



2015 / 2016
Annual Report

College of Respiratory Therapists of Ontario

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.



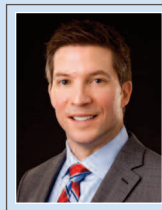
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MESSAGE FROM THE PRESIDENT & REGISTRAR



David Jones, RRT
President



Kevin Taylor, RRT
Registrar & CEO

Welcome to our 2015 - 2016 Annual Report.

On behalf of our Council, Committees and staff, we are pleased to present our 2015-2016 annual report for the College of Respiratory Therapists of Ontario (CRTO).

The CRTO is one of 28 health regulatory bodies established by the *Regulated Health Professions Act, 1991*. With a duty to serve and protect the public interest, the CRTO:

- Develops, establishes and maintains (i) the entry-to-practice requirements for becoming a Respiratory Therapist, (ii) the practice standards required of all RTs when providing care, and (iii) the professional ethics standards for our Members;
- Receives and investigates complaints about our Members to ensure that those practice standards are maintained and that patients receive the quality of care that they expect and deserve;
- Facilitates continuing education and professional development in our Members to ensure ongoing quality of practice as they respond to evolving patient and system needs, changes in the practice environment, and advances in technology;
- Provides information about our Members to the public, allowing them to make informed choices about who provides their health care; and,
- Operates in an open and transparent fashion, allowing members of the public to see how decisions are made and to better understand the impact on their care.



This year, the CRTO maintained four (4) key areas of focus:



MEMBER ENGAGEMENT

Self-regulation requires an engaged membership, one that actively participates with their regulatory body and that embraces the level of professionalism required of a regulated health professional. In other words, self-regulation only works when Members actively participate, making engagement vital to serving the public interest. Information that comes from the CRTO is essential for our Members in maintaining the quality of their practice, whether it's revisions to practice guidelines, updates to the legislation that guides their practice, or contributing to information-gathering surveys. That engagement is established through the management of a healthy and mutually respectful relationship and we place great emphasis on maintaining that relationship with our Members through the use of effective and timely communications.



GOVERNANCE & ACCOUNTABILITY

Good governance underpins good decision-making and leads to better regulation of the profession. This year we sharpened our focus on governing well and invested in three main activities in support of our Council and Committees: Better Onboarding, to assist Council and Committee members in contributing their expertise as early as possible; Continuing Education, to ensure our Council and Committee members continue to learn and grow in their governance role, and; Governance Tools & Supports, to provide framework, consistency and methods for evaluating the decisions and deliberations of our Council and Committees. In addition, we created a new staff position - a Manager of Governance and Quality – to ensure we remained committed and focused on these important initiatives.

In addition, we remained committed to continuing to enhance the openness and transparency of our organization and the decisions we make by increasing the amount

of information available on our public website and review our website design to ensure it remains easily readable and accessible.



ENHANCING PROFESSIONALISM

A key element of accountability and quality of care in our Members is professionalism and, as such, we invest heavily in supporting and promoting professionalism in our membership. We revised our regulation on Professional Misconduct to better outline the conduct that the public can expect from RTs. We initiated a large-scale reform of our Quality Assurance Program to better support professional development by our members, expanding it to encompass areas of practice and to align with GROW, our professional development model. We established an Expert Advisory Panel for Anaesthesia Assistance to allow us to understand the current state of this rapidly developing area of practice and to ensure we are providing the regulatory structure that field requires. Finally, in response to the expanding role that RTs are playing in the community setting, we've established guidelines for good business practices by RTs to allow patients to understand what they should expect from their respiratory care providers and to be better consumers of health care services. These standards have been reinforced through the addition of a Conduct Counts – Case of the Month section in our regular Member newsletter to provide stories and examples to assist our Members in putting these guidelines into practice.



HEALTH CARE COMMUNITY

We recognize that healthcare functions as a system and that, as a regulator, we cannot operate in isolation. To that end, this year we collaborated with several other agencies to produce a broader impact on the quality of care patients receive. We completed a collaborative project with the MOHLTC Assistive Devices Program, contributing advice for reforming the provision of home oxygen. We completed a

3-year data sharing initiative, aligning our membership registry data with usage privileges in eHealth products. We worked alongside other RT regulators across Canada to update the list of competencies required for entry-to-practice to better align with today's health care demands. Finally, we worked in collaboration with that same group of RT regulators to develop and harmonize the way in which internationally-trained applicants are assessed and registered as well as to improve the accountability and transparency of the accreditation process used to assure quality in the RT educational programs across the country.

In the following pages, we outline in greater detail the activities, accomplishments and state of our organization for this past year. We're proud of the work that we do and of our role in contributing to the health care needs of patients and their families in Ontario.

Sincerely,



DAVID JONES, RRT
PRESIDENT



KEVIN TAYLOR, RRT
REGISTRAR & CEO

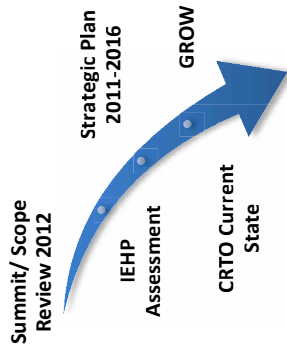


CERTO Strategic Directions and Key Priorities

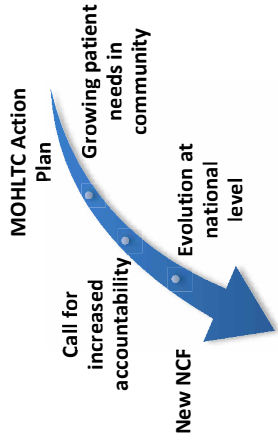
2016-2020

FOUNDATIONS

Regulating the practice of Respiratory Therapy to serve the Public Interest



External Factors



Member Engagement

- Engagement through Member Outreach
- Continue to implement our Student Strategy
- Continue to leverage communications for Stakeholder Relations

Governance & Accountability

- Enhancing College Governance
- Enhancing Transparency

Enhancing Professionalism

- Modernizing our Professional Misconduct Regulation
- Updating our CRYPTO Standards of Practice
- Updating our CRYPTO Ethical Standards
- Improving our QA Program
- Leveraging GROW, our professional development model
- Promoting Good Business Practices from our Members

