

**2012-2013**



**Nova Scotia College of  
Respiratory Therapists  
Annual Report**

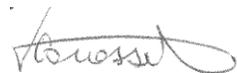
## *Message from the President*

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The past year for the NSCRT has been a fast paced and exciting one. At the board level, we have instituted new and exciting approaches to how we operate. These techniques, including meeting schedules, venues, how we structure our meetings and how we engage all board members has had a tremendous impact on our ability to work as a team and achieve our goals. Throughout 2012 and in the beginning of 2013 we have reviewed and updated bylaws, created and amended policies and reviewed our financial structure. The college completed three external projects in 2012. We received funding and have started another this year (2013) and there is already a project on the horizon for 2014. Our involvement in projects on a national and provincial level are showcasing the talents of respiratory therapists in Nova Scotia.

The largest and most important task that the board has undertaken over the last year is increasing the focus on engaging our members more fully. The best way to fulfill our commitment to public protection is to ensure that our members are skilled, educated and engaged in all aspects of our profession. The mandated obligations are only a piece of the puzzle. We also have a mission and a vision as a college and profession. The mission and vision talk about excellence, leadership, growth and advocacy in and for our profession. As president of the NSCRT these are the things that I get excited about. It is my passion to work hard to fully engage each and every member of the NSCRT. Respiratory therapists are valued members of the health care team. Respiratory Therapists are also leaders. Increasingly, we are recognized as leaders because of our critical thinking skills, problem solving ability, sound judgement and innovative approach. We bring a broad perspective to the table and can view things through a different lens. In order for us to fully live these attributes we first need to believe in them.

As 2014 approaches we move toward the 50<sup>th</sup> year of respiratory therapy nationally and provincially. I encourage all of you to look further than the ICU and embrace the diversity and advantages we have as respiratory therapists. We have the ability to make a difference in our profession, in healthcare and in the lives of the people we treat. This is the real work of the college, but this work cannot be completed in a board room or by the board alone. We, as RRT's in Nova Scotia are the college. Our goals and objectives as a college and a profession need to be realized everyday in our workplaces. Whether it is in ICU, home care, the OR, clinics, or the PFT lab, we all need to make a conscious effort to put our best foot forward to create excellence, demonstrate leadership and innovation and contribute to the evolving healthcare system. We all need to be present and believe.



## *Message from the Registrar*

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At the close of our 2012/2013 fiscal year we completed the fifth registration as a regulatory college. The world of self regulation is a changing landscape and Nova Scotia has adopted a leading edge model of collaboration among regulated health professions with proclamation of the Regulated Health Professions Act. Healthcare continues to evolve and regulated health professions individually and collectively strive to meet the increasing demands on the system and address escalating costs. Collaboration and collaborative practice are developing rapidly with intent to improve costs and health outcomes.

Respiratory Therapists possess unique knowledge and skills that bring great value to the healthcare system. Although numbers are small there is a professional responsibility to contribute all we have to serve the health needs of the people of Nova Scotia. The NSCRT provides support to our members and employers to integrate our knowledge and skills in new and improved ways.

Continuing competency is a core value to respiratory therapists. The NSCRT Continuing Competency Program encourages members to understand the ever-changing needs within their practice, identify learning and professional development goals, and maintain a learning log to assure they achieve their goals. Annual auditing of members professional portfolios and feedback to members is one of the methods employed by the NSCRT to insure competent respiratory therapists are practicing in the province.

In 2011/2012 we developed tools for internationally educated healthcare professionals (IEHPs) who wish to become licensed to practice respiratory therapy. Nova Scotia Labour and Advanced Education, through the International Qualification Recognition Funding Program, provided grants to the NSCRT to develop an assessment framework and on-line tools that can be used by IEHPs to apply for competency assessment. These projects laid the groundwork to further develop tools and processes required to provide comprehensive and quality assessments.

