	1,266	1,680
Administration / Management	120	125
Anesthesia / Operating Room	188	236
Chronic Disease Prevention	29	42
Chronic / Long-Term Care	46	82
Comprehensive Primary Care	8	12
Consultation	15	35
Continuing Care	6	12
Critical Care	454	621
Diagnostics	140	179
Education (post-secondary education)	48	102
Emergency	7	13
Home Care	304	369
Infection Control	5	5
Palliative Care	0	1
Patient / Client Education	19	40
Patient Transport	4	29
Polysomnography	47	70
Public Health	3	4
Pulmonary Function Testing	46	77
Quality Management	7	9
Rehabilitation	25	28
Research	10	17
Sales	63	70

CERTIFICATION TYPES

Certifications held by Members as reported at Renewal.

Advanced Cardiac Life Support (ACLS)	892
ACLS Instructor	36
Anesthesia Assistant	172
Certified Asthma Educator (CAE)	146
Basic Cardiac Life Support (BCLS)	888
BCLS Instructor	118
Cardiac Diagnostic Technologist	3
Cardiopulmonary Technology	11
Certified Respiratory Educator (CRE)	112
COPD Educator	96
CPR (Health Care Provider Level)	180
Cardiovascular Perfusion Technology	5
Hyperbaric Technologist	19
Infection Control	14
Neonatal Resuscitation Program (NRP)	1,020
NRP Instructor	88
Pediatric Advanced Life Support (PALS)	348
Polysomnography	95
S.T.A.B.L.E.	56

CRTO Electoral Districts

- 1 - Northern Ontario, Kenora, Thunder Bay
- 2 - Muskoka, Nipissing, North Bay Area, Sudbury
- 3 - Ottawa-Carlton, Renfrew, Hastings
- 4 - Greater Toronto, Haliburton, Northumberland, Simcoe
- 5 - Hamilton, Kitchener, Niagara, Wellington
- 6 - Bruce, Essex, Huron, Middlesex
- 7 - Academic, Whole Province of Ontario

District 1


Northern Ontario, Kenora, Thunder Bay


Next Election Date: Fall 2015

of Registered Members: 42

RT Schools in District: None

Council / Committee Reps: Alexandra Brazeau, RRT
Jeff Earnshaw, RRT
Bruno Tassone, RRT

 22
52%

 20
48%

Age	#	%
Under 30	12	29%
30 - 39	9	21%
40 - 49	12	29%
50 & Over	9	21%

District 6


Bruce, Essex, Huron, Middlesex


Next Election Date: Fall 2014

of Registered Members: 487

RT Schools in District: Fanshawe College, London
St. Clair College, Windsor

Council / Committee Reps: Daniel Fryer, RRT
David Jones, RRT
Sylvia Rondelez, RRT

 336
69%

 151
31%

Age	#	%
Under 30	90	18%
30 - 39	117	24%
40 - 49	150	31%
50 & Over	130	27%

District 7


Academic, Whole Province of Ontario


Next Election Date: Fall 2015

of Registered Members: 3,002

Council / Committee Reps: Paul Williams, RRT

Note: There are 65 Members of the College that reside outside Ontario and are not captured within the voting districts.

 846
28%

 2,156
72%

Age	#	%
Under 30	553	18%
30 - 39	964	32%
40 - 49	895	30%
50 & Over	590	20%

District 5


Hamilton, Kitchener, Niagara, Wellington


Next Election Date: Fall 2015

of Registered Members: 487

RT Schools in District: Conestoga College, Kitchener

Council / Committee Reps: Allison Chadwick, RRT
Carrie-Lynn Meyer, RRT
Lori Pepler-Beechey, RRT
Angela Shaw, RRT