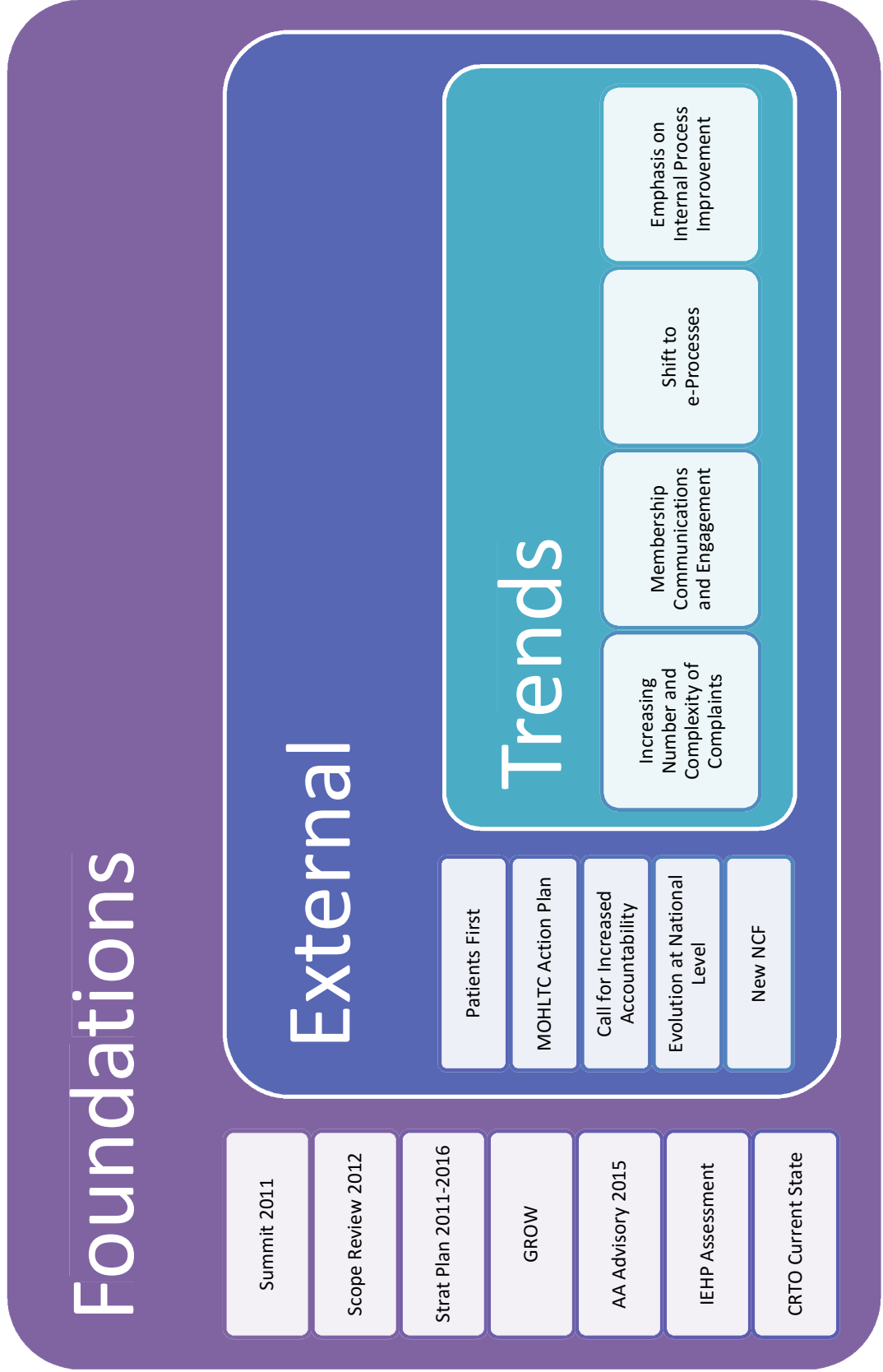
Healthcare Community

- Continue working with others within our community, including:
 - ADP
 - eHealth
 - FHRCO
 - NARTRB
- Provide leadership on key national issues:
 - Labour Mobility
 - IEHP Assessment /Harmonization
 - Accreditation Reform

Core Business Practices

- Investments in technology - making our College "greener"
- Refining our IEHP Assessment
- Enhancing our Internal Processes

**CRTO Goals/Strategic Directions 2016-2019
ISSUES AND INFLUENCES**



COMMITTEE LIST

as of February 29, 2016

DISCIPLINE

| | | |
|-------------------------|----------------------|-------------------------|
| Allan Cobb (Chair) | Daniel Fryer, RRT | Christina Sperling, RRT |
| Al MacLean (Vice-Chair) | David Jones, RRT | Cary Ward, RRT |
| Julie Boulianne, RRT | Kerri Porretta, RRT | Carol-Ann Whalen, RRT |
| Alexandra Brazeau, RRT | Sylvia Rondelez, RRT | |
| Susan Docherty-Skippen | Jody Saarvala, RRT | |

EXECUTIVE

| | | |
|------------------------------------|------------------|-------------------------|
| David Jones, RRT (President) | Allan Cobb | Christina Sperling, RRT |
| Sandra Ellis, RRT (Vice-President) | Patricia Latimer | |

FITNESS-TO-PRACTISE

| | | |
|------------------------|----------------------|-------------------------|
| Allan Cobb (Chair) | Daniel Fryer, RRT | Christina Sperling, RRT |
| Al McLean (Vice-Chair) | David Jones, RRT | Cary Ward, RRT |
| Julie Boulianne, RRT | Kerri Porretta, RRT | Carol-Ann Whalen, RRT |
| Alexandra Brazeau, RRT | Sylvia Rondelez, RRT | |
| Susan Docherty-Skippen | Jody Saarvala, RRT | |

INQUIRIES, COMPLAINTS AND REPORTS

| | | |
|------------------------------------|-------------------------------|----------------------------|
| Gordon Garshowitz (Chair) | Ginette Greffe-Laliberté, RRT | Kathleen Olden-powell, RRT |
| Allison Chadwick, RRT (Vice-Chair) | Jesse Haidar | Daphne Shiner, RRT |
| Rhonda Contant, RRT | Christa Krause, RRT | Holly Syer, RRT |
| Jeff Earnshaw, RRT | Patricia Latimer | Bruno Tassone, RRT |
| Sandra Ellis, RRT | Denise Murphy, RRT | |