As we close the fourth year of operation as a regulatory college we are pleased to report on our accomplishments and growth. It has been a busy and satisfying year and I personally look forward to continuing development and growth together with the Board of Directors and all of our members.



The NSCRT is governed by a Board of Directors consisting of respiratory therapists and public members. Statutory committees support regulatory compliance and are comprised of respiratory therapists and, where applicable, public members.

## ***NSCRT Board of Directors***

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### **Executive Committee**

Veronica Grossett	Board Chair
Raj Makkar	Past-President
Bruce Morrison	Treasurer
Kathy Johnston	Director-at-large; Board Secretary
Shannon McDonald	Registrar, Ex-officio member

### **Directors-at-Large**

Melini Sutherland	Liaison to the Credentials Committee
Karen Hamilton-McNutt	Liaison to the Professional Practice Committee
Jim Fitzpatrick	Nominations Committee
Lauren Randall	Public Member

## ***NSCRT Committees***

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### **Credentials Committee Members:**

Seely Alder	
Jim Jones	
Wendy Conrad	
Christine Siteman	
Cheri Davison	
Melini Sutherland	Chair

### **Complaints Committee Members:**

Seely Alder	Chair
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Lauren Randall            Public Member  
Jim Jones  
Vacancy  
Noel Pendergast

**Nominations Committee Members**

Raj Makkar                Chair  
Robert Martell  
Noel Pendergast

**Professional Conduct Committee Members:**

Chastity Bennett	Dawn O’Hearn	Chair
Debbie Gillis	Melissa Tracey	
Rory Lake	Donna Young	
Sarah MacLeod	Vacancy	Public Member

**Professional Practice Committee**

Chastity Bennett  
Dan Meagher  
Karen Hamilton-McNutt  
Donna Young  
Robert Martell            Chair

**Registration Appeal Committee**

Ian Ayles  
Tammy Weagle

## *Governance*

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In September the Board of Directors and Registrar participated in a board development workshop with a consultant with expertise in board governance. Board members worked through self-evaluation, workshop activities and dialogue to determine the strengths and weaknesses of our current approach to governance. The benefits of this development day were felt by all board members. In the subsequent months the board focused on implementing tools and strategies that emerged from the workshop. The results are improved effectiveness of board meetings and improved board member skills. The NSCRT board has committed to annual board development as necessary education for board members.

Some items that were identified through self-evaluation related to membership engagement and feedback, membership communication, membership meetings, and public awareness. A members survey was conducted to receive feedback on all of these items and the results were presented at the 2012 Fall General Meeting.

The Board identified, through evaluation of current governance practice, that two meetings of the membership per year was not effective use of financial and human resources. Both meetings were not well attended by NSCRT members and were not necessary. After surveying the membership and evaluating the feedback the Board proposed to the membership that one membership meeting be held annually and that it be held in the fall. There was agreement that the Annual General Meeting would be held in the fall in collaboration with the Atlantic Respiriology and Critical Care Conference (ARCC). Holding the AGM at the ARCC presents the opportunity for members to participate in the AGM and also attend a quality educational event. This practice will begin in 2013.

NSCRT By-Laws required amendment to facilitate the change in membership meetings. The Board therefore undertook a full review and update of current By-Laws. The 2013 Revised NSCRT By-Laws will be presented at the 2013 AGM.

The other membership feedback continues to be considered by the Board. A quarterly or semi-annual newsletter, Respiratory Therapy Week recognition, and public awareness activities are under development.

The Board of Directors has the fiduciary responsibility to financial accountability. The NSCRT annual budgeting process identified that expenses are increasing annually while the number of members is growing at a slower pace. The treasurer reviews expenses diligently and makes every effort to minimize overall increased cost. The NSCRT continues to need to build contingency reserve funds to insure financial stability and the ability to meet all regulatory requirements. Income is therefore required to exceed expenses so as to set aside money in reserve funds. While evaluating all of these factors the Board made the difficult decision to increase annual licence fees for the members beginning with registration renewal in 2013.

