

2016 - 2017
Annual Report



Saskatchewan College of Respiratory Therapists



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WHO WE ARE

The Saskatchewan College of Respiratory Therapists (SCRT) was established on April 1, 2009 when *The Respiratory Therapists Act*, was read in the Saskatchewan Legislature.

The title of Registered Respiratory Therapist is a protected term, and all respiratory therapists practising in Saskatchewan must be licensed with the SCRT.

The mandate of the SCRT as a professional college is to serve and protect the public by ensuring its members are qualified, competent and follow defined standards of practice and ethics. The college is responsible for dealing with any complaints from the public or patients, and can take action if a member is found to be practising in a manner that is incompetent, unethical, illegal or impaired by alcohol, drugs or illness.

The College operates with a Mission, Vision and set of Values as follows:

Mission

The Saskatchewan College of Respiratory Therapists exists to ensure that the public receives safe, competent and ethical care by a regulated and continually advancing profession.

Vision

The Saskatchewan College of Respiratory Therapists is a future-focused, responsive, collaborative regulator committed to excellence in practice and to accountability to the public.

Values

Respect, Integrity, Fairness, Accountability, Collaboration, Professionalism

2016 -2017 COUNCIL AND STAFF

Council Members

President	Sheldon Fizzard RRT (until 09/2017)
President-Elect	Michelle Holodniuk RRT (elected 09/2016)
Secretary	Andrea Dutchak RRT (until 09/2017)
Treasurer	Anil Sarkar RRT (elected 09/ 2016)
Director at Large Southern Chapter	Tracey LaSaga RRT (elected 09/ 2016)
Director at Large Northern Chapter	Michelle Holodniuk RRT (until 09/2017)

Public Representatives

Public Representative	Jan Frayling
Public Representative	Vacant
Public Representative	Vacant

Staff

Executive Director/Registrar	Win Haines RRT (March 2017)
Former ED/Registrar	Chelsea Wilker (December 2015 - March 2017)
Administrative Assistant	Ardis Monarchi

Committees

Professional Conduct Committee

Scott Downey RRT (Chair)
Chris Grant RRT
Sheldon Hrynowsky RRT
Trevor Tessier RRT
Public Representative: Jan Frayling

Discipline Committee

Scott McCrae RRT (Chair)
Candi Thompson RRT
Angela Barsalou RRT
Matthew Harrison RRT
Public Representative: Vacant

Continuing Education Committee

Shelley Filippi RRT(Co-Chair)
Ashley Kitteringham RRT (Co-Chair)
Angela Barsalou RRT
Laurie Kubick RRT
Karla Zimmer RRT
Kristin Underhill RRT
Marvin Nicklas RRT
Teresa Wasend RRT
Win Haines (Ad Hoc member)

PRESIDENT AND EXECUTIVE DIRECTOR/REGISTRAR REPORT

On behalf of the SCRT Council and members, we are pleased to present the President and Executive Director/Registrar's annual report.

This annual report is a summary of college activities for the period April 1, 2016 - March 31, 2017. The past year (2016-17) was one of change and advancement for the college.

With a new ED/Registrar hired in March of 2017 and being primarily guided by the Strategic Plan and Council Planning Cycle that was developed and established by the former ED and council for the SCRT, work progressed on many important initiatives under new leadership.

ADOPTED GOVERNANCE MODEL

In collaboration with council, the former ED/registrar developed a *Modified Policy Governance Model* for the organization. The roles for the ED/Registrar and council are now better defined, with the ED/Registrar responsible for operational and administrative duties, whereas council's role is to set the vision of the organization, create policies, and monitor policy compliance of members.

With this groundwork laid, SCRT now has the necessary framework to move forward as a high-functioning regulatory body.

Additional draft policies include a complaints process for the Discipline Committee. In addition, practice and operational bundles have been drawn up and will be added to the council planning cycle for completion and subsequent approval.

CODE OF ETHICS AND STANDARDS OF PRACTICE

According to *The Respiratory Therapists Act*, section 15 (2) (d and e), the college is responsible for providing a Code of Ethics and setting standards regarding the manner and method of practice for all members.

Before her departure, the former ED/registrar completed a Code of Ethics (see appendix I) for the SCRT, whereas previously the SCRT had received permission to adopt the Code of Ethics of the Canadian Society of Respiratory Therapists (CSRT). Council approved the document and it will be presented to the full membership at the September 2017 AGM.

