



CANADIAN SOCIETY OF RESPIRATORY THERAPISTS

SOCIÉTÉ CANADIENNE DES THÉRAPEUTES RESPIRATOIRES

THE FOLLOWING MOTIONS WERE APPROVED BY CSRT MEMBERSHIP AT THE CSRT ANNUAL GENERAL BUSINESS MEETING HELD IN QUEBEC CITY, QC, JUNE 10, 2011

INCLUDING THE FOLLOWING AMENDMENTS TO TEXT:

*No Director may hold a Board position with another organization that would place **him/her** in a potentially significant conflict of interest position.*

Proposed by-law - Section VII – Directors – Articles 1 (2) and (3):

The Board of Directors **shall** be comprised of:

- (a) Eight (8) to ten (10) directors selected by the voting membership of the Society. Commencing with the Board Meeting and Annual General Meeting (AGM) of the members of the Society to be held in the year 2012, the CSRT will strive to fulfill the following profile:

APPENDIX A

Motion 1 - Motion to change the current CSRT by-law Section VII – Directors - Articles 1 (2) and (3) on the composition of the Board of Directors to the proposed by-law outlined below

Current by-law - Section VII – Directors – Articles 1 (2) and (3) states:

(2) *The Board of Directors shall be comprised of:*

- (a) *Eight (8) Directors elected by the voting membership of the Society. Commencing with the Board Meeting and Annual General Meeting (AGM) of the members of the Society to be held in the year 2004, the eight Directors shall be comprised as follows:*
 - i. *One Director elected annually for a one (1) year term to the position of President-Elect, and;*
 - ii. *Seven (7) Directors elected to portfolios (one of which will be the Finance Portfolio) for two (2) year terms; except for the initial term where three portfolios will be for three (3) year terms and three portfolios for two (2) year terms; thereafter all six portfolios will be two (2) year terms, renewable for one term, and;*
- (b) *The President, who shall be the Director who was elected by the General Voting Membership and installed as President-Elect for the previous Annual General Meeting, and;*
- (c) *One (1) Director who shall be the Past President, and;*
- (d) *One (1) Director who shall be a public member appointed by the Board for a two (2) year term, renewable for one term, and;*
- (e) *One (1) Executive Director, who shall have no voting privileges as a Board Member*
- (f) *One (1) Director, who shall hold the Student Portfolio. The details for this position include:*
 - i. *The individual must be enrolled as a student in a CoARTE accredited program of Respiratory Therapy, at the time they are elected.*
 - ii. *The individual must be a current member of the Society.*
 - iii. *The term will be two (2) years.*
 - iv. *The position will be a non-voting Board position.*

No Director may hold a Board position with another organization that would place him/her in a potentially significant conflict of interest position.

(3) The Member elected as President-Elect, shall be President-Elect for a one (1) year term, to be followed by a one (1) year term as President, followed by a one (1) year term as Past President.

Proposed by-law - Section VII – Directors – Articles 1 (2) and (3):

The Board of Directors shall be comprised of:

- (b) Eight (8) to ten (10) directors selected by the voting membership of the Society. Commencing with the Board Meeting and Annual General Meeting (AGM) of the members of the Society to be held in the year 2012, the CSRT will strive to fulfill the following profile:
 - i. Representation from each Canadian region – Western (BC, AB), Prairies (SK, MB); Ontario, Quebec, Atlantic
 - ii. Representation from non-regulated provinces - BC, NF, PEI, NWT
 - iii. Representation from each of the following areas of practice: pediatric / neonatology; critical care, chronic disease management, anesthesia, education, leadership / management.
 - iv. Representation from industry.
- (c) All Directors, one of which will be the Treasurer, will be elected for two (2) year terms; except for the initial term where three directors will be for three (3) year terms and the remainder for two (2) year terms; thereafter all directors will be two (2) year terms, renewable for one term, and;
- (d) The President, who shall be the Director who was elected by the General Voting Membership and installed as President-Elect for the previous Annual General Meeting, will serve a term of two (2) year, non renewable and;
- (e) One (1) Director who shall be the Past President, and;
- (f) One (1) Executive Director, who shall have no voting privileges as a Board Member
- (g) One (1) Director, who shall hold the Student Portfolio, who shall have no voting privileges as a Board Member. The details for this position include:
 - i. The individual must be enrolled as a student in a CoARTE accredited program of Respiratory Therapy, at the time they are elected.
 - ii. The individual must be a current member of the Society.
 - iii. The term will be two (2) years.

No Director may hold a Board position with another organization that would place him in a potentially significant conflict of interest position.

(3) The Member elected as President-Elect, shall be President-Elect for a one (1) year term, to be followed by a two (2) year term as President, followed by a one (1) year term as Past President.

Background

In November 2008, the CSRT Board of Directors put forward a motion to proceed with a governance review. Corporate governance refers to the process and structure for overseeing the direction and management of an organization so that it carries out its mandate and objectives effectively. Governance review is an important process that will allow the CSRT to clarify the roles of individual Board members, committees and special interest groups and determine the appropriate structure to achieve goals and objectives set out in the strategic plan. A governance review will also help determine the appropriate governance structure to ensure that the desired outcomes are being achieved in the agreed upon time (accountability), thereby creating a culture of trust within and outside the organization.

The Board of Directors has selected to move forward with governance with a revision to its policy development structures and is putting forward, through these motions, its recommendations to the membership.

Rationale:

The current Board structure is operational in nature. The roles of the Board members have been matched to the operational requirements of the organization. This structure was effective in the past when the operational functions and activities of the CSRT were being driven by the volunteer Board members. However, the operational requirements are fulfilled quite effectively by office staff and the profession would be best served by a Board of Directors that has a competency/clinical/policy driven structure.

