

College of Respiratory Therapists of Ontario



Annual Report
2016 / 2017



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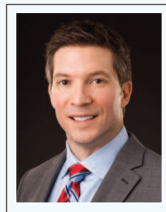
The **College of Respiratory Therapists of Ontario**, through its administration of the *Regulated Health Professions Act* and the *Respiratory Therapy Act*, is dedicated to ensuring that Respiratory Therapy services provided to the public, by its Members, are delivered in a safe and ethical manner.



MESSAGE FROM THE PRESIDENT & REGISTRAR



David Jones, RRT
President



Kevin Taylor, RRT
Registrar & CEO

Welcome to our 2016 - 2017 Annual Report.

On behalf of our Council, Committees and staff, we are pleased to present our 2016-2017 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 past year we held three main areas of emphasis: enhancing governance, addressing future patient needs, and increasing stakeholder engagement.



ENHANCING GOVERNANCE

We believe that better governance leads to better decision making which, in turn, leads to better outcomes and a more effective regulator.

We have continued our annual education session for all Council and Committee Chairs, providing them with the skills and tools to effectively lead those bodies. We implemented a self-assessment tool for Council, allowing them to appraise their own effectiveness and continue to improve. We implemented a governance-themed newsletter that covers ongoing topics related to Board function and governance, again to meet the continuing education needs of our Council and Committee members. Finally, we tested, launched and implemented a series of decision-support tools with the aim of ensuring that our decisions are consistent, principled, and aligned with our public interest mandate.



ADDRESSING FUTURE PATIENT NEEDS

As our population ages, our demographics shift, and our models of health care evolve, we know that the needs of patients in the future will differ from the needs of today.

Working with the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB), we released a next-generation version of our entry-to-practice competencies, updated to be forward thinking and encompassing of changing patient needs and the shift to community-based care. We released a position paper on the topic of changing the level of education required for entry into the profession. We continued to update and improve our quality assurance program, making it more learner-centered, more relevant for the full range of roles in the profession, and firmly based on GROW, our ground-breaking professional development framework. Finally, we added Launch RT, an online jurisprudence assessment designed to ensure that all new Members of the CRTO are familiar with the standards and professional expectations for practice in Ontario. Collectively, these efforts work to support ongoing learning and development in the profession and to better position our Members to meet those future needs.



INCREASING STAKEHOLDER ENGAGEMENT

We believe that the foundations of self-regulation are underpinned by engagement of the profession itself. Without engagement and, subsequently, participation you will have regulation....but without the full involvement of the profession needed to achieve self-regulation. Similarly, a regulator can only be effective in meeting the needs of the public if it can effectively engage with the public.

We continued our emphasis on communication this year, leading with the changes to our online registry of Members, changes that make more information available to the public than ever before, helping them to make more informed choices about who they award the trust and privilege of providing care to them and their families. We piloted an initiative to invite students from the seven educational programs in Ontario to attend our Council meetings as “student members of Council”. Our hope is that through early involvement with the regulation of their profession, that we will develop champions and foster better understanding of what it means to be self-regulated. Finally, we released a video entitled “*Respiratory Therapy: Making the Shift from Hospital to Home*” to assist both the public and our Members in understanding the role that RTs play in the home and community, aligning with the need to anticipate and meet the future needs of patients.

The following pages describe our activities and accomplishments over the last 12 months. We’re proud of those achievements and look forward to continuing to play our role in helping to ensure that Ontarians receive safe, effective and ethical care.

Sincerely,

DAVID JONES, RRT
PRESIDENT

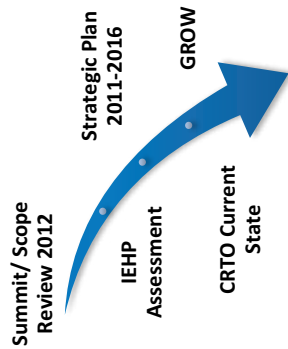
KEVIN TAYLOR, RRT
REGISTRAR & CEO



CERTO Strategic Directions and Key Priorities

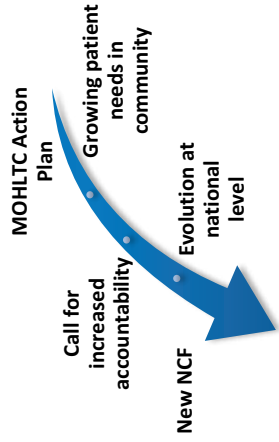
2016-2020

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

COMMITTEE LIST

as of February 28, 2017

EXECUTIVE

David Jones, RRT (President)
Christina Sperling, RRT (Vice-President)
Allan Cobb

Sandra Ellis, RRT
Patricia Latimer

DISCIPLINE

Allan Cobb (Chair)
Al MacLean (Vice-Chair)
Julie Boulianne, RRT
Alexandra Brazeau, RRT
Jacqueline Conant
Daniel Fryer, RRT
Jessie Haidar
David Jones, RRT

Trisha Mackie
Kerri Porretta, RRT
Sylvia Rondelez, RRT
Jody Saarvala, RRT
Christina Sperling, RRT
Cary Ward, RRT
Carol-Ann Whalen, RRT