## *Regulation and Operations*

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The NSCRT Registrar is responsible for the regulatory and operational needs of the College. Operations are supported by contracted administrative, accounting, and IT services from the Pathfinder Group.

### **Membership:**

YEAR	2008	2009	2010	2011	2012
# OF MEMBERS ON APRIL 1	245	252	245	249	260

On April 1, 2012 there were 251 licensed Respiratory Therapists in Nova Scotia. In 2012 the NSCRT introduced a category of membership that allows those members who are away from work for a period of time to remain members of the College in the Non-Practicing category. There were nine members who renewed membership but not their licence bringing the total membership to 260. The Non-Practicing membership category was appreciated by members who are away from practice due to maternity leave or illness. It allows them to maintain membership and, when returning to work, re-enter the active practice roster and pay pro-rated licence fees.. Throughout the 2012-2013 licence year the membership increased to 273.

### **Professional Portfolio Audits:**

Professional Portfolios are audited annually as a quality assurance activity to insure that respiratory therapists practicing in Nova Scotia are continually reflecting on their practice, maintaining required competencies, and participating in continuing education and professional development.

The Registrar completed portfolio audits of 25 members who were randomly selected during the 2012 registration renewal. All audited members met the requirements defined by the NSCRT Continuing Competency Program.

### **Discipline:**

The Complaints Committee received one complaint against a member in 2012. No disciplinary decisions were issued.

## **Special Projects:**

The NSCRT completed three projects that were funded by Health Canada and Nova Scotia Labour and Advanced Education. Health Canada provided funding to complete a pilot study related to the Air Quality Health Index.

The pilot study “Assessing the Utilization of the Air Quality Health Index (AQHI) by Vulnerable Populations in a "Low Risk" Region” was completed by Kathy Spurr, Noel Pendergast RRT, and Shannon McDonald RRT. Health Canada was seeking information on the use of and utility of the AQHI in Nova Scotia because the AQHI is almost always in the low risk category. A poster presentation of the pilot study and results will be submitted to the 2013 Atlantic Respiriology and Critical Care Conference, the 2014 Canadian Respiratory Conference, and the 2014 Canadian Society of Respiratory Therapists Conference.

Nova Scotia Labour and Advanced Education (NSLAE) funded two projects under International Qualification Recognition grants. With the first grant the NSCRT developed a framework for integration of internationally educated health professionals (IEHPs) into respiratory therapy practice in Nova Scotia. The second project developed information and on-line tools to introduce IEHPs to the assessment process that is available in Nova Scotia.

Four NSCRT members are enrolled in a pilot course for Competency Assessment Certification that begins spring 2013. Competency Assessment Certification and a third funding grant from NSLAE in 2013 to develop the tools and processes for practical skills assessment will enable the NSCRT to have a comprehensive competency assessment process.

Atlantic Connections has a six year agreement with Health Canada to develop Self Assessment Readiness Tools (SARTs) for health professions. SARTs provide potential immigrants with a snapshot of each profession’s practice in Canada, and provides immigrants with a self assessment tool to assist them to determine whether their education and experience could allow them to integrate into a health profession here. Respiratory Therapy is listed in their business plan and will have the opportunity to develop the SART in 2014.

## **External Relations:**

- The Nova Scotia Regulated Health Professions Act received Royal Assent on December 6, 2012. *“ The Nova Scotia Regulated Health Profession Network (‘the Network’) believes that the public is best served when health professionals collaborate in the provision of their care. The Network further recognizes that effective collaboration between health professionals needs to be supported by collaboration between the regulatory bodies of those professions to ensure the public interest is upheld and protected. The Network also believes that greater collaboration between the regulatory bodies of health professions will help to ensure that Nova Scotia’s system of health professional regulation continues to be efficient, responsive and effective in protecting the public interest in safe and*