PATIENT RELATIONS

| | | |
|----------------------------------|------------------------|-----------------------|
| Christina Sperling, RRT (Chair) | Susan Docherty-Skippen | Sylvia Rondelez, RRT |
| Rhonda Contant, RRT (Vice-Chair) | Jeff Earnshaw, RRT | Jody Saarvala, RRT |
| Julie Boulianne, RRT | Gordon Garshowitz | Holly Syer, RRT |
| Alexandra Brazeau, RRT | Christa Krause, RRT | Carol-Ann Whalen, RRT |
| Allison Chadwick, RRT | Kerri Porretta, RRT | |

QUALITY ASSURANCE

| | | |
|---------------------------------|-------------------------------|----------------------------|
| Sandra Ellis, RRT (Chair) | Susan Docherty-Skippen | Denise Murphy, RRT |
| Daphne Shiner, RRT (Vice-Chair) | Jeff Earnshaw, RRT | Kathleen Olden-Powell, RRT |
| Allison Chadwick, RRT | Daniel Fryer, RRT | Cary Ward, RRT |
| Allan Cobb | Ginette Greffe-Laliberté, RRT | Carol-Ann Whalen, RRT |
| Rhonda Contant, RRT | Al MacLean | |

REGISTRATION

| | | |
|-------------------------------|----------------------|--------------------|
| Patricia Latimer (Chair) | Jesse Haidar | Jody Saarvala, RRT |
| David Jones, RRT (Vice-Chair) | Christa Krause, RRT | Holly Syer, RRT |
| Julie Boulianne, RRT | Al MacLean | Bruno Tassone, RRT |
| Alexandra Brazeau, RRT | Kerri Porretta, RRT | Cary Ward, RRT |
| Gordon Garshowitz | Sylvia Rondelez, RRT | |

COUNCIL & NON-COUNCIL COMMITTEE LIST

as of February 29, 2016

COUNCIL

Julie Boulianne, RRT
Allison Chadwick, RRT
Allan Cobb
Rhonda Contant, RRT
Susan Docherty-Skippen
Jeff Earnshaw, RRT
Sandra Ellis, RRT
Gordon Garshowitz
Jesse Haidar
David Jones, RRT
Patricia Latimer
Al MacLean
Jody Saarvala, RRT
Christina Sperling, RRT
Holly Syer, RRT

NON-COUNCIL COMMITTEE

Alexandra Brazeau, RRT
Daniel Fryer, RRT
Ginette Greffe-Laliberté, RRT
Christa Krause, RRT
Denise Murphy, RRT
Kathleen Olden-Powell, RRT
Kerri Porretta, RRT
Sylvia Rondelez, RRT
Daphne Shiner, RRT
Bruno Tassone, RRT
Cary Ward, RRT
Carol-Ann Whalen, RRT

STAFF LIST

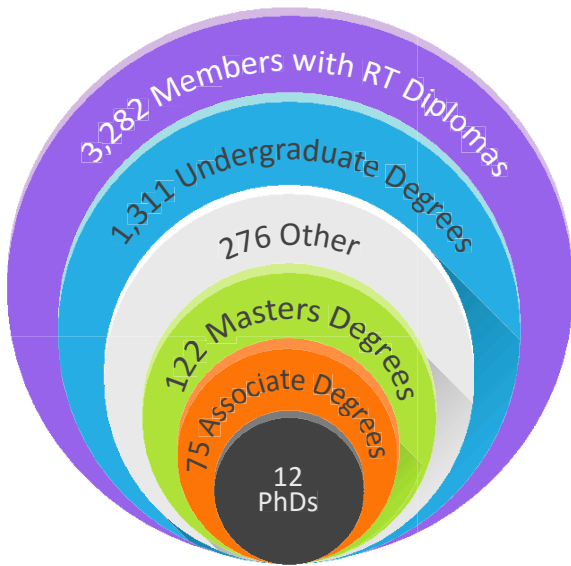
as of February 29, 2016

KEVIN TAYLOR RRT, Registrar & CEO
MELANIE JONES-DROST, Deputy Registrar
CAROLE HAMP RRT, Quality Practice Manager
ANIA WALSH, Registration Manager
AMELIA MA, Finance and Office Manager
JANICE CARSON-GOLDEN, Communications Manager
LORI PEPLER-BEECHEY RRT, Governance & Quality Manager
LISA NG, Registration & Investigations Coordinator