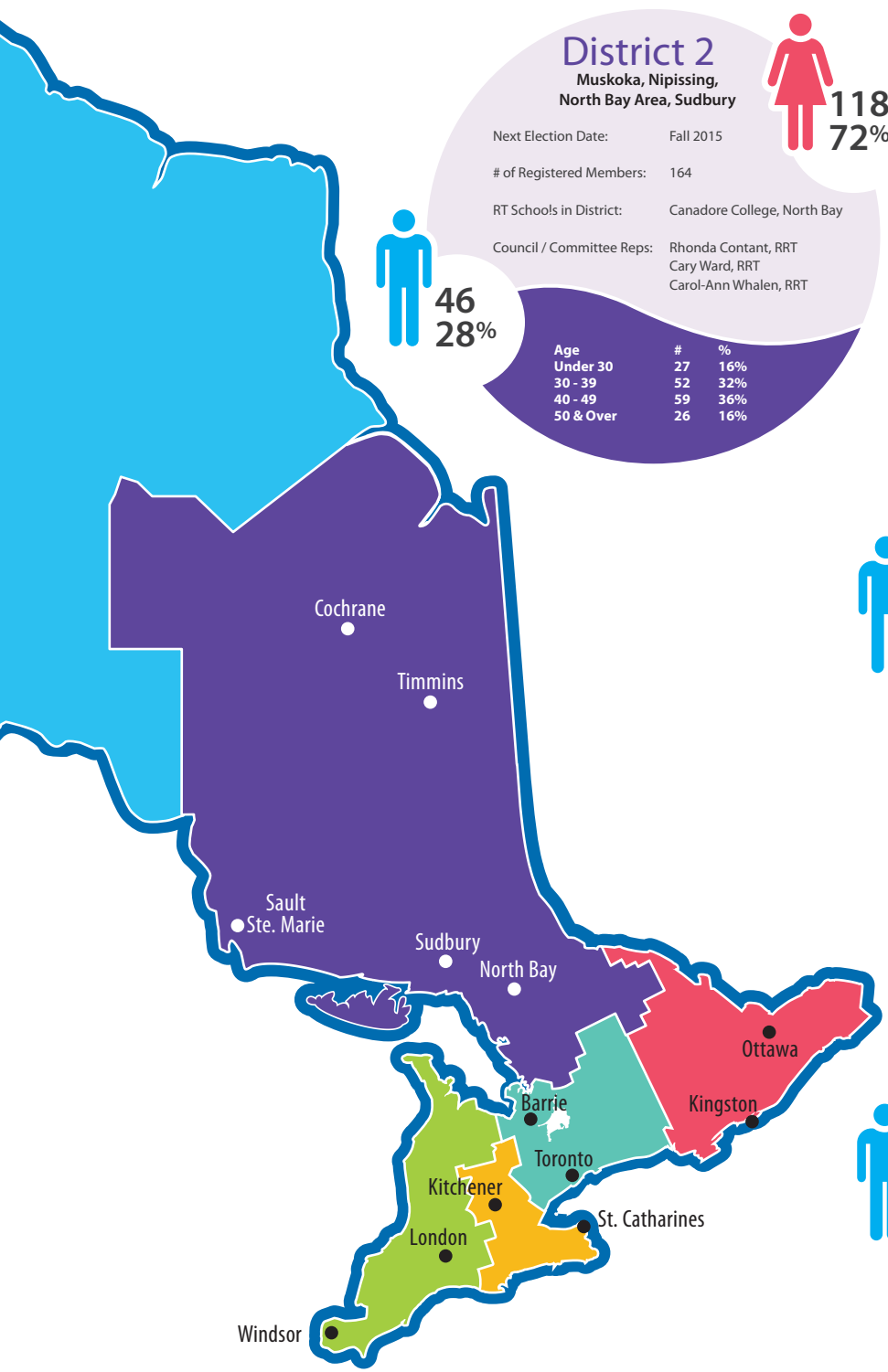
 365
75%

 122
25%

Age	#	%
Under 30	96	20%
30 - 39	155	32%
40 - 49	142	29%
50 & Over	94	19%

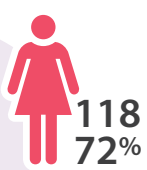
● Kenora

● Thunder Bay

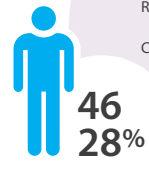


District 2

Muskoka, Nipissing,
North Bay Area, Sudbury



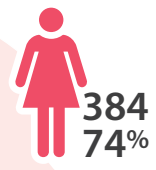
Next Election Date: Fall 2015
 # of Registered Members: 164
 RT Schools in District: Canadore College, North Bay
 Council / Committee Reps: Rhonda Contant, RRT
 Cary Ward, RRT
 Carol-Ann Whalen, RRT



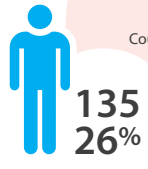
Age	#	%
Under 30	27	16%
30 - 39	52	32%
40 - 49	59	36%
50 & Over	26	16%

District 3

Ottawa-Carlton, Renfrew,
Hastings



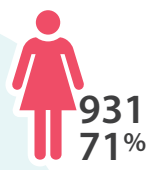
Next Election Date: Fall 2014
 # of Registered Members: 519
 RT Schools in District: Algonquin College, Ottawa
 La Cité collégiale, Ottawa
 Council / Committee Reps: Julie Boulianne, RRT
 Renée Pageau, RRT
 Daphne Shiner, RRT



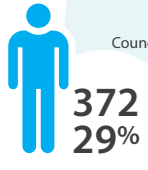
Age	#	%
Under 30	111	21%
30 - 39	191	37%
40 - 49	133	26%
50 & Over	84	16%

District 4

Greater Toronto, Haliburton,
Northumberland, Simcoe



Next Election Date: Fall 2014
 # of Registered Members: 1,303
 RT Schools in District: The Michener Institute
 for Applied Health Sciences, Toronto
 Council / Committee Reps: Sandra Ellis, RRT
 Alean Jackman, RRT
 Kathleen Olden-Powell, RRT
 Christina Sperleng, RRT



Age	#	%
Under 30	217	17%
30 - 39	440	34%
40 - 49	399	31%
50 & Over	247	19%

STATISTICS AND DEMOGRAPHICS

NUMBER OF MEMBERS PERFORMING THE FOLLOWING ACTIVITIES

Administration of Oral Medications (e.g., oral steroids)	300
Administration of Oral Medications (community)	87
Arterial Cannulation	1,440