FITNESS-TO-PRACTISE

Allan Cobb (Chair)
Al McLean (Vice-Chair)
Julie Boulianne, RRT
Alexandra Brazeau, RRT
Jacqueline Conant
Daniel Fryer, RRT
Jessie Haidar
David Jones, RRT

Trisha Mackie
Kerri Porretta, RRT
Sylvia Rondelez, RRT
Jody Saarvala, RRT
Christina Sperling, RRT
Cary Ward, RRT
Carol-Ann Whalen, RRT

INQUIRIES, COMPLAINTS AND REPORTS

Allison Chadwick, RRT (Chair)
Jeff Earnshaw, RRT (Vice-Chair)
Jacqueline Conant
Rhonda Contant, RRT
Sandra Ellis, RRT
Gordon Garshowitz
Ginette Greffe-Laliberté, RRT
Christa Krause, RRT

Patricia Latimer
Tina Lococo
Denise Murphy, RRT
Kathleen Olden-powell, RRT
Daphne Shiner, RRT
Holly Syer, RRT
Bruno Tassone, RRT

COMMITTEE LIST

as of February 28, 2017

PATIENT RELATIONS

Christina Sperling, RRT (Chair)
Julie Boulianne, RRT (Vice-Chair)
Allison Chadwick, RRT
Jacqueline Conant
Daniel Fryer, RRT

Jessie Haidar
Tina Lococo
Kerri Porretta, RRT
Sylvia Rondelez, RRT
Carol-Ann Whalen, RRT

QUALITY ASSURANCE

Sandra Ellis, RRT (Chair)
Rhonda Contant, RRT (Vice-Chair)
Allan Cobb
Daniel Fryer, RRT
Ginette Greffe-Laliberté, RRT
Trisha Mackie

Al MacLean
Denise Murphy, RRT
Daphne Shiner, RRT
Cary Ward, RRT
Carol-Ann Whalen, RRT

REGISTRATION

Patricia Latimer (Chair)
Christa Krause, RRT (Vice-Chair)
Julie Boulianne, RRT
Alexandra Brazeau, RRT
Jacqueline Conant
Jeff Earnshaw, RRT
Gord Garshowitz

David Jones, RRT
Kathleen Olden-Powell, RRT
Kerri Porretta, RRT
Sylvia Rondelez, RRT
Jody Saarvala, RRT
Holly Syer, RRT
Bruno Tassone, RRT

COUNCIL & NON-COUNCIL COMMITTEE LIST

as of February 28, 2017

COUNCIL

Julie Boulianne, RRT
Allison Chadwick, RRT
Allan Cobb
Jacqueline Conant
Rhonda Contant, RRT
Jeff Earnshaw, RRT
Sandra Ellis, RRT
Gordon Garshowitz
Jesse Haidar
David Jones, RRT
Patricia Latimer
Tina Lococo
Trisha Mackie
Al MacLean
Jody Saarvala, RRT
Christina Sperling, RRT
Holly Syer, RRT

NON-COUNCIL COMMITTEE

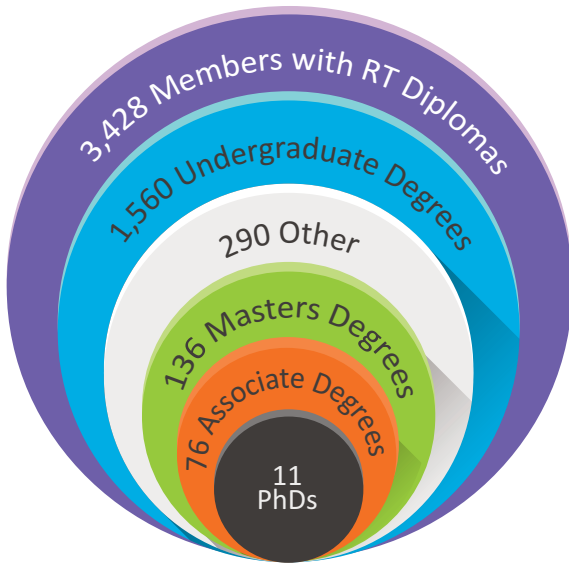
Alexandra Brazeau, RRT
Daniel Fryer, RRT
Ginette Greffe-Laliberté, RRT
Christa Krause, RRT
Denise Murphy, RRT
Kathleen Olden-Powell, RRT
Kerri Porretta, RRT
Sylvia Rondelez, RRT
Daphne Shiner, RRT
Bruno Tassone, RRT
Cary Ward, RRT
Carol-Ann Whalen, RRT