STATISTICS AND DEMOGRAPHICS

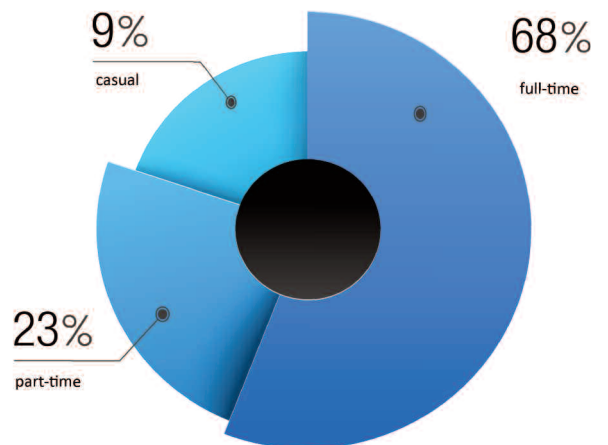
as of February 29, 2016

Educational Profile



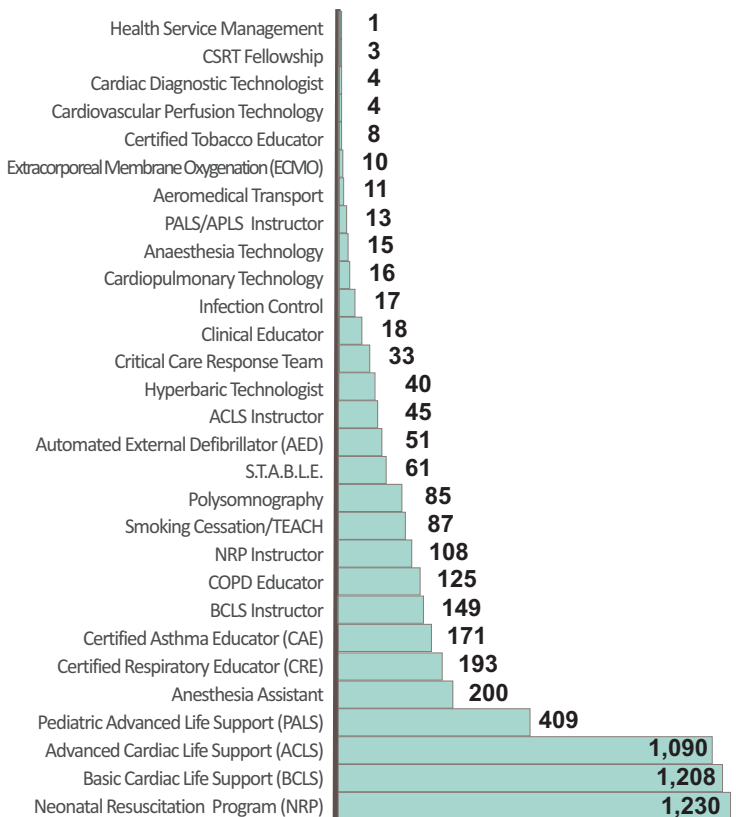
of Members **3,143** General
201 Inactive
3,357 7 Graduate
6 Limited

Employment Status



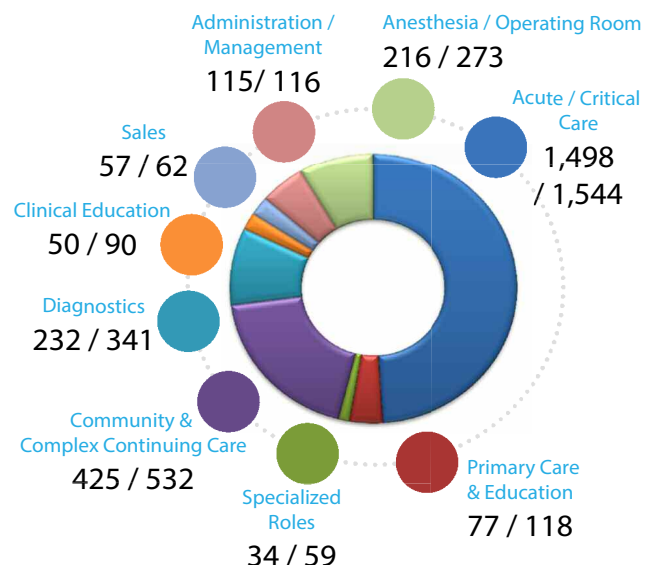
Certification Types

Certifications held by Members as reported at Renewal



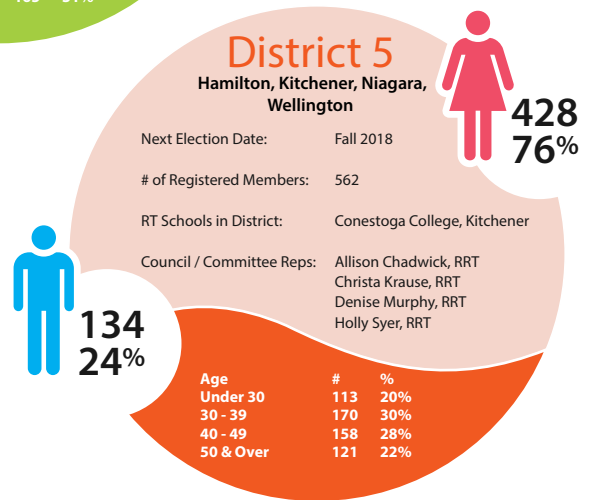
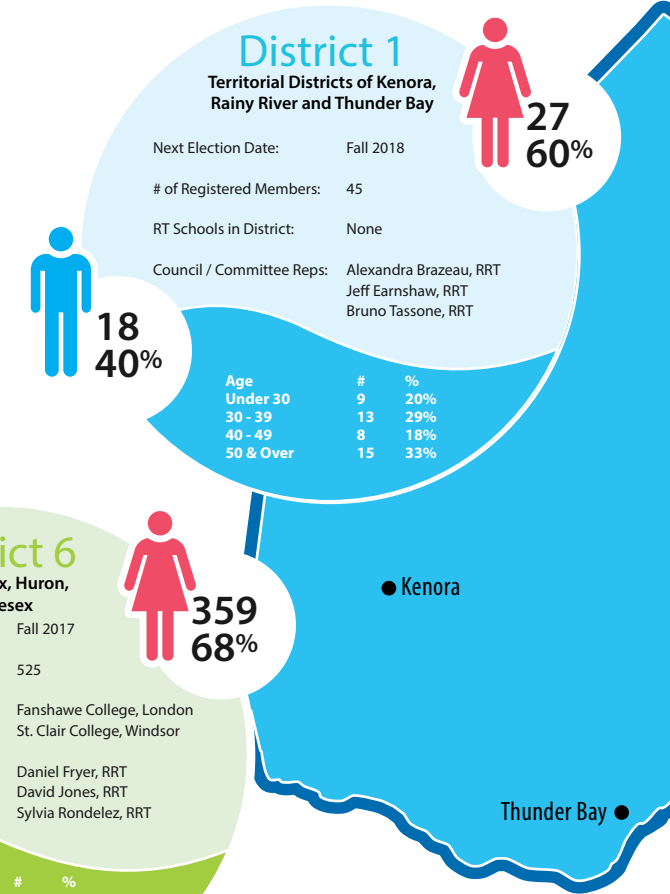
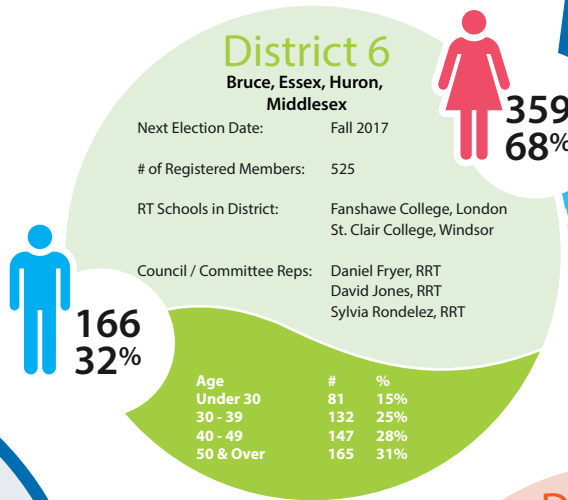
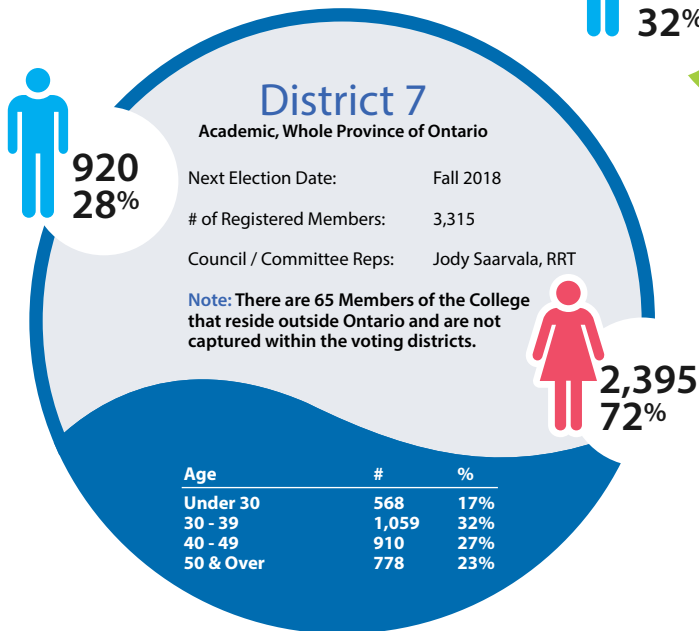
Main Area of Practice