In addition, the past ED/registrar and two (2) SCRT members participated in a project that is nearing completion on a Standards of Practice Guide developed in collaboration with the College of Respiratory Therapists of Ontario (CRTO). When finalized, it will be presented to council for approval before going out to members.

THE NATIONAL ALLIANCE OF RESPIRATORY THERAPISTS REGULATORY BODIES (NARTRB)

The Alliance's role is to facilitate collaboration on regulatory issues for member provinces and to maintain and promote national standards. It has been instrumental in creating the National Competency Profile (NCP) as the entry-to-practice guideline in response to the federal government's requirements for the Agreement on Internal Trade. Work by this group focused on several issues this year.

National Competency Framework

Work was completed by the member regulatory bodies (including SCRT) this spring on a new document to replace/update the original NCP.

Part I outlines the national standards of competencies required for an entry-to-practice RT for initial credentialing / licencing, and, new in this version, is detailed evaluation criteria necessary for accreditation.

Part II provides guidelines for RTs as they move forward in their career path. Schools are expected to begin adoption in the fall of 2017, with the first graduating class in 2020.

Internationally Educated Respiratory Therapists (IERT)

Through conference calls supported by the Alliance, all regulatory bodies have come to understand the complexity of dealing with IERTs which can include, but is not limited to:

- the ability to comprehensively and accurately assess a large variety of international credentials;
- the need for simulation lab space, and the ability to develop comprehensive testing scenarios;
- the ability to support highly trained testing staff that can deliver reproducible results;
- a language proficiency testing analysis; and
- primarily, the associated expenses this work incurs on small regulatory bodies.

Currently this group supports a link to a web page for Internationally Educated Health Professionals (IEHP) as a 'starting point' for international applicants. In addition, information will be shared at national meetings in May regarding the comprehensive process the CRTO has developed that all provinces can access for assessment of their foreign applicants. The two (2) reports compiled by the assessment team (an interim one and final version) that are sent to each regulatory body's registration committee (that are used to assist in making a decision on licensing of the individual in question), will also be covered.

Council on Accreditation for Respiratory Therapy Education (CoARTE)

This group is responsible for the accreditation of Respiratory Therapy education programs in Canada, thereby assuring the public and the regulatory bodies that the national education standards for entry level respiratory therapists have been met.

This spring, the Alliance held teleconference meetings to discuss the perceived need for changes in governance of the CoARTE board. Briefly, the Alliance would like to see changes to ensure that the registrars all have a full consultative role and voice with CoARTE. More work will continue at National meetings in May.

Respectfully submitted,
Win Haines RRT ED/Registrar
Sheldon Fizzard RRT President

OTHER REPORTS

Annual Report of the Public Representatives

Public Representatives are appointed to council by the Lieutenant Governor in Council for up to two (2) terms of three (3) years. There are three (3) volunteer positions per self-governing body.

The role of the Public Representative is to offer insight to council on matters that may impact the general public and forward to Council comments or concerns from the public sector.

Council membership is an enlightening experience as Public Representatives rarely have a similar background to the membership they serve. Public Representatives bring a variety of past skills to council, for example, finance, management, education.

Although self-governance is liberating, it brings many challenges. Council and committee members provide many hours of volunteer service to the RT profession, safe-guarding the quality and safety of service to the public. Indeed, each Council member brings a high level of excellence clearly evident in the practice of respiratory therapy in Saskatchewan. Council also plays an integral role at the National level, providing their expertise to many committees.

It has been a pleasure to witness the growth of SCRT. I look forward to Council furthering its agenda while addressing the challenges that will surely arise.

Respectfully submitted,
Jan Frayling

Professional Conduct Committee (PCC)

The PCC has received 10 complaints since April 01, 2016.

- 2 are resolved
- 3 are ongoing
- 5 are waiting for final paperwork from legal council

We welcomed one new committee member – Trevor Tessier. Both Trevor and Sheldon Hrynowsky attended investigation training in February. This should allow us to resolve complaints in a more timely fashion.

- We have had four (4) face-to-face meetings and two (2) separate conference calls.
- The Chair has traveled to Saskatoon from Regina to conduct interviews, and has traveled within Regina as well.
- The majority of interviews are held by phone call.
- Our Public Representative's term expired, so Jan Frayling is currently assisting the committee.

Respectfully submitted,
Scott Downey RRT (Chair)

Discipline Committee (DC)

The Discipline Committee is a statutory committee established by *The Respiratory Therapist Act*, and is responsible for holding hearings of formal complaints of professional misconduct or professional incompetence that are referred to it by the Professional Conduct Committee.

There were 0 referrals to the Discipline Committee in 2016.

