



**The Nova Scotia College of  
Respiratory Therapists**

**Annual Report**

**April 1, 2009 to March 31, 2010**



*Nova Scotia College of Respiratory Therapists*

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## *Nova Scotia College of Respiratory Therapists*

### **About the NSCRT**

The Nova Scotia College of Respiratory Therapists (NSCRT) is the regulatory body for the province's 250+ registered respiratory therapists. The NSCRT regulates the practice of respiratory therapy in Nova Scotia for protection of the public. The NSCRT sets the educational requirements for entry to practice, licenses qualified candidates to practice respiratory therapy, develops continuing education requirements for practitioners and intervenes when there is violation of Professional Conduct Standards.

### **Mission Statement**

The Mission of the Nova Scotia College of Respiratory Therapists is to promote excellence and leadership in the practice of Cardio-Respiratory Care



## *Nova Scotia College of Respiratory Therapists*

### Report from the **President** and the **Registrar**

**We are pleased to report the activities of the NSCRT in the past year through which we tended to our legislated responsibilities.**

Greetings from the President, Barbara MacDonald and the Registrar, Shannon McDonald. It is difficult to believe that we have completed our second year as a regulatory body. It continues to be an exciting adventure for all Board and committee members who are committed to excellence and innovation.

As of March 31<sup>st</sup> 2010 there were 272 Respiratory Therapists licensed to practice in Nova Scotia. Registration renewal was completed by April 1<sup>st</sup> and 245 licenses were renewed.

#### **Board Initiatives and Update**

- An **NSCRT Board Orientation and Development Day** was facilitated by Christine James on Saturday October 17<sup>th</sup> 2009. The purpose of this full day workshop was to examine various governance models and determine the philosophy of governance for the Board, clearly delineate role descriptions and key areas of responsibility, establish a meeting schedule and guidelines for the fiscal year and determine the 'next steps' relative to strategic planning and Board policy development.

- **NSCRT Board Policy and Procedure development:** Christine James was retained to develop a Policy and Procedure blueprint while adhoc committees were established to review the policies. To date the Financial Policies have been ratified by the Board and the Governance Policies are almost complete. This has been and continues to be an enormous but important project for the Board.
- **HINI planning** and ratification of an emergency registration policy was imperative; an adhoc committee was established to develop an NSCRT pandemic policy.
- The Board identified **continuing education program development** as a priority for the Credentials Committee. A 2010 Continuing Competency program is being launched at the Annual General Meeting in June 2010.

The NSCRT is engaged in two significant stakeholder groups; provincially, the Regulated Health Professions Network; and nationally, the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB). These strategic relationships provide us with a voice in the ongoing development of healthcare in Nova Scotia and Canada and as well the quality of the Respiratory Therapy profession.

### Provincial Initiatives

- **Nova Scotia Health Professions Regulatory Network**

The NSCRT continues to be represented at the Regulated Health Professions Network of Nova Scotia. This group is made up of representatives from health professions that are currently self regulated and representatives from the Department of Health. It provides a platform for two way dialogue among regulators and government.

The Regulated Health Professions Network provides input into legislation such as the proposed Personal Health Information Act and the recently proclaimed Personal Directives Act and Fair Registration Practices Act. Members of this organization are currently commenting on a proposed new Medical Act. Through the Regulated Health Professions Network the NSCRT participates in the sharing of best practices in regulation and collaborates with other regulatory bodies and government in issues of common interest.

- **Model of Care Initiative (MOCINS)**

The NSCRT has forwarded a report to Department of Health (DOH) on the proposed provincial role description for Respiratory Therapists. The role description was originally developed by a group of Respiratory Therapy managers under the direction of the Model of Care Initiative of Nova

Scotia (MOCINS). Input from the regulatory body was required for the role description to move through the final steps for approval, adoption, and implementation by the DOH. The role description was thoroughly reviewed by the Professional Practice Committee where a report was developed. The NSCRT Board approved the report and it was forwarded to the co-chair of the MOCINS project for the DOH. Further details regarding this report can be found in the Professional Practice Committee report to the AGM.

## National Initiatives

- **The National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB)**

The President and Registrar represent the NSCRT at the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB). This organization provides a structured liaison among regulatory bodies to share information, encourage consistency in registration practices, and develop, promote and evaluate national standards within the profession.

In October 2009 the NARTRB received a grant from the Federal Government (HRSDC) for the project Phase II – Assessment Tools for Regulation of Canadian and Foreign Trained Healthcare Practitioners.