*quality health care. It will also help to ensure that the health professions regulation is based on best practice and the optimal sharing of knowledge, experience and capacity.”* October 23, 2012  
Collaborative Regulation – Backgrounder

The legislation facilitates collaboration on complaint investigation, registration appeals, issues related to scope of practice, and sharing knowledge and best practice related to patient safety and quality issues. While the legislation facilitates collaboration it maintains the autonomy of each profession to regulate itself. All health professions that are self-regulated in Nova Scotia are automatically members of the Network . Each regulatory body chooses whether or not they participate in a collaborative regulatory process. The NSCRT has been fully engaged in the evolution of the Act, Regulations, and By-laws and supports the formation of a collaborative regulatory framework.

- The Fair Registration Practices Act was proclaimed in Nova Scotia in 2009. Under the Act a regulatory body is required to implement registration practices that are transparent, objective, impartial and procedurally fair. Each regulatory body will undergo a review by the Provincial Review Officer to assess compliance with the Act. The province recognizes there is additional work required from regulatory bodies and that smaller organizations have limited capacity to make the required changes to comply.

The Review Officer has worked cooperatively with regulatory bodies to educate and obtain feedback related to the requirements of the Act. There is ongoing training provided for regulators and sharing of best practice through bi-monthly meetings. Each regulatory body will submit a report to the Review Officer annually beginning December 2013. In 2012 pilot reviews were done to test the process and refine practices. A review date for the NSCRT has not yet been identified but we are working toward compliance in preparation for a future review.

- The President and the Registrar represent the NSCRT at the National Alliance of Respiratory Therapy Regulatory Bodies (The Alliance). The Alliance’s stated purpose is: 1) Establishing minimum entry to practice standards; 2) Facilitating labour mobility across Canadian jurisdictions; 3) Harmonizing registration practices across Canadian jurisdictions; 4) Sharing information on regulatory issues as it relates to each member organization’s regulatory mandate; 5) Collaborating, sharing information and developing strategies to address professional practice issues as it relates to the protection of the public; 6) Participating as a key stakeholder with many individuals and organizations on issues and initiatives that impact the regulatory environment and the practice of respiratory therapy.

The Alliance fulfills its purpose through the development of the Respiratory Therapy National Competency Profile that defines respiratory therapy practice across Canada; harmonizing registration practices through collaboration so as to facilitate labour mobility; monitoring professional practice trends as respiratory therapy practice evolves

within the changing healthcare system, engaging in dialogue with stakeholders that impact respiratory therapy practice.

In 2012 Newfoundland became the eighth province where respiratory therapy is self regulated. The Newfoundland College of Respiratory Therapy became an active member of The Alliance when their legislation was proclaimed. The Respiratory Therapy Society of British Columbia continues to work towards professional self-regulation. Prince Edward Island anticipates umbrella legislation that will include self-regulation of respiratory therapy within a year. These are important milestones for our profession as self-regulation in all provinces will provide coast-to-coast public protection.

### ***NSCRT Mission***

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***The Mission of the Nova Scotia College of Respiratory Therapists is to promote excellence in the practice of respiratory therapy and ensure public confidence in the profession.***

# Peverill & Associates Incorporated

## INDEPENDENT AUDITOR'S REPORT

To the Members of:  
Nova Scotia College of Respiratory Therapists

We have audited the accompanying financial statements of Nova Scotia College of Respiratory Therapists which comprise the statement of financial position as at March 31, 2013 and December 31, 2011 and the statements of operations, statement of net assets, and cash flow statement for the years March 31, 2013 and December 31, 2011, and a summary of significant accounting policies and other explanatory information.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

### Auditor's Responsibility

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 comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

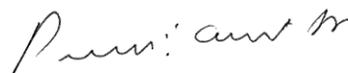
An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained in our audits is sufficient and appropriate to provide a basis for our audit opinion.