There has been a discussion as to whether the committee should receive the completed reports from the professional conduct committee, and whether this can cause a bias for the discipline committee should the member ever come before the committee.

A member of the committee attended a one day workshop held by the Saskatchewan College of Paramedics for Administrative Tribunal Training.

- *Discussed Upcoming changes:*
- A report of committee work will be sent to every council meeting
- Regular review sessions based on PCC cases, will be scheduled and held by the committee; Section 26 (2) of *The Respiratory Therapists Act* outlines the responsibility of the PCC to submit a report to the DC: “on completion of its investigation, the professional conduct committee shall make a written report to the discipline committee.”

Respectfully submitted,
Scott McRae RRT (Chair)

Continuing Education Committee

The Continuing Education Committee is responsible for policy development and recommendations to the college’s continuing professional education program as well as the random audit procedures for 5% of SCRT membership annually.

Through collaboration with the registrar, the goal of the continuing education committee is to promote a culture of positive learning and skill enhancement meant to broaden our expertise and experience as a community of respiratory therapists.

Continuing Education Committee audit meetings were held in both Saskatoon and Regina in June for the April 1, 2015-March 31, 2017 audit period. Eight (8) members were randomly selected for the audit and one (1) was subsequently requested to provide additional information prior to successful audit completion.

During the course of this year’s audit, a variety of issues were identified with the current Administrative Bylaws. Work by the committee will continue and will be eventually brought to the membership for approval in the form of amendments to the Administrative Bylaws. The ultimate goal of any changes that may come from the work would be to better protect the spirit of continuing education in a way that promotes, enhances and expands our profession as respiratory therapists, and our contribution to healthcare as it was intended.

How can respiratory therapists benefit from continuing education? In addition to the development of new skills, respiratory therapists can meet industry experts, keep up with latest technology, and focus on personal interests within respiratory therapy. Education opportunities given by hospitals, community care, or other organizations should include advanced knowledge and information beyond entry level practice standards unless the objectives are stated as being for review-purposes. Take part in furthering the respiratory profession through volunteerism, sharing new research, and taking advantage of educational opportunities where possible. Thanks and see you next year.

Respectfully submitted,
Ashley Kitteringham RRT (Co-Chair)

2016 AGM and Education Conference

Our 2016 AGM and Education Conference was a great success! We planned topics that were of interest to each sector of our profession, and brought in speakers from across the country to speak about topics they were passionate about.

Speakers:

- Keynote Speaker: Mike McCullough from the Saskatchewan Roughriders , “Teamwork”
- Madonna Ferrone (ON) – “Motivational Interviewing”
- Wrae Hill (BC) – “Interactive Handover Communications”
- Mike Amies (SK) – “Hyperbaric Medicine”
- Bridgette Lang (SK) – “Continuing Education Credits”
- Tom Piraino (ON) –“PEEP: 45 Years of Uncertainty”

Approximately 135 RTs were in attendance (61% of our total membership). We also had 21 exhibit booths set up for RTs to interact with industry partners. These booths not only allowed for partnership building, but also allowed RTs the opportunity to further their knowledge and understanding with regards to the new products and equipment being released, and their clinical applications.

Following the conference, our committee met to review the feedback and also invited the next year’s committee to join us. We wanted to share with the new committee our struggles and successes along the way, as well as some of the new standards we had set with our planning. We look forward to seeing what the 2017 Conference has in store!