Arterial, Venous & Capillary Blood Gas Sampling (community)	587
Aspiration from Cannula / Line	1,491
Automatic External Defibrillator (AED) (performing)	238
Bronchoscopy (performing)	143
Bronchoscopic Tissue Sampling (performing)	86
Cardiovascular Perfusion	10
Cardioversion (performing)	64
Central Line Insertion (performing)	10
Chest Tube Maintenance (community)	41
Chest Needle (insertion, aspiration, reposition, removal)	28
Chest Physiotherapy (community)	85
Chest Tube (insertion, aspiration, reposition, removal)	29
Conscious / Procedural Sedation (performing)	302
Defibrillation (performing)	174
Dispensing Medications (e.g., MDI, NRT)	780
End-Tidal Carbon Dioxide Monitoring (community)	300
Extracorporeal Membrane Oxygenation	44
Interosseous Cannulation (performing)	65
Laryngeal Mask Airway (LMA) Insertion (performing)	743
Lung Volume Recruitment (community)	328

Manipulation / Repositioning of a Cannula Balloon	54
Nasogastric Tube Insertion (community)	41
Nasogastric Tube Insertion, Manage, Removal	372
Nasogastric Tube Insertion for NAVA	66
Needle Cricothyrotomy (performing)	5
Oral Health Care	265
Oral Health Care (community)	32
Patient / Client Education	2,125
Patient / Client Education (community)	521
Percutaneous Tracheostomy (assisting)	947
Smoking Cessation / Nicotine Replacement Therapy	355
Smoking Cessation / Nicotine Replacement Therapy (community)	123
Subcutaneous Electrode Placement	38
Suture an Indwelling Cannula / Line	310
Tracheostomy Tube Change for a Stoma (<24 hours)	432
Tracheostomy Tube Changes (>24 hours) (community)	406
Transcutaneous Blood Gas Monitoring (community)	95
Umbilical Cannulation	22
Venipuncture	255
Venipuncture (community)	2
Venous Cannulation	338
Venous Cannulation (community)	6