The project is broken down into three components:

1. Development of a common national process for credential assessment, prior learning assessment and bridging program for internationally educated healthcare professionals who want to enter the Respiratory Therapy profession in Canada.
2. Update an agreement among provincial Respiratory Therapy regulators to register Respiratory Therapists from unregulated jurisdictions. The Agreement on Internal Trade provides full labor mobility for RTs working in regulated jurisdictions. The NARTRB agreement will provide labor mobility for RTs from unregulated jurisdictions while enhancing the level of scrutiny used among the regulatory bodies. This component will also work towards harmonizing registration practices and policies among the regulatory bodies.
3. Evaluate equivalency between Canadian and American entry to practice examinations. This component is examining criteria for eligibility to write these exams as well as the equivalency among the exams.

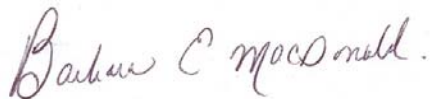
- The **2011 Respiratory Therapy National Competency Profile (NCP)** will be distributed to all education programs in April in preparation for presentation at the Stakeholder's consultation in St. John's. The timelines are such that the NCP will be implemented beginning in the fall of 2011 and will be examined (CBRC) in 2014. This time period will enable all programs to become familiar with and make curriculum changes as necessary.
- The NSCRT President has been appointed as the **NARTRB representative on the Canadian Advisory Council for the Education of Respiratory Therapists (CACERT) Steering Committee**. The objectives for this project are to develop a companion document (national curriculum guide) and competency evaluation template to assist educators in curriculum development and to provide tools for the evaluation of Canadian and internationally educated students. The timeline for completion of this federally funded project is December 2011.
- The Registrar is currently representing Respiratory Therapy regulators on a national working group of the **Association of Canadian Community Colleges (ACCC)**. The working group is comprised of representatives from Educational Institutions, Professional Associations, Accrediting Bodies, Employer Groups and Regulators. We are working together to develop a Pan Canadian Approach to Sustaining the Allied Health Workforce through the development of an Educational Blueprint and Innovation Tools. This project will be completed by March 31, 2011.
- The NARTRB has a representative on the **Allied Health Committee of the Canadian Anesthesiologists Society**. The CAS is preparing to release a document outlining Foundation Knowledge for Anesthesia Assistants and has requested endorsement by the NARTRB. The document will be carefully reviewed and a motion to endorse this document will be put forward at the NARTRB meeting on May 14th in St. John's. The NARTRB will develop a strategy to support the development of this critical role in the healthcare system.
- The NARTRB welcomed the New Brunswick Association of Respiratory Therapists (NBART) as the newest self-regulated jurisdiction.

## Other Highlights

- As the recipient of the 2010 Robert Merry Lecturer Award an NSCRT member, **Phillip Richardson** will be the key note speaker at the Canadian Society of Respiratory Therapists (CSRT) Education Conference and Trade show this year in St. John's Newfoundland. This award has been developed by the CSRT to recognize the contributions made by a respiratory therapist to the advancement of the respiratory therapy profession.
- **Faren Doucette** is the recipient of the CAREstream Student Excellence Award for the Respiratory Therapy program at the QEII/Dalhousie School of Health Sciences. This award recognizes one student's commitment to academic excellence in each of the accredited programs across Canada.

We wish everyone a safe and restful summer!

Respectively Submitted,



Barbara MacDonald  
President - NSCRT

Respectfully Submitted,



Shannon McDonald  
Registrar- NSCRT





## Board Members

### NSCRT REGISTRAR

Registrar	Shannon McDonald	<a href="mailto:registrar@nscrt.com">registrar@nscrt.com</a>
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### NSCRT BOARD MEMBERS 2009/2010

President	Barbara MacDonald	<a href="mailto:Barbara.MacDonald@cdha.nshealth.ca">Barbara.MacDonald@cdha.nshealth.ca</a>
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President Elect	Raj Makkar	<a href="mailto:Raj.makkar@cehha.nshealth.ca">Raj.makkar@cehha.nshealth.ca</a>
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Past President	vacant	
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Treasurer	Patricia Moriarty	<a href="mailto:patricia.moriarty@cdha.nshealth.ca">patricia.moriarty@cdha.nshealth.ca</a>
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Director-at-Large	Sarah Boyne	<a href="mailto:sboyne@hotmail.com">sboyne@hotmail.com</a>
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Director-at-Large	Karen Hamilton-McNutt	<a href="mailto:respiratory@family1stmedical.ns.ca">respiratory@family1stmedical.ns.ca</a>
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Director-at-Large	John Cushing	<a href="mailto:john.cushing@dal.ca">john.cushing@dal.ca</a>
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Director-at-Large	Melini Sutherland	<a href="mailto:melinialexis@hotmail.com">melinialexis@hotmail.com</a>
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Public Member	Vacant	
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# Committees

## Credentials Committee

The committee met eight times over the past year and completed the following activities:

- Review and update the terms of reference for the Credentials Committee:
  - The Committee members referenced the Act, Regulations and By-Laws to update the terms of reference to better reflect the committee mandate.
  