STAFF LIST

as of February 28, 2017

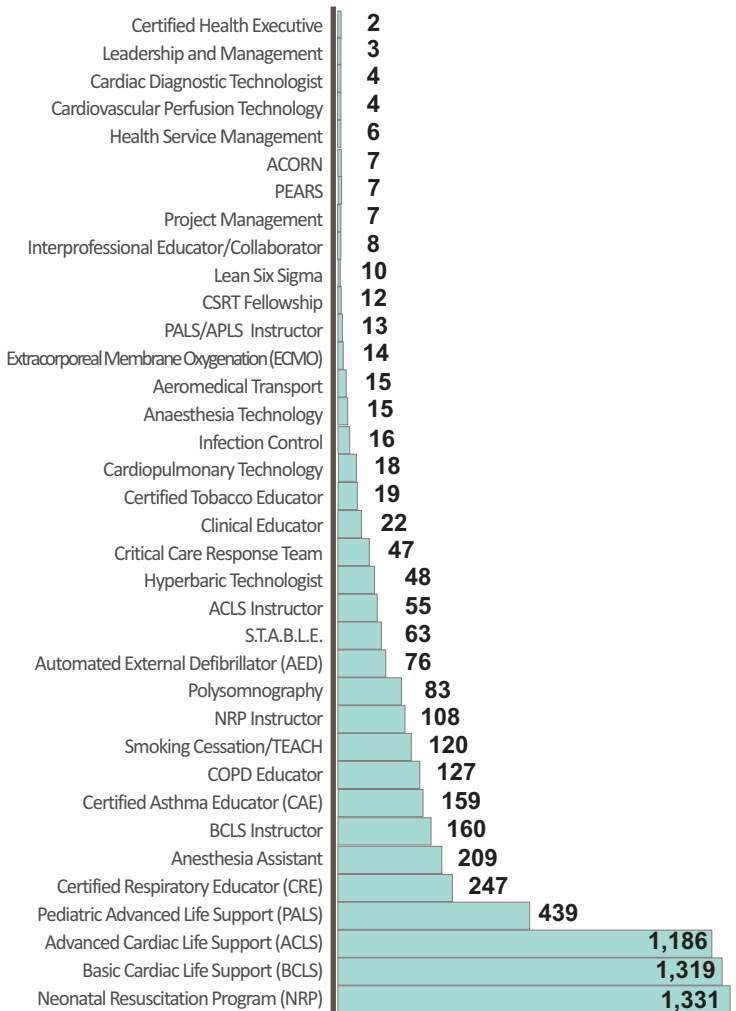
KEVIN TAYLOR RRT, Registrar & CEO
MELANIE JONES-DROST, Deputy Registrar
CAROLE HAMP RRT, Quality Practice Manager
ANIA WALSH, Registration Manager
AMELIA MA, Finance and Office Manager
JANICE CARSON-GOLDEN, Communications Manager
LORI PEPPLER-BEECHEY RRT, Governance & Quality Manager
LISA NG, Registration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