In recent years, a large number of national professional associations have moved away from an operational board structure and have adopted a “competency profile” to ensure there is a process to identify and manage issues facing the profession effectively.

The CSRT will strive to fulfill the following profile (excludes President and Student representative):

- Regional representation – Western (BC, AB), Prairies (SK, MB); Ontario, Quebec, Atlantic
- Representation from non-regulated provinces – BC, NF, PEI, NWT
- Representation of each area of practice: pediatric / neonatology, critical care, chronic disease management; anesthesia, education, leadership / management, student, industry.

The proposed structure will also include the flexibility of adding positions for registered members-at-large, when required, to fulfill all elements of the proposed profile. Maximum number of Board members would be 10 (excludes President and Student representative).

The following table outlines how the current Board of Directors fulfills the requirements of the proposed profile:

Mike Lemphers	Western, Unregulated, Education
Jeff Dmytrowich	Treasurer, Prairies, paediatrics
Dan McPhee	Ontario, industry
Jim McCormick	Ontario, leadership/management
Angela Coxe	Ontario, leadership /management
Krystle Hong	Student, Western
Cynthia Welton	Ontario, Critical Care
Christina Dolgowicz	Ontario, Chronic disease management
Jeff Kobe	Prairies, Anesthesia
Dennis Hunter	Ontario, Education

We are currently missing representation from Quebec and the Atlantic, otherwise all elements of the profile are currently fulfilled – this could be completed by recruiting 2 members-at-large or when recruiting a new Board member to replace a current Board member who has decided not to renew his/her term.

Motion 2 - Motion to eliminate Section XVI – House of Delegates and Specialty Groups from the CSRT by-laws

Rationale:

Elimination of House of Delegates

The purpose of the House of Delegates, as outlined in the terms of reference, is:

1. To serve as a representative body of the professional associations representing respiratory therapists in the provinces and territories of Canada.
2. To participate in the establishment of the goals and objectives of the CSRT and to participate in the governance of the Society.
3. To foster and promote ongoing effective linkage, communication, understanding and support between the CSRT Board of Directors, the professional associations representing respiratory therapists in each Canadian province or territory and the general membership of the CSRT.
4. To provide a process for the ongoing direction, development and implementation of the services provided by the CSRT.
5. To serve as a network and resource for the advocacy of Respiratory Therapists at the local, provincial and national level.

It has been clear over the past few years that provincial representation within the structure of the House of Delegates has not been cost effective. The purpose of the House of Delegates, as outlined in the terms of reference, is difficult to achieve without a formal structure and process. In addition, it has been difficult to allocate the required funding for meetings, etc., within the current financial resources available.

By adding regional representation and representation from non-regulated jurisdictions to the Board of Directors, as outlined in Motion no. 1, the CSRT will ensure that there is adequate representation from all regions and input from each region in the policy development process at the Board level. This is consistent with the structure of other national associations.

Elimination of Special Interest Groups

The Special Interest Groups were created for anesthesia, leadership and neonatal/paediatrics to provide an informal structure for respiratory therapists who work in specific areas of practice to facilitate communication on issues of relevance to their special interest group, to develop mechanisms for effective practice, to identify continuing education opportunities and to report on issues of relevance to the Board of Directors. These goals are difficult to achieve as there is very little funding available to the Chair of each Special Interest Group within the limited financial resources available in the CSRT budget and the only opportunity for meeting is during the Annual Conference.

The current informal structure for Special Interest Groups has not been effective in reaching the goals outlined above. Having a representative from each area of practice participate actively in the discussions and activities of the Board of Directors as outlined in motion no. 1, will provide the infrastructure to identify

issues, to develop mechanisms for effective practice, to identify continuing education opportunities, etc., and these initiatives will be supported by CSRT office staff.

The CSRT will continue to maintain a listserv and a database for members who work in special areas of practice.

Motion 3 - Motion to eliminate Section IV on Discipline from the CSRT by-laws

Rationale:

Since the by-laws were developed a number of years ago, the profession of respiratory therapy has evolved and is currently regulated in 7 provinces (Ontario, Quebec, Nova Scotia, New Brunswick, Manitoba, Saskatchewan and Alberta). The CSRT is no longer the certifying agency for the profession, but remains the credentialing body for non-regulated provinces. The CSRT is an active member of the National Alliance of Respiratory Therapy Regulatory Bodies and represents non-regulated provinces within that organization and participates. We actively participate in the establishment of national practice standards for the profession.

The removal of the Complaints and Investigations section in the CSRT by-laws is based on a legal opinion obtained in the spring of 2010 that stated that, as a national professional association, the CSRT does not have the legislative authority to enforce a complaints and investigations process. As such, given that the CSRT has no legislative authority, and that it is not within the mandate of a national professional association to conduct investigations and to discipline its members on professional practice issues, the Board of Directors recommends that this section be removed from our current by-laws.

The Board of Directors, however, can remove from its membership respiratory therapists who are not in good standing and do not respect national practice standards and the rules and regulations of the professional association.

Motion 4 - Motion to increase dues for associate members to the same level as registered members.

Rationale:

A **registered member** is any person holding a valid Certificate of Registry from the Society and who has paid his annual dues and has received the approval of the Board. To obtain a registry certificate from the CSRT, an individual must have graduated from a CoARTE accredited program and must have passed the CBRC exam.

An **associate member** is any person not holding a Certificate of Registry from the Society, who has paid the applicable annual dues and has received the approval of the Board.

The current membership fee for registered members is \$175 the membership fee for associate members is \$165. Both registered and associate members enjoy the same membership benefits, except that associate members are not eligible to purchase professional liability insurance (except new graduates who have not yet passed the exam).

The Board of Directors therefore proposes that both registered and associate members pay the same fee, effective April 1, 2012, as both class of membership have access to the same benefits.