Main focus of Respiratory Therapy practice at Members place(s) of employment. First number by primary employer, second number by all employers.

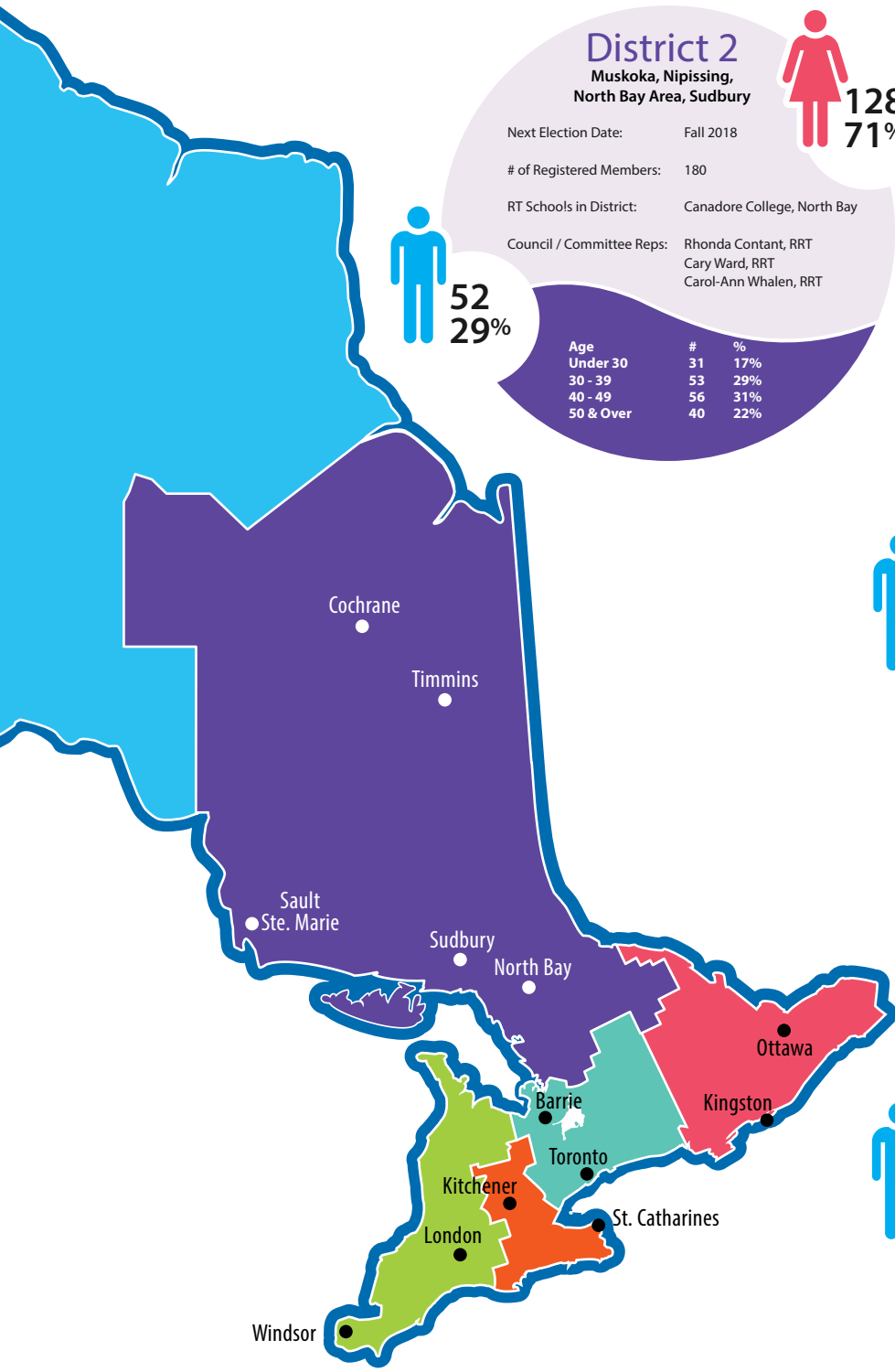


CRTO Electoral Districts

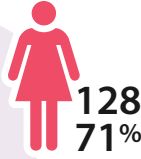
- 1 - Territorial Districts of Kenora, Rainy River and Thunder Bay
- 2 - Muskoka, Nipissing, North Bay Area, Sudbury
- 3 - Ottawa-Carlton, Renfrew, Hastings
- 4 - Greater Toronto, Haliburton, Northumberland, Simcoe
- 5 - Hamilton, Kitchener, Niagara, Wellington
- 6 - Bruce, Essex, Huron, Middlesex
-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