Respectfully submitted,
Amy Reid RRT (Chair) 2016 AGM and Education Conference

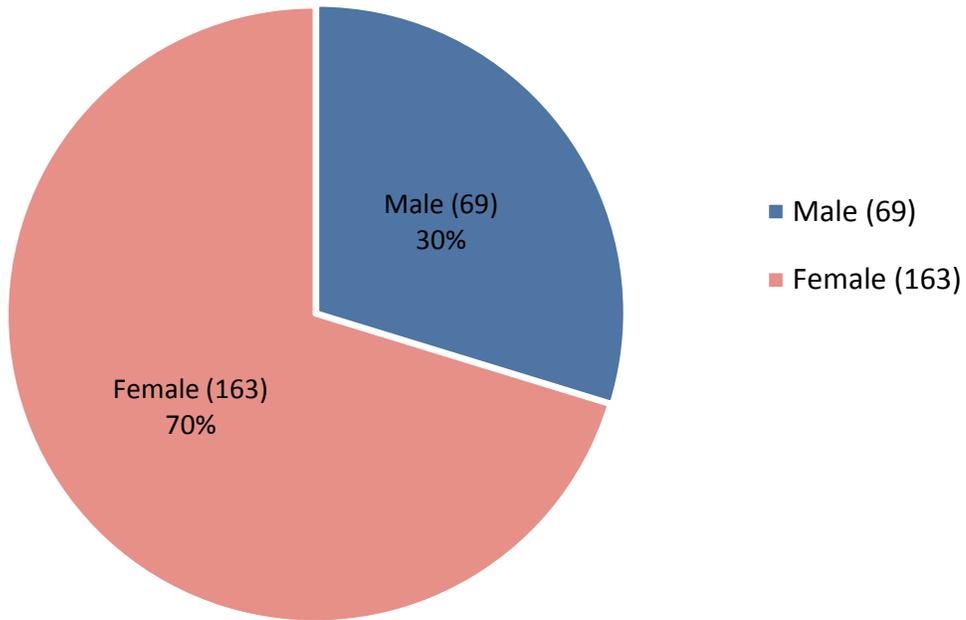


2017 AGM UPDATE STRATEGIES

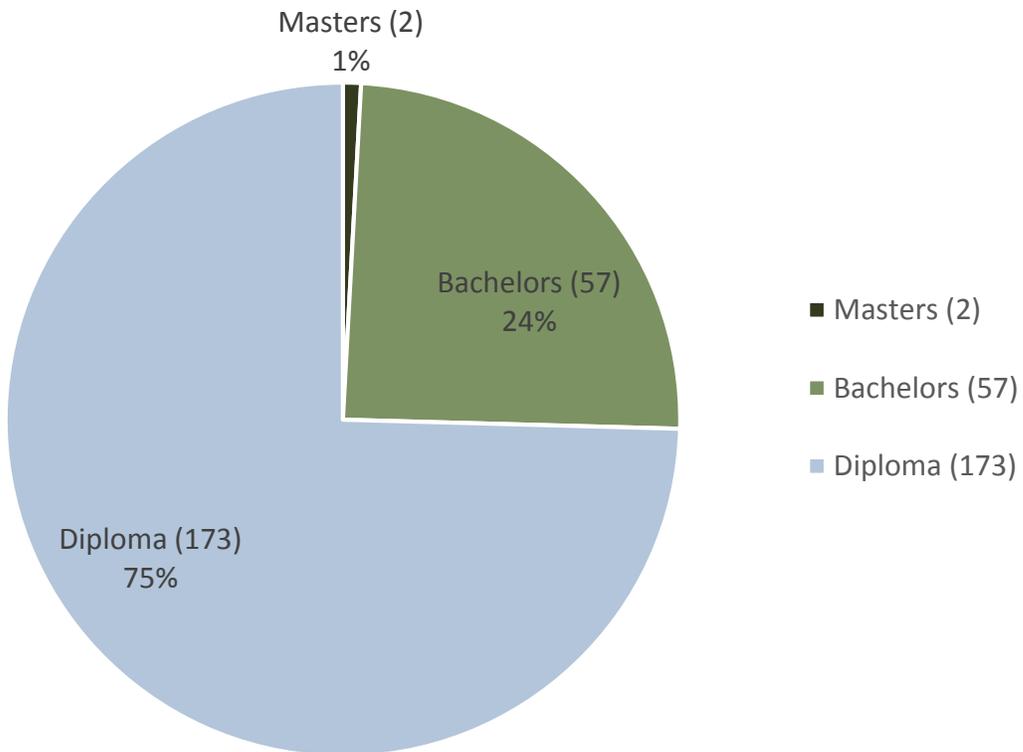
1	2	3	4	5	6	7
<p>Establish governance model and develop governance policies</p>	<p>Develop policies/ processes specific to: -Registration -Complaints & Discipline - Operation -Terms of Reference</p>	<p>Develop Standards of Practice and a Code of Ethics</p>	<p>Improve communication with members and other stakeholders</p>	<p>Develop an assessment process for internationally educated Respiratory Therapists</p>	<p>Create a complaints process on the website</p>	<p>Improve the organizations transparency & professionalism</p>
<p>Completed -Regular reviews and updates will be conducted and added to the <i>Council Planning Review</i> calendar</p>	<p>Ongoing -many still in draft form. Work on completing and approval will be added to council meeting agendas</p>	<p>Update a. Code of Ethics: completed presentation to members at 2017 AGM b. Standards of Practice: ongoing, plan to present to members at 2018 AGM</p>	<p>Update a. Newsletter being used b. Website info to be kept current c. Development of facebook page for college</p>	<p>Update -working with Regulated provinces on National model involving all provinces accessing CRTO process due to cost issue for small regulated provinces</p>	<p>Completed -will monitor for use and need for updates</p>	<p>Update -Ongoing a. discussion re College vs Association roles, b. other ideas/ strategies</p>