DIAGNOSTIC

Bronchoprovocation (histamine / methacholine)	309
Cardiac Stress Testing	201
Echocardiography	83
Holter Monitoring	103
Neurodiagnosis	37
Nuclear Stress Testing	55
Oximetry Testing for Purpose of 5 th Act	612
Oximetry Testing for Purpose of 5 th Act (community)	248
Polysomnography	138
Pulmonary Function	975

INHALATION

Aerosolized Prostacyclin Therapy (e.g., epoprostenol)	239
Anaesthetics Agents	296
High Frequency Jet Ventilation (adult)	179
High Frequency Jet Ventilation (paeds / neonatal)	181
High Frequency Oscillation Ventilation (adult)	958
High Frequency Oscillation Ventilation (paeds / neonatal)	376
Hyperbaric Oxygen Therapy	46
Mechanical Ventilation (invasive & non-invasive)	2,108
Mechanical Ventilation (invasive & non-invasive) (community)	573
Nitric Oxide	926

INJECTION

Epidural	50
Intradermal	75
Intradermal (community)	2
Intramuscular (e.g., immunizations)	38
Intravascular	199
Intravascular (community)	6
Subcutaneous (e.g., immunizations)	225
Subcutaneous (e.g., immunizations) (community)	16

INTUBATION (performing)

Adult	1,657
Neonatal	800
Paediatric	472

PATIENT TRANSPORT

Air	183
Land	1,401
Out-of-Province	116

PROFESSIONAL PRACTICE COMMITTEE REPORT

ACCOMPLISHMENTS

The Professional Practice Committee is a non-statutory committee that was added in 2010 as an additional resource for Council, Committees, and CRTO staff on matters of Respiratory Therapy practice. The membership is selected to represent a broad range of practice areas, which may include but is not limited to adult and neonatal / paediatric acute care, anaesthesia, community and long-term care, outpatient diagnostics, medical sales / service, patient education, and infection prevention and control.

Much of the work of the Committee involves the development, review and updating of the standards for Respiratory Therapy practice, which include Professional Practice Guidelines, Clinical Best Practice Guidelines, Standards of Practice, Position Statements, policies and other resources related to the practice of the profession.

During the 2012 - 2013 fiscal year, the Professional Practice Committee:

- Reviewed the ***Orders for Medical Care Professional Practice Guideline***.
- Drafted a ***Clinical Best Practice Guideline on Oxygen Therapy*** in support of the recent prescribed substances regulation. This item is currently in circulation for stakeholder feedback.
- Revised the ***Medical Directives and the Ordering of Controlled Acts Position Statement*** to focus on the key messages of ordering and the delegation of 'ordering'.
- Reviewed and revised the ***Bloodborne Pathogens Position Statement***, changing the name to '*Bloodborne and Other Infectious Pathogens*' and updating it with current infection prevention and control terminology; adding references with active hyperlinks to the electronic version; broadening the scope to include references to additional infectious pathogens; and, outlining Members' obligations to know their own status with respect to infectious pathogens (e.g. TB status).
- Revised the ***Delegation Professional Practice Guideline*** to add references to the *Prescribed Substances Regulation* and to align the language with the recent changes to the *Medical Directives and the Ordering of Controlled Acts Position Statement* and the *Orders for Medical Care Professional Practice Guideline*.
- Drafted proposed changes to the ***Conflict of Interest Professional Practice Guideline*** in support of the upcoming *Conflict of Interest Regulation*. This item is currently in circulation for stakeholder feedback.