Educational Profile



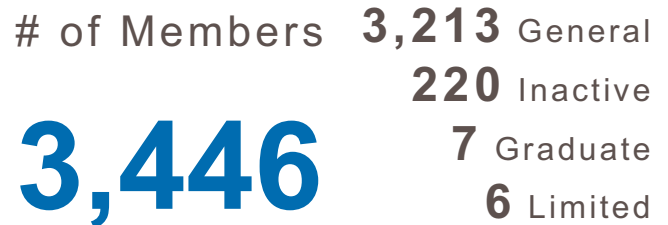
Certification Types

Certifications held by Members as reported at Renewal

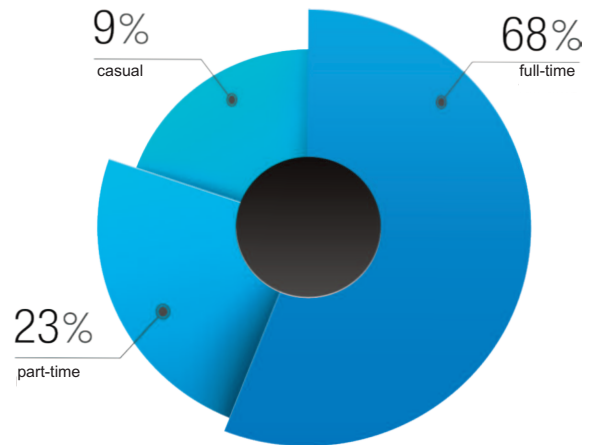


STATISTICS AND DEMOGRAPHICS

as of February 28, 2017

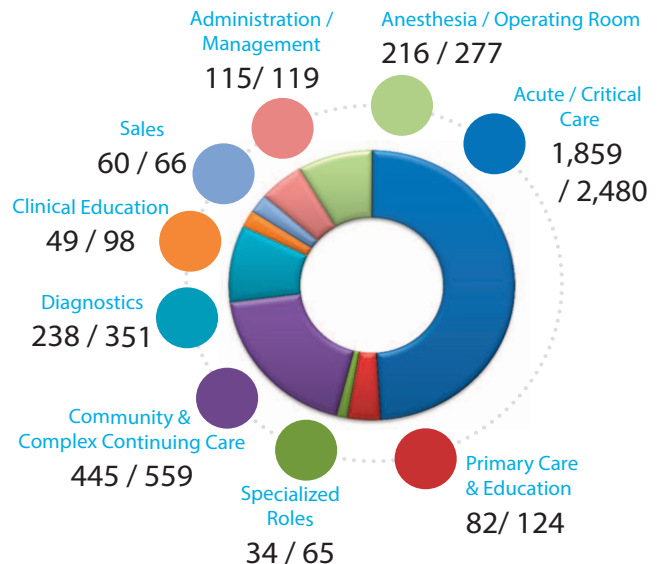


Employment Status



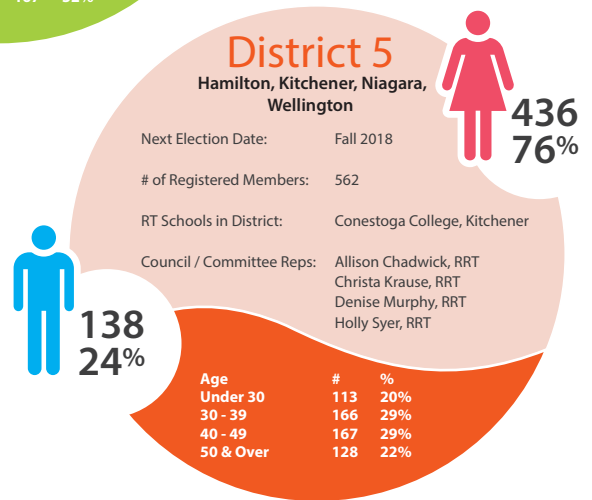
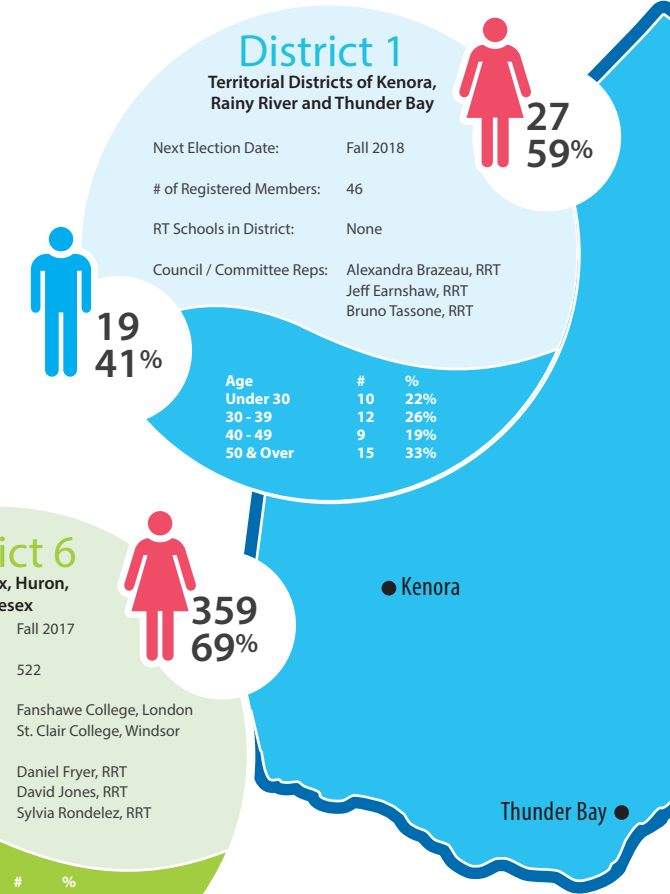
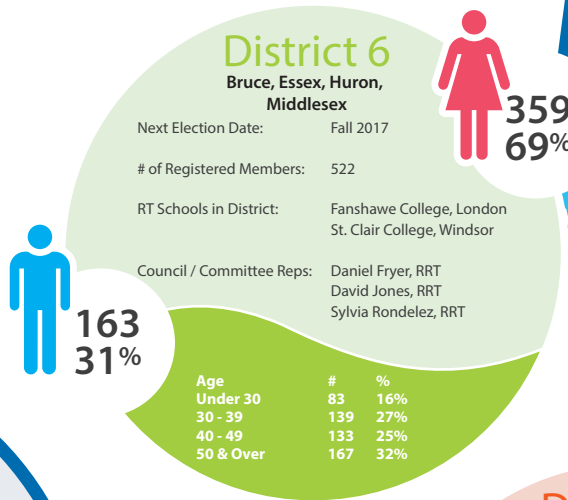
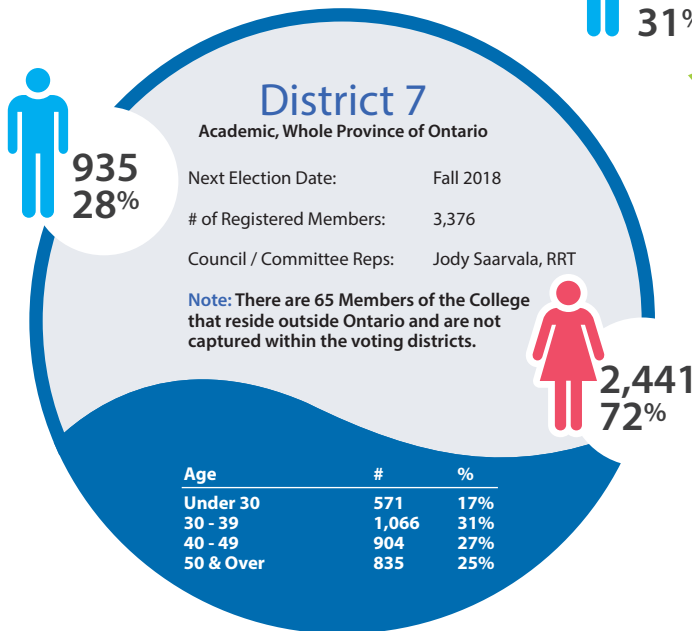
Main Area of Practice