Membership Profile Data (as of July 2017)

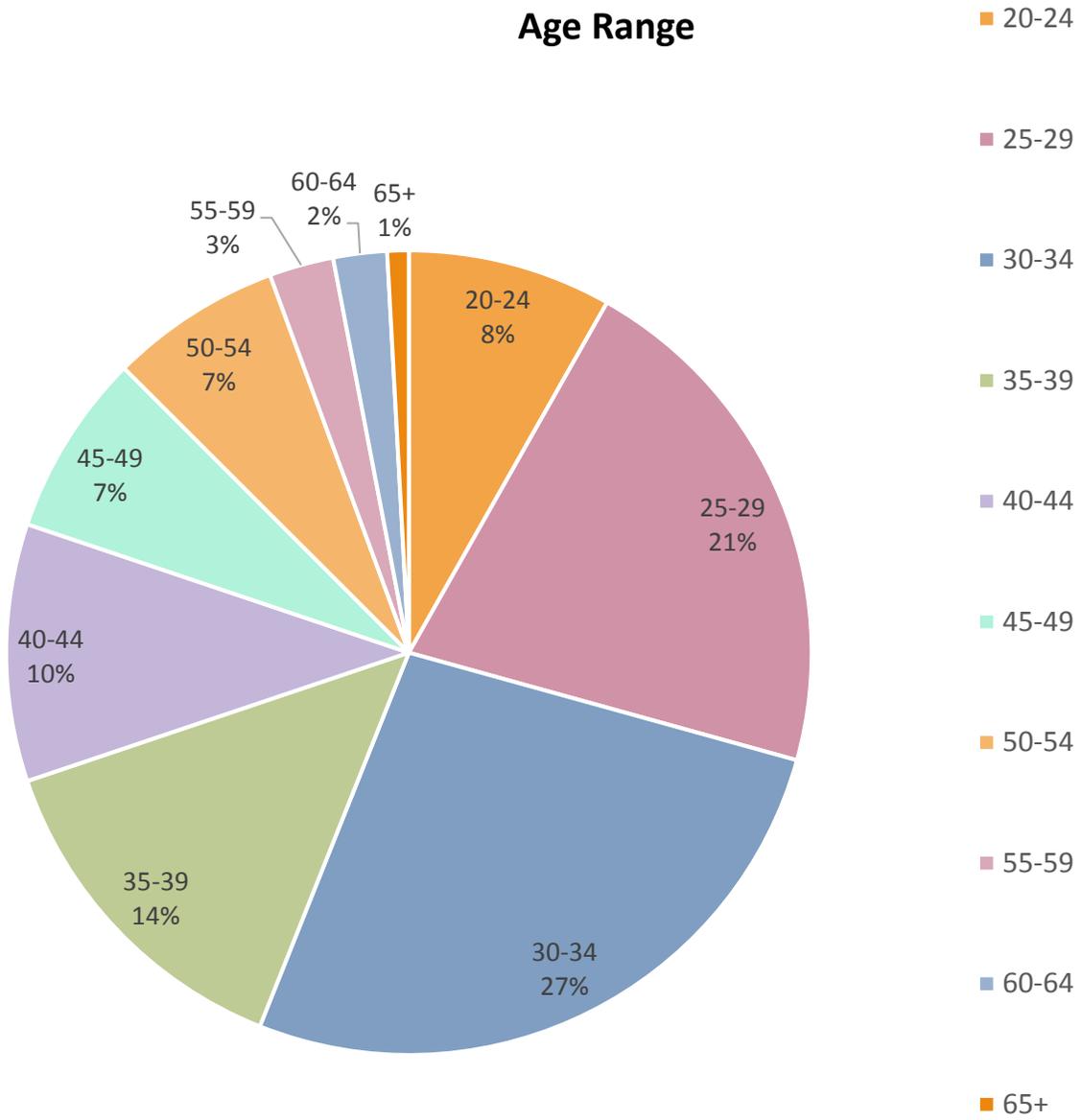
Gender