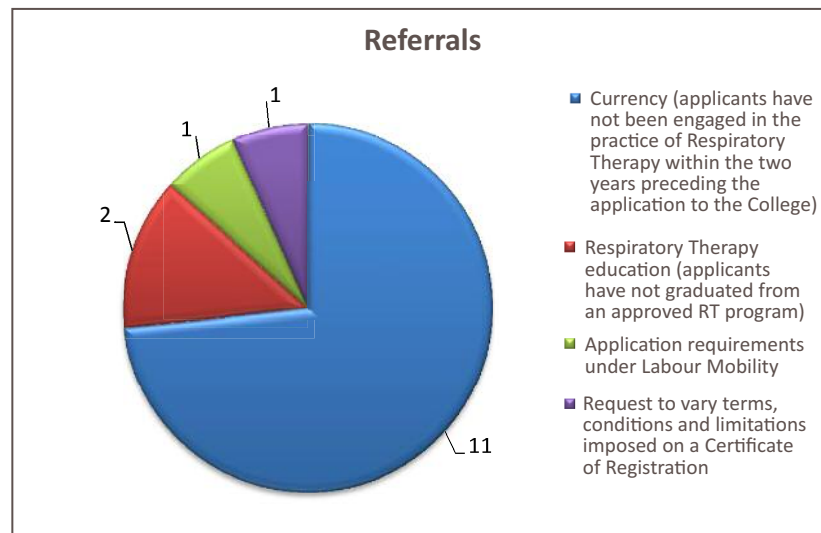
Sincerely,
Paul Williams, RRT
Professional Practice Committee Chair

REGISTRATION COMMITTEE REPORT

ACCOMPLISHMENTS

During the 2012 - 2013 fiscal year, the Registration Committee:

- Convened **15 Panels** to consider registration referrals from the Registrar and requests from Members to have terms, conditions and limitations on their certificates lifted or revised.

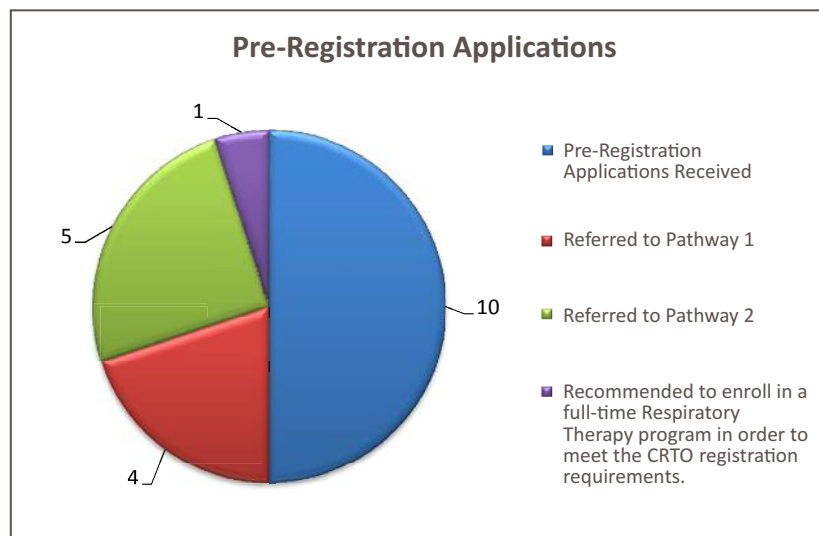


Applicants who are not satisfied with the decision of the Registration Committee may appeal the decision with the Health Professions Appeal and Review Board (HPARB). There were no appeals of the Registration Committee decisions submitted to HPARB in 2012.

- Conducted a review of all registration policies to ensure that these are consistent with the new Registration Regulation that was passed into law on February 17, 2012. **18** amendments were recommended and approved by Council. Additionally, the Committee developed a new policy to address issues related to applicants' access to their application and pre-registration records.
- Considered and approved **six** certification programs for the performance of advanced prescribed procedures below the dermis.
- Conducted a review of the *Registration and Use of Title Professional Practice Guideline* to ensure that it is consistent with the new Registration Regulation.