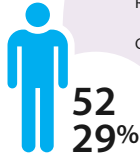
2015 / 2016



District 2 Muskoka, Nipissing, North Bay Area, Sudbury

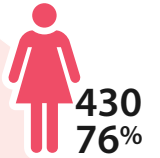


Next Election Date: Fall 2018
of Registered Members: 180
RT Schools in District: Canadore College, North Bay
Council / Committee Reps: Rhonda Contant, RRT
Cary Ward, RRT
Carol-Ann Whalen, RRT

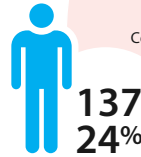


| Age | # | % |
|-----------|----|-----|
| Under 30 | 31 | 17% |
| 30 - 39 | 53 | 29% |
| 40 - 49 | 56 | 31% |
| 50 & Over | 40 | 22% |

District 3 Ottawa-Carlton, Renfrew, Hastings

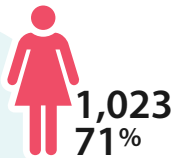


Next Election Date: Fall 2017
of Registered Members: 567
RT Schools in District: Algonquin College, Ottawa
La Cité collégiale, Ottawa
Council / Committee Reps: Julie Boulianne, RRT
Ginette Greffe-Laliberté, RRT
Daphne Shiner, RRT

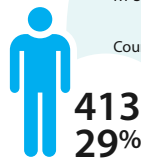


| Age | # | % |
|-----------|-----|-----|
| Under 30 | 110 | 19% |
| 30 - 39 | 212 | 37% |
| 40 - 49 | 130 | 23% |
| 50 & Over | 115 | 20% |

District 4 Greater Toronto, Haliburton, Northumberland, Simcoe



Next Election Date: Fall 2017
of Registered Members: 1,436
RT Schools in District: The Michener Institute
for Applied Health Sciences, Toronto
Council / Committee Reps: Sandra Ellis, RRT
Kathleen Olden-Powell, RRT
Kerri Porretta, RRT
Christina Sperling, RRT

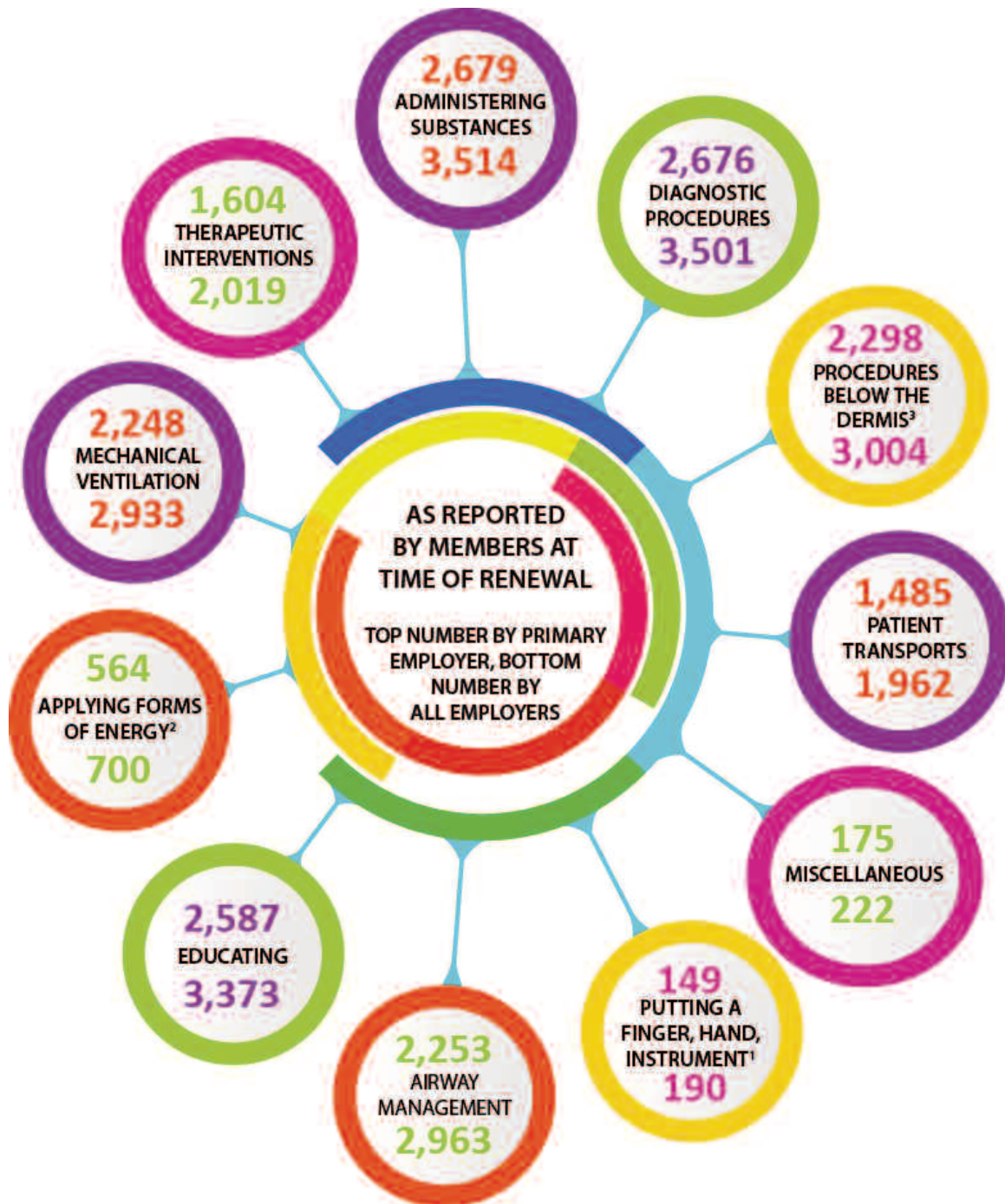


| Age | # | % |
|-----------|-----|-----|
| Under 30 | 224 | 16% |
| 30 - 39 | 479 | 33% |
| 40 - 49 | 411 | 29% |
| 50 & Over | 322 | 22% |

STATISTICS AND DEMOGRAPHICS

as of February 29, 2016

RT Activities Performed by Members



¹ E.g., Into Artificial Opening Into the Body.

² E.g., Defibrillation, Cardioversion, Automatic External Defibrillator (AED).

³ E.g., Arterial Cannulation, Chest Tubes, Epidural, Venipuncture.