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

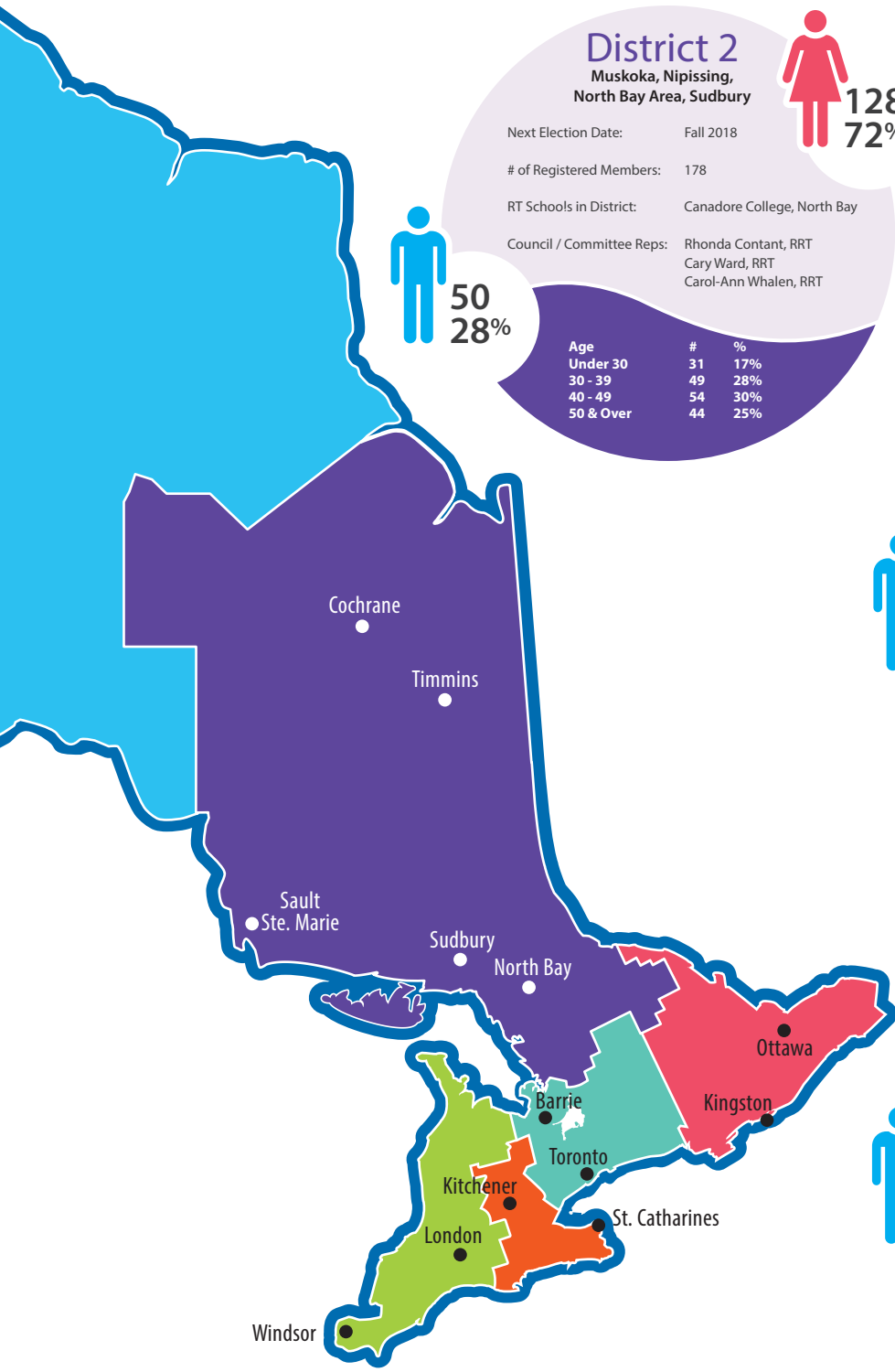


CRTO Electoral Districts

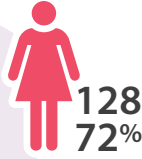
- 1 - Territorial Districts of Kenora, Rainy River and Thunder Bay
- 2 - Muskoka, Nipissing, North Bay Area, Sudbury
- 3 - Ottawa-Carlton, Renfrew, Hastings
- 4 - Greater Toronto, Haliburton, Northumberland, Simcoe
- 5 - Hamilton, Kitchener, Niagara, Wellington
- 6 - Bruce, Essex, Huron, Middlesex
-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