### Opinion

In our opinion, these financial statements present fairly, in all material respects, the financial position of Nova Scotia College of Respiratory Therapists as at March 31, 2013 and March 31, 2012 and its financial performance and its cash flows for the years then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Bedford, Nova Scotia  
October 7, 2013



CHARTERED ACCOUNTANTS

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~ Founded in 1988 ~

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Phone: (902) 468-9634 Fax: (902) 468-9635 Toll Free: 1-877-901-9634

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Nova Scotia College of Respiratory Therapists

STATEMENT OF FINANCIAL POSITION

AS AT MARCH 31, 2013

	<u>2013</u>	<u>2012</u>
<b>ASSETS</b>		
<b>CURRENT</b>		
Cash - Current Account	\$ 197,821	\$ 120,562
Term Deposits and Short Term Securities	104,808	82,816
Accounts Receivable	14,096	67,059
Prepaid Expenses	<u>3,758</u>	<u>5,421</u>
	<u>320,483</u>	<u>275,858</u>
<b>EQUIPMENT</b> (Note 4)	<u>317</u>	<u>454</u>
	<u>\$ 320,800</u>	<u>\$ 276,312</u>
<b>LIABILITIES</b>		
<b>CURRENT</b>		
Accounts Payable and Accrued Liabilities	\$ 29,240	\$ 10,866
Deferred Revenue	<u>115,575</u>	<u>102,750</u>
	<u>144,815</u>	<u>113,616</u>
<b>NET ASSETS</b>		
<b>CONTINGENCY FUND</b> (Note 3)	95,829	89,945
<b>SPECIAL PURPOSE FUND</b> (Note 3)	16,000	16,000
<b>NET ASSETS</b>	<u>64,156</u>	<u>56,751</u>
	<u>175,985</u>	<u>162,696</u>
	<u>\$ 320,800</u>	<u>\$ 276,312</u>

APPROVED ON BEHALF OF THE COLLEGE:

 President  
 Treasurer

Nova Scotia College of Respiratory Therapists

STATEMENT OF OPERATIONS  
FOR THE YEAR ENDED MARCH 31, 2013

	<u>2013</u>	<u>2012</u>
<b>RECEIPTS</b>		
License fees	\$ 106,626	\$ 107,807
Application fees	1,375	1,275
Grant revenue	98,959	6,750
Interest and miscellaneous	<u>2,769</u>	<u>2,421</u>
	<u>209,729</u>	<u>118,253</u>
<b>DISBURSEMENTS</b>		
Accounting	4,118	5,183
Administrative and secretarial	12,387	18,513
Bank charges	904	752
Committees	3,122	276
Courier and postage	408	431
Credit card fees	3,586	3,392
Depreciation	136	195
Dues and subscriptions	5,000	4,500
Educational funding	424	2,600
Insurance	1,550	1,550
Legal and Audit	1,725	6,296
Meetings	10,939	6,034
Miscellaneous	2,527	-
Office expenses	1,320	1,453
Project - AQHI	16,933	2,750
Registrar	47,441	44,850
Registration fees	1,172	990
Telephone	1,592	1,593
Website maintenance	189	167
Project - Competency Assessment	66,362	-
Project - Web	<u>9,689</u>	<u>-</u>
	<u>191,524</u>	<u>101,525</u>
<b>EXCESS OF RECEIPTS OVER DISBURSEMENTS</b>	18,205	16,728
<b>NET ASSETS, beginning of year</b>	<u>56,751</u>	<u>53,806</u>
	74,956	70,534
<b>TRANSFER TO SPECIAL PURPOSE FUND (Note 3)</b>	-	(2,875)
<b>TRANSFER TO CONTINGENCY FUND (Note 3)</b>	<u>(10,800)</u>	<u>(10,908)</u>
<b>NET ASSETS, end of year</b>	<u>\$ 64,156</u>	<u>\$ 56,751</u>