David Jones, RRT
Executive Committee Chair

EXECUTIVE COMMITTEE REPORT

Reporting to Council, the Executive Committee consults with the Registrar & CEO to oversee the administration of the CRTO. The Executive Committee can exercise all the powers of Council on matters that require immediate attention except making, amending or revoking regulations or by-laws. The President and Vice-President, elected by the Council, are automatically Executive members.

During the 2015-2016 fiscal year the Executive Committee:

- **Monitored** the CRTO's budget, financial position and investments
- Received and reviewed the CRTO's audited **financial statements**
- Oversaw the electronic **elections** for Districts 1, 2, 5 and 7
- **Appointed** the Council and Non-Council Members to various CRTO committees
- Oversaw the CRTO's initiatives for **enhancing transparency**
- **Approved** a process for monitoring activities that meet the definition of lobbying and subsequent need for registration under the *Lobbyist Registration Act*
- Monitored the development of a new **National Competency Framework** for Respiratory Therapy
- Proposed **by-law amendments** that would expand the information available about RTs on the CRTO online register of its Members



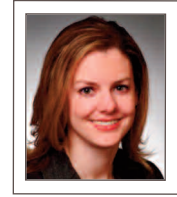
Allan Cobb
Fitness to Practise Committee Chair

FITNESS TO PRACTISE COMMITTEE REPORT

On referral from a Panel of the Inquiries, Complaints and Reports Committee, the Fitness to Practise Committee conducts hearings to determine whether a Member is incapacitated. In the interest of the public, sometimes a Member suffering from a physical or mental condition/disorder can no longer practise safely or must practise with restrictions. A Fitness to Practise hearing is generally closed to the public unless the Member requests otherwise.

There were no referrals to the Fitness to Practise Committee during the 2015-2016 fiscal year.

REGISTRATION COMMITTEE REPORT



Patti Latimer
Registration Committee Chair

This committee directs the Registrar on issuing certificates of registration to applicants and may impose terms, conditions and limitations on these certificates. The Registration Committee also reviews and develops policies related to registration such as approved RT educational programs, prior learning assessments and registration criteria.

BY THE NUMBERS:

15

PANELS

convened to consider registration
referrals from the Registrar

- 5 Currency**
applicants who have not been engaged in the practice of Respiratory Therapy within the two years preceding their application to the CRO
- 1 Applicant's Citizenship/Immigration Status**
- 4 Internationally Educated Applicants**
who completed the new assessment process
- 1 Registration Requirements**
under labour mobility provisions
- 4 Review Terms, Conditions and Limitations**
imposed on Members' certificates of registration

Additional Information:

- Monitored the Respiratory Therapy programs' **accreditation status**.
- Reviewed & approved two **certification programs** for Prescribed Procedures Below the Dermis.
- Monitored the new **assessment process** for internationally educated applicants.



Christina Sperling, RRT
Patient Relations Committee Chair

PATIENT RELATIONS COMMITTEE REPORT

The Patient Relations Committee is responsible for developing, establishing and maintaining a Patient Relations Program, including measures for preventing and/or dealing with sexual abuse of patients by Members of the CRTO and administering funding for therapy/counseling for patients who have been sexually abused by our Members. This committee also advises Council on communications plans and develops many of the CRTO's Professional Practice Guidelines.

BY THE NUMBERS:

13 on-site visits were requested by:



5 RT Schools



6 Health Care Facilities

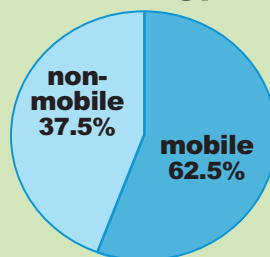
55.4%

of visitors to the CRTO website are new

44.6%

of visitors to the CRTO website are returning

Email opens by device type



57,922 emails were sent to Members

99.4%

0.6%

were successfully delivered

were undeliverable (due to invalid email addresses or full mailboxes)

112

tweets sent

8

BLOG posts

8

FAQs published

Additional Information:

- The **PRC Planning Priorities** are closely linked to several in the CRTO 2011 – 2016 Strategic Plan. Ongoing committee activities related to these priorities include: Member engagement, public awareness, and optimizing scope of practice.
- As part of the **PRC Member & Student Engagement strategy**, the CRTO and staff made several on-site visits to various RT program schools and health care facilities during the year.

QUALITY ASSURANCE COMMITTEE REPORT



Sandra Ellis, RRT
Quality Assurance Committee Chair

The Quality Assurance Committee develops, implements and maintains the CRTO's QA program, encouraging continued professional improvement of RT Members. This committee conducts a review of the Quality Assurance Program's effectiveness every five years. Every year, the committee randomly selects about 10 per cent of the membership to submit their Professional Portfolios for peer evaluation and complete a Professional Standards Assessment. The QA Committee also monitors compliance with the QA program and makes decisions about Members who have been identified with unsatisfactory knowledge, skills, or judgement through this framework.

BY THE NUMBERS:

2014 QA Random Selection Summary

236

Members completed
PSA & submitted their
PORTfolio^{OM} in 2015

247 Members randomly selected

5 Members received a 12-month deferral from 2014

4 Members referred by the Registration Committee

20 Deferrals granted by the QA Committee

PSA Results

70% Benchmark

Members
below 70%

4

86%

Overall
average

Members with
score of 100%

10

0

Members below benchmark
after 2nd attempt

PORTfolio^{OM} Results



16

of PORTfolios
referred to QA
Committee for review



4

required to consult
with the CRTO



10

required to resubmit their
PORTfolio



2

not required to consult
or resubmit

QA PORTfolio and GROW Integration

The CRTO's GROW^{OM} professional development framework has been integrated into the PORTfolio^{OM} Learning Log. Now each time a Member enters a learning activity, they also select the most applicable GROW domain (e.g., Clinician, Communicator, Innovator). Their PORTfolio will then update to visually display the Member's individualized GROW wheel. This allows Members to quickly identify areas of the wheel where they have strengths and those areas in which they might benefit from further development. The CRTO encourages all Members to consider selecting learning activities from as many GROW domains as possible to promote the development of "well-rounded" Respiratory Therapist.



Gordon Garshowitz
ICRC Committee Chair

INQUIRIES, COMPLAINTS & REPORTS COMMITTEE REPORT

This committee is responsible for investigating Member-specific concerns brought to the Registrar’s attention through complaints or reports, such as mandatory termination reports. The ICRC considers concerns related to a Member’s conduct, capacity and competence to determine if a referral to the Discipline or Fitness to Practise Committee is needed, or if another method of addressing the issue would be suitable.