Education

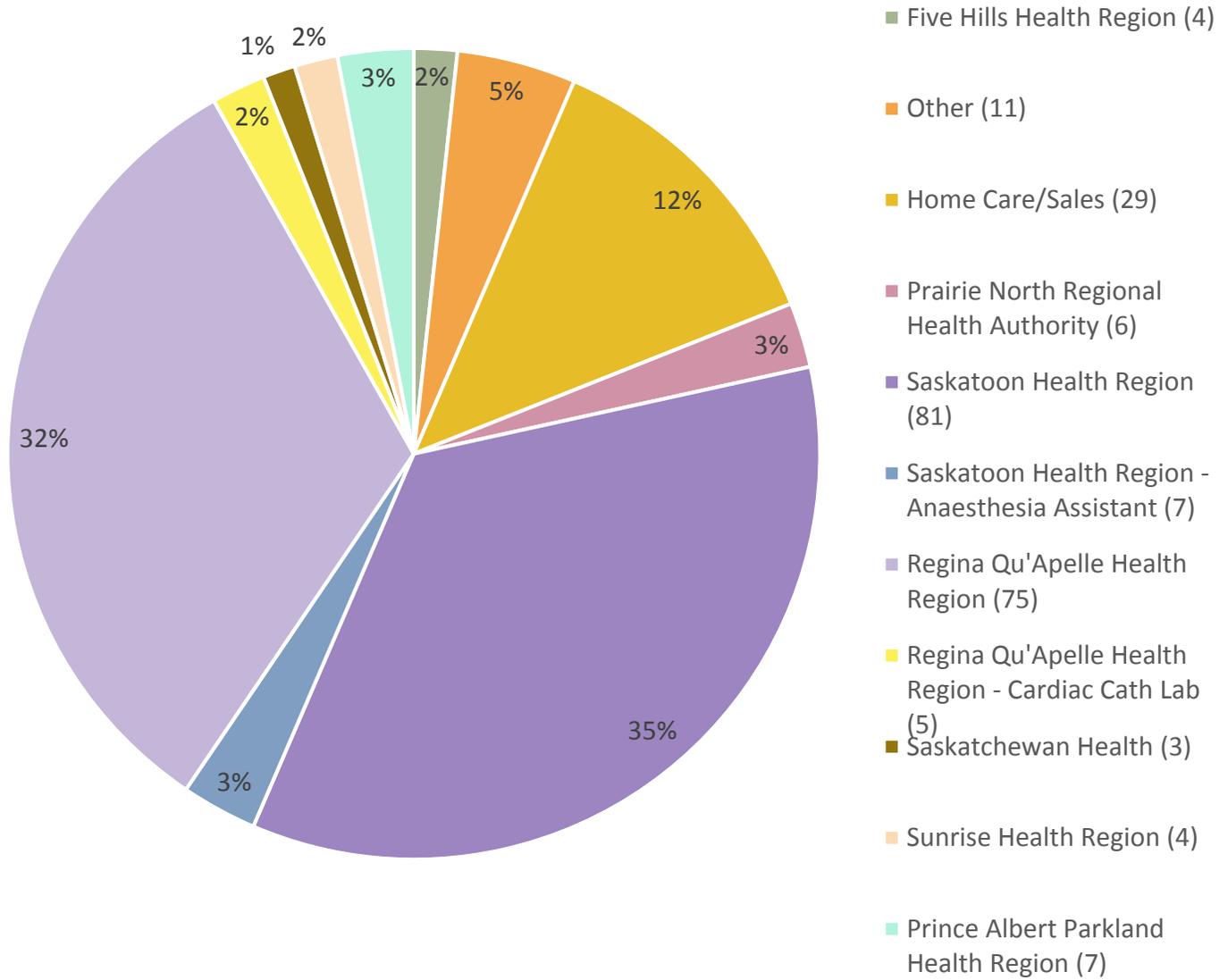


Membership Profile Data (as of July 2017)