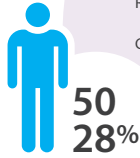
2016 / 2017



District 2 Muskoka, Nipissing, North Bay Area, Sudbury

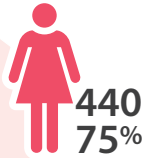


Next Election Date: Fall 2018
of Registered Members: 178
RT Schools in District: Canadore College, North Bay
Council / Committee Reps: Rhonda Contant, RRT
Cary Ward, RRT
Carol-Ann Whalen, RRT

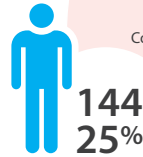


Age	#	%
Under 30	31	17%
30 - 39	49	28%
40 - 49	54	30%
50 & Over	44	25%

District 3 Ottawa-Carlton, Renfrew, Hastings

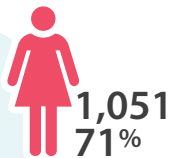


Next Election Date: Fall 2017
of Registered Members: 584
RT Schools in District: Algonquin College, Ottawa
La Cité collégiale, Ottawa
Council / Committee Reps: Julie Boulianne, RRT
Ginette Greffe-Laliberté, RRT
Daphne Shiner, RRT

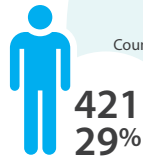


Age	#	%
Under 30	102	17%
30 - 39	220	38%
40 - 49	138	24%
50 & Over	124	21%

District 4 Greater Toronto, Haliburton, Northumberland, Simcoe



Next Election Date: Fall 2017
of Registered Members: 1,472
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

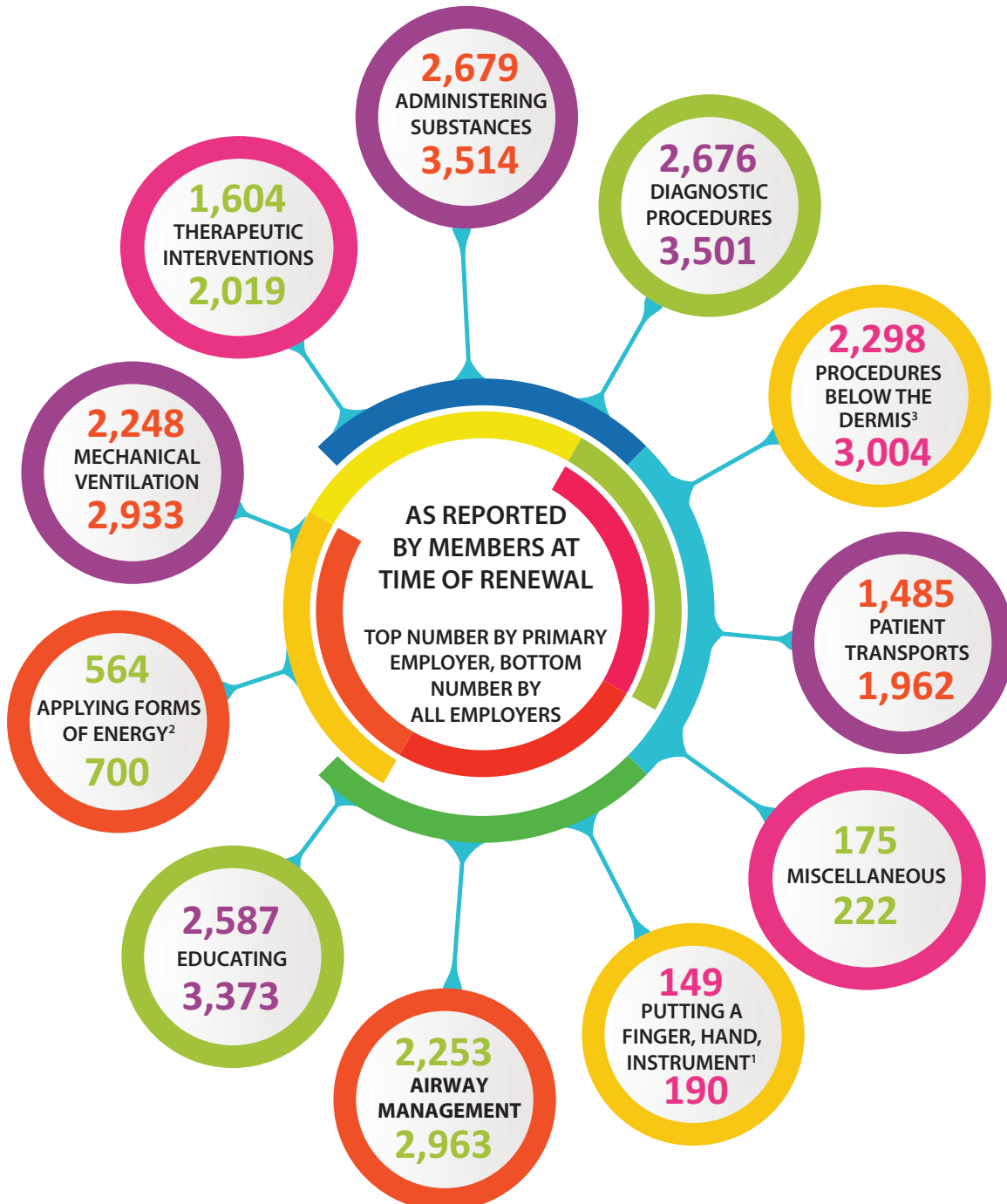


Age	#	%
Under 30	232	16%
30 - 39	480	33%
40 - 49	403	27%
50 & Over	357	24%

STATISTICS AND DEMOGRAPHICS

as of February 28, 2017

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

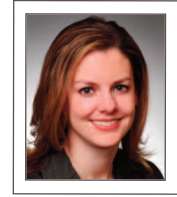
EXECUTIVE COMMITTEE REPORT

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 2016-2017 fiscal year the Executive Committee:

- **Monitored** the CRTO's budget, financial position and investments
- Reviewed the CRTO's audited **financial statements**
- Appointed the Council and Non-Council Members to various CRTO committees
- Led a comprehensive review of the CRTO's **By-Laws and proposed amendments** to Council, including enhancements to the Member register and a fee increase for 2018-19 fiscal
- Led a series of **governance enhancements** for the CRTO Council to improve objectivity and consistency, including the development of decision-support tools, an evaluation of Council effectiveness, and the release of a governance-related newsletter to Council to support ongoing learning
- Oversaw the development of the **National Competency Framework 2016**, developed by the National Alliance of Respiratory Therapy Regulatory Bodies
- Developed a **position statement** on the topic of changing the entry-to-practice education requirement for Respiratory Therapy from a diploma to a degree
- Supported an initiative inviting **student RTs** to sit at Council, as a means of engaging our next generation of RTs in self-regulation

REGISTRATION COMMITTEE REPORT



Patricia 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:

13 **PANELS**
convened to consider registration referrals from the Registrar

7 **Currency**
applicants who have not been engaged in the practice of Respiratory Therapy within the two years preceding their application to the CRO

1 **Registration Requirements**
under labour mobility provisions

2 **Review Terms, Conditions and Limitations**
imposed on Members' certificates of registration

2 **Conduct Issues**

1 **Ratify the Registrar's offer**
to issue a certificate of registration

3 **Policies Developed**

1. Entry-to-Practice Competency Assessment – Appeal Policy
2. Unauthorized Use of Title and Holding Out Prior to Registration
3. Change of Name Requests

2 **Policies Updated**

1. Entry-to-Practice Assessment Policy
2. Approval of Canadian Respiratory Therapy Programs Policy

HPARB Appeal

The Health Professions Appeal and Review Board received a request for a hearing to review a Registration Committee decision to refuse to register an applicant. The CRO made its final written submission, and we are now awaiting the Board's decision in this matter.

Additional Information:

- Monitored the Respiratory Therapy programs' **accreditation status**.
- Monitored the entry-to-practice **assessment process**.



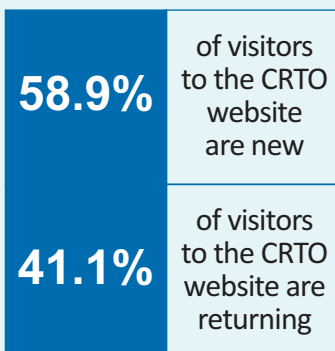
Christina Sperling, RRT
Patient Relations Committee Chair

PATIENT RELATIONS COMMITTEE REPORT

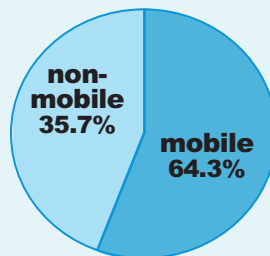
The Patient Relations Committee is responsible for developing, establishing and maintaining a Patient Relations Program, including measures for preventing and/or dealing with sexual abuse of patients by Members of the CRTO and administering funding for therapy/counseling for patients who have been sexually 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:

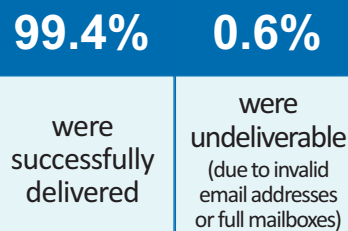
As part of the PRC Member & Student Engagement strategy, the CRTO staff made several on-site visits to various RT program schools and health care facilities during the year.



Email opens by device type



71,391 emails were sent to Members



105
tweets sent

62
retweets

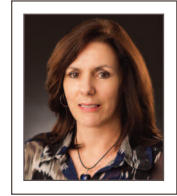
8
BLOG posts

9
FAQs published

Additional Information:

- The **PRC Planning Priorities** are closely linked to several in the CRTO 2016 – 2020 Strategic Plan. Ongoing committee activities related to these priorities include: Member engagement, public awareness, and student engagement.
- The CRTO attended four **RT Program Advisory Committee** meetings.

QUALITY ASSURANCE COMMITTEE REPORT



Sandra Ellis, RRT
Quality Assurance Committee Chair

The Quality Assurance Committee (QAC) 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. 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:



36	# of Members who completed Launch RT as of February 3, 2017
73%	Average score (this is compared to an average score of 83% for the previous Professional Standards Assessment - PSA)
10.5%	below the 70% benchmark on 1st attempt (this is compared to ~5% for the PSA)
90%	Average score for 2nd attempts

The QAC implemented a new jurisprudence assessment that must be undertaken by all RTs becoming a CRTO Member for the first time or whose membership is being reinstated. The first group to participate undertook the assessment in October 2016.