- Review and update registration documents:
  - The Registration Application Guide was revised to comply with policy
  - Other registration documents will continue to be updated
  
- Received a registration file from the Registrar and issued a decision:
  - The committee received its first referral from the Registrar in the fall. The committee investigated the file, obtained supporting documents and reviewed the Act and Regulations to reach a decision. The application was approved.
  
- Revised the CEC document:
  - The committee spent the greatest amount of time on review and revision of the Continuing Education Credits document. A great deal of research and consultation was completed to develop a new document that encompasses all of the elements required to maintain competency.
  - The new Continuing Competency Program document draft was referred to the NSCRT Board for approval in principle. When the Board approved the document it was sent to seven NSCRT members who agreed to review the document and provide feedback. This feedback was used to make revisions and the final document will be presented to the members at the June AGM.

Respectfully submitted,

Wendy Conrad  
Credentials Committee Chair

## Professional Practice

The Professional Practice Committee developed an extensive agenda to focus its work going forward. It was decided that the most pressing issue at this time was to review the Respiratory Therapy MOCINS proposal finalized by the Provincial Managers group of Nova Scotia.

The Professional Practice Committee of the NSCRT has completed this extensive review of the Respiratory Therapist Role Description under the MOCINS project. The review included consultation with the College of Physicians and Surgeons of Nova Scotia (CPSNS) and the College of Registered Nurses of Nova Scotia (CRNNS) as well as other advisors in the field of Respiratory Therapy as well as other regulated health professions.

The document was reviewed through the lens of self regulation taking into consideration our legislated scope of practice, standards of practice for Respiratory Therapists and our entry to practice competencies that are established nationally.

Several consultations took place with the CPSNS and the CRNNS to better understand the terms medical directive and delegated medical functions. These colleges have a wealth of collaborative experience in this area and have provided our college with strong direction and guidance with these issues.

Each function identified under the heading Renewed Emphasis was examined and cross referenced to our legislated scope of practice and entry to practice competencies while being mindful that the standards of practice for Respiratory Therapists contain the overarching statements that guide RT practice.

The functions of the Respiratory Therapist that are expected to have a renewed emphasis and be optimized in the new Collaborative Care Model are supported by the legislated scope of practice of Respiratory Therapists in Nova Scotia, within entry to practice competencies of a Respiratory Therapist endorsed by the NSCRT, and are also supported in the standards of practice for Respiratory Therapists, with the exception of performing Bronchoscopies for the purpose of lavage. This is not found within entry to practice competencies of a Respiratory Therapist and would require additional training. A Medical Directive would also be required within the institution where Respiratory Therapists perform this function.

The final segment of the MOCINS review was reviewing and reaching a consensus on the Transfer of function section. There are two functions we felt required additional definition before transferring to assistive personnel.

### 1. Ventilator circuit change:

- Appropriately trained assistive personnel can change the circuit on a ventilator that is not in use and run a routine self check of the ventilator and circuit. RT's would be required to verify the function of the ventilator before using it on a patient and when they initiate ventilation.

- Appropriately trained assistive personnel can remove and re-circuit a ventilator that is in use while assisting an RT.

## 2. Routine equipment changes:

An RT must determine whether routine equipment changes can be transferred to appropriately trained assistive personnel by considering the acuity of the patient and complexity of the equipment. There may be individual patients who are acutely unstable and would require an RT at the bedside during equipment change.

The NSCRT is prepared to endorse the Respiratory Therapist Role Description as it is outlined without the need for Provincial Medical Directives. This endorsement does not override the responsibility of each RT to work within their individual scope of competencies and to insure their continued competence. This endorsement does not override the District Health Authority's right and responsibility to establish policies for their institutions to which RT's must adhere.

Finally, I would like to acknowledge the outstanding contributions from the Provincial Managers Group of Nova Scotia in completing this document and our Committee members for their tireless efforts in drafting this document.

Rob Martell, Chair  
Professional Practice Committee

## **Complaints and Professional Conduct**

There were no complaints received during this fiscal year. The Professional Conduct Committee accepted a recommended settlement agreement in December 2009.