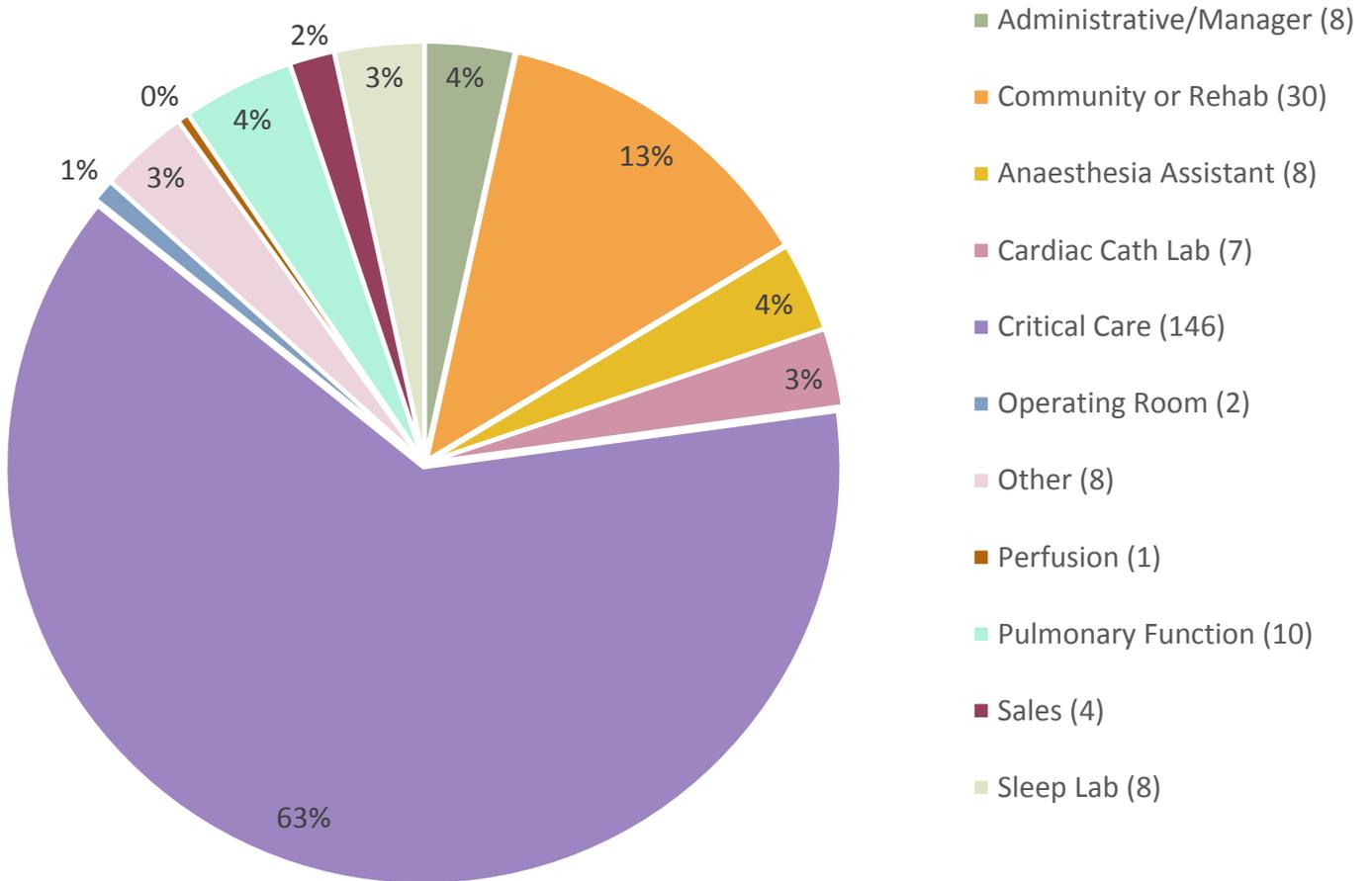
Membership Profile Data (as of July 2017)

Primary Area of Work



Membership Profile Data (as of July 2017)

Primary Area of Practice



SASKATCHEWAN COLLEGE OF RESPIRATORY THERAPISTS
Financial Statements

Year Ended March 31, 2017

(Unaudited)

Sandra Jackson CPA Prof. Corp.

544 University Park Drive

Regina, SK S4V 2Z3

Review Engagement Report

**To the Directors of
SASKATCHEWAN COLLEGE OF RESPIRATORY THERAPISTS**

I have reviewed the balance sheet of SASKATCHEWAN COLLEGE OF RESPIRATORY THERAPISTS as at March 31, 2017 and the statements of operations, net assets and cash flow for the year then ended. These financial statements have been prepared in accordance with Canadian generally accepted accounting principles. My review was made in accordance with Canadian generally accepted standards for review engagements and accordingly consisted primarily of enquiry, analytical procedures and discussion related to information supplied to us by the company.

A review does not constitute an audit and consequently we do not express an audit opinion on these financial statements.

Based on my review, nothing has come to my attention that causes me to believe that these financial statements are not, in all material respects, in accordance with Canadian accounting standards for not for profit enterprises.



