

Executive Summary

In order to become a respiratory therapist in the province of Ontario, a person must graduate from a program in Respiratory Therapy that has been approved/accredited or considered equivalent by the College (CRTO website, 2004). The CRTO provides a list of accepted schools, which include mostly Community College and some University programs from across Canada.

The current minimum requirement for entry to practice in Ontario is graduation from a College-level diploma program. In consideration of the evolution of the profession and health care in general, the CRTO is currently examining the issues associated with moving from a diploma to a degree requirement for entry to practice. In June 2005 the CRTO Council approved an approach to a study into the merits or otherwise, of a degree level entry-to-practice for Respiratory Therapy and the engagement of Harry Cummings and Associates to conduct focus groups with respiratory therapy stakeholders.

The purpose of this consultation process was to gain a strong understanding of the perspectives of some Respiratory Therapy Members and managers/employers in Ontario on the issues associated with moving from a diploma to a degree for entry to practice. Information on these issues was gathered through key informant interviews conducted with twenty Respiratory Therapy managers and employers, focus groups with Respiratory Therapists in five locations across Ontario, and questionnaires distributed to all focus group participants.

The results show that overall the Respiratory Therapists, managers and employers consulted, support the move from a diploma to a degree requirement for entry to practice. They believe that the RT profession must progress alongside other health professions in their education requirements.

While there was a large amount of debate on the issue of the impact of a degree on patient care, the majority of RT stakeholders consulted initially believed that the current diploma requirement for entry to practice did not negatively affect patient care. However, through further discussion, many focus group participants conceded that while patient care is not currently suffering, it could be improved through the greater breadth of knowledge that would be provided by a degree.

Among those who support the move to a degree program, there are a number of positive impacts anticipated. Many of the RTs consulted believe that a degree will allow them to keep up with other professions in terms of academic standards and involvement in health care decision-making. They believe that a degree will provide them more opportunity for advancement in to management positions, work in other provinces and countries, and postgraduate education. They also anticipate an increase in salary. Many think that these positive impacts will lead

to an increase in the level of respect for the profession from other health professionals, patients and the general public.

RT students may also be positively affected by the move to a degree program. Some of those consulted anticipate a more mature and knowledgeable RT graduate. Another positive impact could be a possible increase in student enrollment, as a degree will be a more attractive option than a diploma to many people. This would help increase the profile of the profession.

The consultation shows that a move to an RT degree may be necessary due to recent trends and changes both in the health care sector in general and in the scope and responsibility of the RT more specifically. Those consulted said that a degree might better equip them to deal with changes in the health care sector and with their changing role.

While there are many positive impacts anticipated from the move to a degree program, there are also a number of questions and concerns that should be addressed by the CRTO to their membership in order to ensure a smooth transition. These include general transition issues, student issues, recruitment and retention issues and financial issues.

Those consulted had a variety of ideas for the curriculum and model of delivery of a Respiratory Therapy degree program. Many feel it should be a science or health science degree with specific, up-to-date courses for RTs, such as practice using technical skills and equipment such as ventilators. The view is that it is also important to include clinical, hands-on training. There should also be the option for a variety of elective courses.

In order to develop the degree program, many RT stakeholders suggested that the CRTO review best practices and other models. A variety of possible models for the degree program were discussed, including the College of Nurses of Ontario's recent experiences in moving to a degree. However, there was no clear consensus among those consulted on what the model for delivering the degree program should be. What was clear is that they expect the CRTO to conduct a thorough study as to the best model for an RT degree. They are interested in viewing the outcomes of such a study so that they understand the rationale behind the chosen model. Many also said that they are interested in being consulted further on this process.

In conclusion, there is an overall general level of support for the move to a degree program from the key Respiratory Therapy stakeholders in Ontario. There are many positive impacts anticipated from a degree requirement for entry to practice, which have lead a large portion of the membership to support the move. However, there are a number of issues and concerns in regards to the transition process and how potential negative impacts will be dealt with. There is also a small voice of opposition for the move to a degree. Being aware of these

concerns and potential oppositions allows the CRTO to develop a strategy for addressing them.

These results have led to the formation of **six recommendations** for the College of Respiratory Therapists of Ontario. The recommendations are:

Recommendation #1:

It is recommended that the College of Respiratory Therapists of Ontario should continue the study into baccalaureate degree level requirement for entry to practice for Respiratory Therapy, based on the strong support from those RTs consulted in this process. A detailed approach should be developed for this process.

Recommendation #2:

It is recommended that the College of Respiratory Therapists of Ontario should continue to examine whether moving to a degree program will affect patient care and health outcomes. A literature review, a review of other jurisdictions, or gathering a wider range of member opinions through a survey could help answer the question more objectively.

Recommendation #3:

It is recommended that the College of Respiratory Therapists of Ontario should familiarize themselves with the issues, concerns and questions raised by the membership and develop a strong communication strategy for addressing the concerns. This level of preparedness will help ensure a smooth transition to a degree program.

Recommendation #4:

It is recommended that the College of Respiratory Therapists of Ontario should consider a well-rounded curriculum for a degree program. Further consultation with the membership and with current degree initiatives and Respiratory Therapy programs will help in the decision-making process.

Recommendation #5:

It is recommended that the College of Respiratory Therapists of Ontario should review best practices and models for degree programs. The results of a review should be shared with the membership. This will help ensure an open process and demonstrate the rationale behind decision-making to the membership.

Recommendation #6:

It is recommended that the College of Respiratory Therapists of Ontario should work to keep Respiratory Therapists informed of the decision-making process and consider including the membership in further consultation processes. This will help to create member buy-in for a move to a degree.