REGISTRATION COMMITTEE REPORT

- Reviewed the Council on Accreditation for Respiratory Therapy Education (CoARTE) program accreditation process and the list of approved Respiratory Therapy programs.
- Continues to monitor the pre-registration process. **Three** additional courses have been developed as part of Pathway 1 (Phase 2): Mechanical Ventilation; Pharmacology, Pathophysiology and Neonatal / Pediatric Respiratory Care. The Committee began a comprehensive review of the Pre-Registration process, to address some specific policy challenges and opportunities for improvement. We expect this review to result in an improved competency assessment for all applicants. We also expect some policy changes to be recommended. Until this review is complete, all assessments have been put on hold.



- The Annual Registration Practices Report was submitted to the OFC by the March 1, 2013 deadline. A copy of the report is now posted on the CRTO website. The OFC reviewed the CRTO's action plan developed as part of the OFC's *Strategy for Continuous Improvement of Registration Practices*. The plan was accepted as submitted. The OFC made a number of recommendations, all of which have been implemented.

Sincerely,
David Jones, RRT
Registration Committee Chair

INQUIRIES, COMPLAINTS & REPORTS COMMITTEE REPORT

ACCOMPLISHMENTS

During the 2012 - 2013 fiscal year, the Inquiries, Complaints and Reports Committee (ICRC):

- Considered two new complaints:
 - In one matter it was the decision of the ICRC to accept the withdrawal of the complaint by the complainant.
 - In one matter it was the decision of the ICRC to require the Member to complete a specified continuing education or remediation program on professionalism and boundaries, and appear before the panel to be cautioned.
- Considered five reports, four of which were mandatory employer reports, and one of which was a referral by the Registrar to the ICRC:

MANDATORY EMPLOYER REPORTS

- In one matter it was the decision of the ICRC to require the Member to complete a specified continuing education or remediation program on professionalism and ethics, and appear before the panel to be cautioned.
- In one matter it was the decision of the ICRC to recommend that the Member adhere to the College's Commitment to Ethical Practice, and to remind the Member of the College's Standards of Practice, specifically as they related to accountability and professional responsibility.
- Two matters remain under investigation.

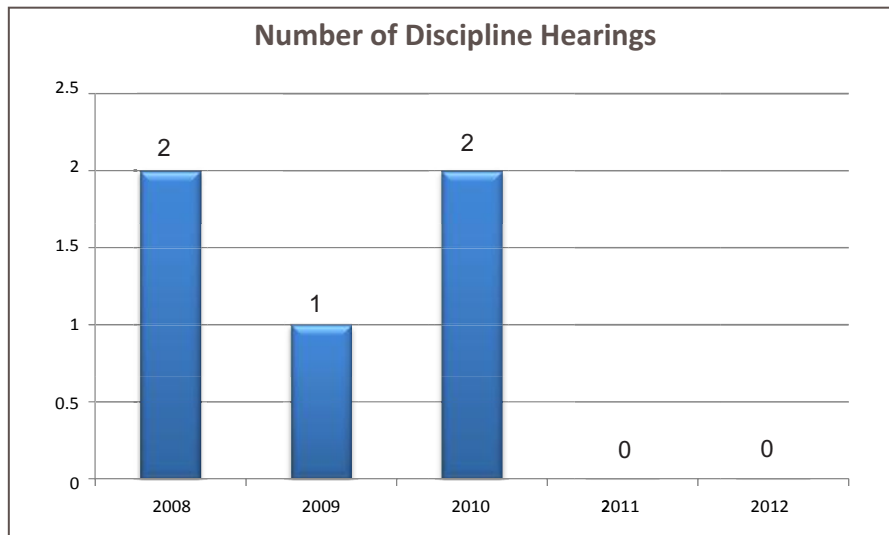
REGISTRAR'S REFERRAL

- In one matter it was the decision of the ICRC to require the Member to complete a specified continuing education or remediation program on professionalism and ethics, and appear before the panel to be cautioned.