Sandra Jackson CPA Prof. Corp

Regina, Saskatchewan
June 2, 2017

SASKATCHEWAN COLLEGE OF RESPIRATORY THERAPISTS

Balance Sheet as at March 31, 2017

(Unaudited)

ASSETS	2017	2016
Current		
Cash	\$ 172,740	\$ 149,910
Marketable securities	142,888	140,523
Accounts receivable	1,474	755
Prepaid expenses	3,626	5,965
	<hr/>	<hr/>
	320,728	297,153
Capital assets (note 5)	442	-
	<hr/>	<hr/>
	\$ 321,170	\$ 297,153
	<hr/>	<hr/>
LIABILITIES AND NET ASSETS		
Current liabilities		
Accounts payable and accrued liabilities	\$ 4,202	\$ 3,693
Deferred revenue (note 4)	112,500	109,660
	<hr/>	<hr/>
	116,702	113,353
Net Assets		
Unrestricted Net Assets	204,468	183,800
	<hr/>	<hr/>
	204,468	183,800
	<hr/>	<hr/>
	\$ 321,170	\$ 297,153
	<hr/>	<hr/>

See accompanying notes to the financial statements

Approved by:

Director: _____

Director: _____

SASKATCHEWAN COLLEGE OF RESPIRATORY THERAPISTS

Statement of Net Assets for the year ended March 31, 2017

(Unaudited)

	2017		2016
Net Assets, beginning of the year	\$ 183,800	\$	181,615
Surplus	20,668		2,185
Net Assets, end of the year	\$ 204,468	\$	183,800

See accompanying notes to the financial statements

SASKATCHEWAN COLLEGE OF RESPIRATORY THERAPISTS

Statement of Cash Flows for the year ended March 31, 2017

(Unaudited)

	2017	2016
Cash flow from operating activities		
Net income	\$ 20,668	\$ 2,185
Items not affecting cash:		
Changes in non-cash working capital:		
Accounts and notes receivable	(718)	(100)
Prepaid expenses	2,339	(2,444)
Accounts payable and accrued liabilities	508	1,975
Unearned revenue	2,840	35,585
Net cash provided by operating activities	25,855	37,201
Cash flows from investing activities		
Purchase of marketable securities	(2,365)	(2,407)
Net cash used in investing activities	(3,025)	(2,407)
Cash flows from financing activities		
Net increase in cash	22,830	34,794
Cash at the beginning of the year	149,910	115,116
Cash at the end of the year	\$ 172,740	\$ 149,910

SASKATCHEWAN COLLEGE OF RESPIRATORY THERAPISTS

Notes to Financial Statements
Year Ended March 31, 2017
(Unaudited)

1. Description of Organization

The organization is incorporated under the Non-Profit Corporations act.
The organization is operating under the Respiratory Therapists Act as a professional association.

2. Summary of Significant Accounting Policies

Basis of presentation

The financial statements of the company are prepared in accordance with Canadian Accounting Standards for Not for Profit Organizations.

Cash and cash equivalents

Cash includes cash and cash equivalents. Cash and cash equivalents consist primarily of commercial paper and deposits with an original maturity date of purchase of three months or less. Because of the short term maturity of these investments, their carrying amount approximates fair value.

Credit risk

The organization has significant amounts deposited in a financial institution, which is its regular banker. Since CDIC rules guarantee only a maximum of \$100,000, the organization has a risk of non-recoverability in case of a default by the financial institution of an amount of about \$215,000. The organization minimizes risk by entering into agreements with large financial institutions with appropriate credit ratings.

Investments

Investments are classed as held for trading and are reported at fair market value.

Capital assets

Capital assets are stated at cost less accumulated amortization. Capital assets are amortized over their estimated useful lives at the following rates and methods:

	<u>Rate</u>	<u>2017</u>
Computer Equipment	33%	

Revenue

License fees are for the period April 1 to March 31 and are recognized as revenue in the period to which they apply.

3. Commitments

The organization leases office space for \$850.00 per month.

SASKATCHEWAN COLLEGE OF RESPIRATORY THERAPISTS

Notes to Financial Statements

Year Ended March 31, 2017

(Unaudited)

4. Deferred Revenue

	<u>2017</u>	<u>2016</u>
Membership fees	\$ 110,750	\$ 106,410
Education Day income	-	750
Education Day sponsorship	<u>1,750</u>	<u>2,500</u>
Deferred revenue, ending	<u>\$ 112,500</u>	<u>\$ 109,660</u>

5. Capital Assets

			<u>2017</u>	<u>2016</u>
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Computer equipment	660	218	442	-
	<u>\$ 660</u>	<u>\$ 218</u>	<u>\$ 442</u>	<u>\$ -</u>



Saskatchewan College of Respiratory Therapists

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