Nova Scotia College of Respiratory Therapists  
 STATEMENT OF CASH FLOWS  
 MARCH 31, 2013

	<u>2013</u>	<u>2012</u>
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Cash Receipts from Members	\$ 275,517	\$ 123,835
Cash Paid to Suppliers	(175,362)	(100,347)
Interest Paid	<u>(904)</u>	<u>(752)</u>
	<u>99,251</u>	<u>22,736</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Increase in investments	<u>(21,992)</u>	<u>-</u>
<b>INCREASE IN CASH</b>	77,259	22,736
<b>CASH, beginning of year</b>	<u>120,562</u>	<u>97,826</u>
<b>CASH, end of year</b>	<u>\$ 197,821</u>	<u>\$ 120,562</u>

**Nova Scotia College of Respiratory Therapists**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**MARCH 31, 2013**

**1. PURPOSE OF THE ORGANIZATION:**

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

**2. ADOPTION OF ACCOUNTING STANDARDS FOR NOT-FOR-PROFIT ORGANIZATIONS**

These financial statements were prepared in accordance with Part III of the CICA Handbook - Accounting ("Part III").

The Association's first reporting period using Part III is for the year ended March 31, 2013. As a result, the date of transition to Part III is April 1, 2011. The Association presented financial statements under its previous Canadian generally accepted accounting principles ("CGAAP") annually to March 31st of each fiscal year up to, and including, March 31, 2013.

As these financial statements are the first financial statements for which the association has applied Part III, the financial statements have been prepared in accordance with the provisions set out in Section 1501 of Part III, First-time Adoption by Not-For-Profit Organizations.

The association is required to apply Part III effective for periods ending on March 31, 2013 in:

- a) Preparing and presenting its opening statement of financial position at April 1, 2011; and
- b) Preparing and presenting its statement of financial position for March 31, 2013 (including comparatives amounts for 2012), statement of operations, statement of changes in net assets, and statement of cash flows for the year ended March 31, 2013 (including comparatives amounts for 2012) and disclosures (including comparative amounts for 2012).

**3. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

(a) Basis of Presentation

The financial statements have been prepared in accordance with Canadian generally accepted accounting principles for Not-for-Profit organizations.

(b) Revenue Recognition

Membership dues and assessment revenue are recognized using the accrual basis of accounting. Deferred revenue represents license fees paid during 2013 for the 2014 year.

**Nova Scotia College of Respiratory Therapists**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**MARCH 31, 2013**

**3. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Cont.)**

(c) Equipment

Equipment is recorded at cost. Depreciation is provided annually at rates calculated to write-off the assets over their estimated useful lives as follows:

Computer - 30% diminishing balance

(d) Funds

Contingency Fund

The purpose of the Contingency fund is to maintain reserve funds necessary to fund the legislated obligations of the College. The size of the fund is determined as a part of the annual budgetting process. During the year \$4,916 was spent for legal fees.

Special Purpose Fund

The Special Purpose fund is maintained to provide fund for projects that have a defined purpose that relates to the objects of the College and the current strategic plan. The board determines the percentage of the Special Purpose Fund that can be approved for use in a given fiscal year.

(e) Financial Instruments

The College's financial instruments consists of cash and short-term investments, amounts receivable, long-term investments, accounts payable and accrued liabilities. The fair values of these financial instruments approximate their carrying values, unless otherwise stated.

(f) Use of estimates

The preparation of the financial statements in conformity with Canadian generally accepted accounting principles requires the College's management to make estimates and assumptions that affect the amounts reported in the financial statements and related notes to the financial statements. Actual results may differ from these estimates.

**4. EQUIPMENT**

	<u>Cost</u>	<u>Accumulated Depreciation</u>	<u>Net 2013</u>	<u>Net 2012</u>
Computer	\$ <u>1,090</u>	\$ <u>773</u>	\$ <u>317</u>	\$ <u>454</u>