Sincerely,
Angela Shaw, RRT
Inquiries, Complaints & Reports Committee Chair

DISCIPLINE COMMITTEE REPORT

There were no Discipline Committee hearings during 2012 - 2013 fiscal year.



Sincerely,
Allan Cobb
Discipline Committee Chair

FITNESS TO PRACTISE COMMITTEE REPORT

There were no referrals to the Fitness to Practise Committee during the 2012 - 2013 fiscal year.

Sincerely,
Allan Cobb
Fitness to Practise Committee Chair

INDEPENDENT AUDITOR'S REPORT

TO THE MEMBERS OF THE COUNCIL OF THE COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO

The accompanying summary financial statements of the College of Respiratory Therapists of Ontario (the "College"), which comprise the summary balance sheet as at February 28, 2013, and the summary statement of operations for the year then ended, are derived from the audited financial statements of the College for the year ended February 28, 2013. We expressed an unmodified audit opinion on those financial statements in our report dated May 24, 2013.

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summary financial statements therefore, is not a substitute for reading the audited financial statements of the College.

Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of a summary of the audited financial statements in accordance with Canadian accounting standards for not-for-profit organizations.

Auditor's Responsibility

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, "Engagements to Report on Summary Financial Statements".

Opinion

In our opinion, the summary financial statements derived from the audited financial statements of the College for the year ended February 28, 2013 are a fair summary of those financial statements, in accordance with Canadian accounting standards for not-for-profit organizations.

Toronto, Ontario
May 24, 2013

CLARKE HENNING LLP
CHARTERED ACCOUNTANTS
Licensed Public Accountants

SUMMARY BALANCE SHEET

AS AT FEBRUARY 28, 2013

	2013	2012
ASSETS		
Current assets		
Cash	\$ 956,786	\$ 1,336,633
Sundry receivables and prepaid expenses	21,913	21,526
	978,699	1,358,159
Marketable securities	1,614,349	1,287,038
Capital assets	93,321	159,196
	2,686,369	2,804,393
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities	96,278	56,594
Deferred revenue	1,160,900	1,271,775
	1,257,178	1,328,369
NET ASSETS		
Abuse therapy fund	20,000	20,000
General contingency reserve fund	500,000	500,000
General investigations and hearings fund	150,000	150,000
Special projects reserve	400,000	400,000
Fees stabilization reserve	150,000	150,000
Invested in capital assets	106,370	159,196
Operating - unrestricted	102,821	96,828
	1,429,191	1,476,024
	2,686,369	2,804,393

SUMMARY STATEMENT OF OPERATIONS

YEAR ENDED FEBRUARY 28, 2013

	2013	2012
Revenues		
Registration, renewal and application fees	1,446,300	1,398,851
Investment and sundry income	42,850	94,498
	1,489,150	1,493,349
Expenses		
Salaries and benefits	792,510	770,276
Occupancy costs	136,532	123,685
Quality assurance	67,092	65,234
Professional fees	47,399	47,027
Printing, postage, stationery and delivery	30,737	49,759
Council and committee	100,659	101,938
Special projects	134,050	89,251
All other operating expenses	227,004	286,704
	1,535,983	1,533,874
Deficiency of revenues over expenses for the year	\$ (46,833)	\$ (40,525)

Copies of 2012 / 2013 complete audited financial statements are available on our website at www.crto.on.ca or on request from the Registrar at 416-591-7800.





College of Respiratory Therapists of Ontario

180 Dundas Street West, Suite 2103, Toronto, Ontario M5G 1Z8

Phone: (416) 591-7800 **Toll free:** (800) 261-0528 **Fax:** (416) 591-7890

General E-mail: questions@crto.on.ca

www.crto.on.ca