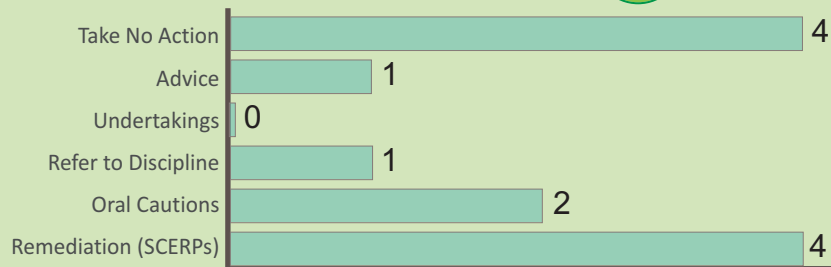
BY THE NUMBERS:

18 Investigations were initiated

How concerns about RTs were reported to the CRTO:

7 Complaints 1 Self-Report
9 Employer Reports 1 Registrar’s Referral

Decisions were made regarding **12** cases



Remediation Programs (SCERPs) ordered by ICRC in 2015/16

2

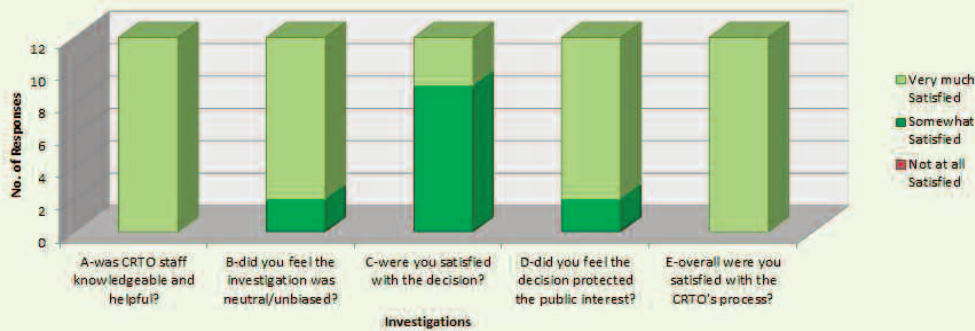
2 Professionalism & Ethics

1 Documentation

1 Reflection Essay on Standards of Practice

Cautions on Professionalism

Satisfaction with Inquiries, Complaints & Reports Process



* as reported by Members, complainants and employers.

DISCIPLINE COMMITTEE REPORT



Allan Cobb
Discipline Committee Chair

Panels of this committee are responsible for hearing and determining allegations of professional misconduct or incompetence referred by the Inquiries, Complaints and Reports Committee (ICRC). Discipline hearings are open to the public and proceedings against a Member before the Discipline Committee panel are civil in nature. Based on submitted evidence, the panel must arrive at a decision and determine a penalty if there's a finding of guilt.

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

- Reprimand to the Member.
- Direct the Registrar to impose terms, conditions and limitations on the Member's certificate of registration for a specific or indefinite period of time.
- Direct the Registrar to suspend the Member's certificate of registration for a specific period of time.
- Direct the Registrar to revoke the Member's certificate of registration.
- Require the Member to pay a fine of up to \$35,000 to the Minister of Finance.

There were two (2) Discipline Committee hearings during 2015-2016 fiscal year regarding the following Respiratory Therapists:

1. **CRTO vs. Josee (Cote) Jenkins, RRT**
(http://www.crto.on.ca/pdf/Discipline/001083_Discipline_05-2015.pdf)
2. **CRTO vs. Colin Tiltack, RRT**
(http://www.crto.on.ca/pdf/Discipline/001147_Discipline_11-2015.pdf)

Details of the hearings may be read by visiting the links.

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 29, 2016, 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 29, 2016. We expressed an unmodified audit opinion on those financial statements in our report dated June 3, 2016.

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 29, 2016 are a fair summary of those financial statements, in accordance with Canadian accounting standards for not-for-profit organizations.

Toronto, Ontario
June 3, 2016

CLARKE HENNING LLP
CHARTERED ACCOUNTANTS
Licensed Public Accountants

SUMMARY BALANCE SHEET

AS AT FEBRUARY 29, 2016

| | 2016 | 2015 |
|--|------------------|------------|
| ASSETS | | |
| Current assets | | |
| Cash | \$ 1,420,073 | \$ 955,816 |
| Sundry receivables and prepaid expenses | 31,897 | 26,677 |
| | 1,451,970 | 982,493 |
| Marketable securities | 1,408,223 | 1,620,663 |
| Capital assets | 82,148 | 59,827 |
| | 2,942,341 | 2,662,983 |
| LIABILITIES | | |
| Current liabilities | | |
| Accounts payable and accrued liabilities | 86,486 | 75,399 |
| Deferred revenue - registration fees | 1,412,450 | 1,241,363 |
| | 1,498,936 | 1,316,762 |
| 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 | 82,148 | 59,827 |
| Operating - unrestricted | 141,257 | 66,394 |
| | 1,443,405 | 1,346,221 |
| | 2,942,341 | 2,662,983 |

SUMMARY STATEMENT OF OPERATIONS

YEAR ENDED FEBRUARY 29, 2016

| | 2016 | 2015 |
|---|------------------|-------------|
| REVENUES | | |
| Registration, renewal and application fees | 1,600,313 | 1,542,490 |
| Investment and sundry income | 24,246 | 35,928 |
| E-Health Ontario projects funding | 48,424 | - |
| | 1,672,983 | 1,578,418 |
| EXPENSES | | |
| Salaries and benefits | 844,882 | 830,918 |
| Occupancy costs | 143,456 | 137,657 |
| Quality assurance | 27,256 | 44,170 |
| Professional fees | 58,037 | 92,136 |
| Printing, postage, stationery and delivery | 27,532 | 35,353 |
| Council and committee | 66,841 | 65,702 |
| Special projects | 124,672 | 155,111 |
| All other operating expenses | 253,120 | 295,908 |
| | 1,575,799 | 1,656,955 |
| Deficiency of revenues over expenses for the year | \$ 97,184 | \$ (78,537) |

Copies of 2015 / 2016 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

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