## Committee Members

### **Complaints Committee Members:**

Seely Alder            Chair  
Alex Carter            Public Member  
Noel Pendergast  
Sylvia Vardy

### **Professional Conduct Committee Members:**

Dawn O’Hearn        Chair  
Chastity Bennett  
Debbie Gillis  
Rory Lake  
Lauren Randall        Public Member  
Donna Young

### **Nominations Committee Members:**

Raj Makkar            Chair  
Noel Pendergast  
Patty Winfield

### **Credentials Committee Members:**

Wendy Conrad        Co Chair  
Melini Sutherland    Co Chair  
Christine Siteman  
Cheri Davison  
Jim Jones  
Shannon McDonald    Ex-officio

### **Professional Practice Committee Members:**

Rob Martell            Chair  
Dan Meagher  
Donna Young  
Sarah Boyne            Board Representative  
Shannon McDonald    Ex-officio

# Financial Statements

Peverill & Associates Incorporated

## **Nova Scotia College of Respiratory Therapists**

**FINANCIAL STATEMENTS**

**MARCH 31, 2010**

# Peverill & Associates Incorporated

## AUDITOR'S REPORT

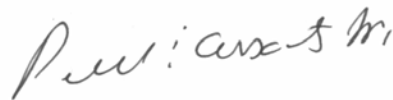
To the Members of:  
Nova Scotia College of Respiratory Therapists

We have audited the statement of financial position of Nova Scotia College of Respiratory Therapists as at March 31, 2010 and the statements of operations and cash flows for the year then ended. These financial statements are the responsibility of the college's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the college as at March 31, 2010 and the results of its operations and the changes in its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Bedford, Nova Scotia  
May 6, 2010



CHARTERED ACCOUNTANTS

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*~ Founded in 1988 ~*

Wardour Centre Suite 301, 15 Dartmouth Road, Bedford, Nova Scotia B4A 3X6 1.  
Phone: (902) 468-9634 Fax: (902) 468-9635 Toll Free: 1-877-901-9634

Nova Scotia College of Respiratory Therapists

STATEMENT OF FINANCIAL POSITION

AS AT MARCH 31, 2010

	<u>2010</u>	<u>2009</u>
<b>ASSETS</b>		
<b>CURRENT</b>		
Cash - Current Account	\$ 118,004	\$ 176,455
Accounts Receivable	8,100	2,400
Prepaid Expenses	1,537	2,886
Investments	<u>99,759</u>	<u>33,152</u>
	<u>227,400</u>	<u>214,893</u>
<b>EQUIPMENT</b> (Note 2)	<u>926</u>	<u>-</u>
	<u>\$ 228,326</u>	<u>\$ 214,893</u>
<b>LIABILITIES</b>		
<b>CURRENT</b>		
Accounts Payable and Accrued Liabilities	\$ 7,490	\$ 7,475
Deferred Revenue	<u>98,800</u>	<u>100,400</u>
	<u>106,290</u>	<u>107,875</u>
<b>NET ASSETS</b>		
<b>CONTINGENCY FUND</b>	68,525	58,507
<b>NET ASSETS</b>	<u>53,511</u>	<u>48,511</u>
	<u>122,036</u>	<u>107,018</u>
	<u>\$ 228,326</u>	<u>\$ 214,893</u>

APPROVED ON BEHALF OF THE COLLEGE:

\_\_\_\_\_ President

\_\_\_\_\_ Treasurer



Nova Scotia College of Respiratory Therapists

STATEMENT OF OPERATIONS

FOR THE YEAR ENDED MARCH 31, 2010

	<u>2010</u>	<u>2009</u>
<b>RECEIPTS</b>		
License fees	\$ 105,300	\$ 98,350
Application fees	1,500	1,800
Interest and miscellaneous	<u>1,686</u>	<u>2,637</u>
	<u>108,486</u>	<u>102,787</u>
<b>DISBURSEMENTS</b>		
Accounting	1,932	1,797
Administrative and secretarial	13,990	11,472
Admissions expense	-	108
Bank charges	186	31
Committees	19,111	1,052
Courier and postage	1,039	2,439
Depreciation	164	-
Dues and subscriptions	3,260	3,262
Educational funding	917	1,200
Insurance	800	427
Legal and Audit	1,890	2,122
Meetings	15,403	12,381
Miscellaneous	297	113
Office expenses	3,438	4,887
Registrar	28,080	10,573
Telephone	199	340
Visa	2,607	1,900
Website maintenance	<u>155</u>	<u>172</u>
	<u>93,468</u>	<u>54,276</u>
<b>EXCESS OF RECEIPTS OVER DISBURSEMENTS</b>	15,018	48,511
<b>NET ASSETS, beginning of year</b>	<u>48,511</u>	<u>-</u>
	63,529	48,511
<b>TRANSFER TO CONTINGENCY FUND</b>	<u>(10,018)</u>	<u>-</u>
<b>NET ASSETS, end of year</b>	<u>\$ 53,511</u>	<u>\$ 48,511</u>