The CRTO created a mobile app called **PORTability**^{OM} to provide Members with a safe and convenient way to capture their continuing education in real time. The PORTability app links directly to the Learning Log within the Member's Professional PORTfolio^{OM}. These learning activities are categorized by activity type (e.g., Conference, Consultation, Workshop, Re-certification, etc.) and GROW^{OM} domain (e.g., Clinician, Leader, Educator, etc.).

GROW is the CRTO's professional development framework, which was designed to acknowledge and encourage the broad range of professional competencies that Respiratory Therapists (RTs) possess.



Enhancements to the CRTO Professional Development Program

In response to the recommendation from the 2013 QA Evaluation, the QAC has embarked on an extensive review and revision of the CRTO's Quality Assurance Program, now entitled the Professional Development Program (PDP). The purpose of these revisions is to promote optimal professional development by grounding the PDP in GROW^{OM}. The new PDP consists of:

- An annual online elearning module entitled **Relevant** that will provide all CRTO Members with an update on recent changes in the standards, guidelines and legislation that govern RT practice
- A revised **PORTfolio** that centres around an extensive self-assessment component focused on a thorough assessment of the Members' professional learning needs; both now and in the future



Allison Chadwick, RRT
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.

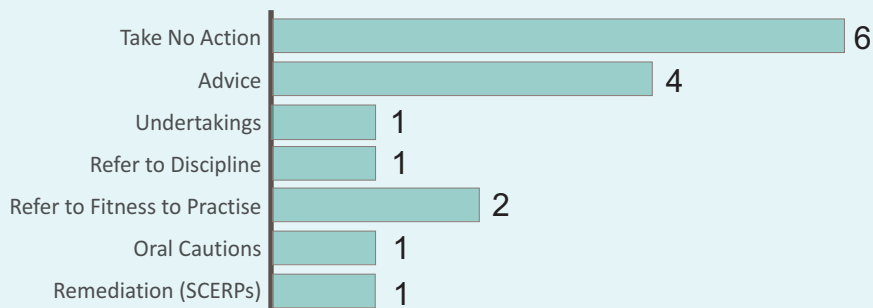
BY THE NUMBERS:

11 Investigations
were initiated

How concerns about RTs were
reported to the CRTO:

4 Complaints 0 Self-Report
5 Employer Reports 2 Registrar’s Referral

Decisions were made regarding **16** cases



Types of Advice Given

2 Professionalism **1** Documentation **1** Conflict of Interest

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 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 was one (1) referral to the Discipline Committee during 2016-2017 fiscal year; the hearing has yet to take place.

FITNESS TO PRACTISE COMMITTEE REPORT



Allan Cobb
Fitness to Practise Committee Chair

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 two (2) referrals to the Fitness to Practise Committee during the 2016-2017 fiscal year; one (1) hearing was held.

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, 2017, 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, 2017. We expressed an unmodified audit opinion on those financial statements in our report dated June 2, 2017.

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, 2017 are a fair summary of those financial statements, in accordance with Canadian accounting standards for not-for-profit organizations.

Toronto, Ontario
June 2, 2017

CLARKE HENNING LLP
CHARTERED ACCOUNTANTS
Licensed Public Accountants

SUMMARY BALANCE SHEET

AS AT FEBRUARY 28, 2017

	2017	2016
ASSETS		
Current assets		
Cash	\$ 1,487,844	\$ 1,420,073
Prepaid expenses and sundry receivables	41,626	31,897
	1,529,470	1,451,970
Marketable securities	1,177,865	1,408,223
Capital assets	179,603	82,148
	2,886,938	2,942,341
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities	71,821	86,476
Deferred revenue - registration fees	1,445,150	1,412,450
	1,516,971	1,498,926
Obligations under capital lease	55,582	-
	1,572,553	1,498,926
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	345,173	400,000
Fees stabilization reserve	150,000	150,000
Invested in capital assets	124,021	82,148
Operating - unrestricted	25,191	141,267
	1,314,385	1,443,415
	2,886,938	2,942,341

SUMMARY STATEMENT OF OPERATIONS

YEAR ENDED FEBRUARY 28, 2017

	2017	2016
REVENUES		
Registration, renewal and application fees	1,638,187	1,600,313
Investment income	26,815	24,246
E-Health Ontario projects funding	-	48,424
	1,665,002	1,672,983
EXPENSES		
Salaries and benefits	973,309	844,882
Occupancy costs	143,436	143,456
Quality assurance	28,015	57,259
Professional fees	76,617	58,037
Printing, postage, stationery and delivery	33,666	27,532
Council and committee	94,273	66,841
Special projects	157,637	124,672
All other operating expenses	287,079	253,120
	1,794,032	1,575,799
Excess (deficiency) of revenues over expenses for the year	\$(129,030)	\$ 97,184

Copies of 2016 / 2017 complete audited financial statements are available on our website at www.crto.on.ca or on request from the Registrar at 416-591-7800.



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