A Report on Respiratory Therapy Stakeholder Perspectives Regarding a Baccalaureate Degree Level Entry-to-practice for Respiratory Therapy in Ontario

Submitted to:
The College of Respiratory Therapist of Ontario

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Submitted by:

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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 lead 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.

1. 0 Introduction

1.1 Background

The College of Respiratory Therapists of Ontario (CRTO) regulates the profession of Respiratory Therapy (RT) in the province of Ontario to ensure competent, ethical and safe practice of its Membership in the public interest. This self-regulating body deals with the following aspects of the profession:

- Requirements for entry to practice;
- Standards and competencies for practice of Respiratory Therapy;
- A quality assurance program;
- Investigations of concerns about Members
- Necessary disciplinary action against Members who fail to meet standards

(CRTO website, 2004)

In Canada, health care is a provincial jurisdiction and each province or designated provincial regulatory body is responsible for setting the entry requirements for health care practitioners (CRTO Professional Practice Guideline: Registration and Use of Title, 2005).

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.

1.2 Purpose of Assessment

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. Appropriate research methods ensured that a maximum number of stakeholders were consulted. This allows the CRTO to better understand potential strengths and weaknesses of any change in entry to practice requirements and consider ways to ensure effective steps in implementing such a transition.

2.0 Methodology

2.1 Procedure

Harry Cummings and Associates (HCA), in consultation with the College of Respiratory Therapists, designed the following steps for consulting with RT stakeholders regarding issues associated with moving from a diploma to a degree requirement for entry-to-practice:

1. Design focus group guides
2. Design and implement key informant interview guides for managers/employers
3. Organization of focus groups
4. Execution of focus groups
5. Data analysis of focus group and interview results
6. Draft report
7. Final Report
8. Presentation
9. Phase II of Research *(subject to the approval of Council)*

Key Informant Interviews

HCA created a key informant interview guide, which was reviewed by the CRTO before being finalized.

A letter was sent to randomly selected RT managers/employers, who themselves are respiratory therapists, informing them of the consultative process and letting them know that they may be invited to participate in a key informant interview. The consultant arranged and conducted twenty telephone interviews with the RT managers and employers. The interviewees were from across Ontario and were randomly selected to participate in the interviews. A message regarding the project was also circulated to the entire CRTO membership.

The responses to the key informant interviews were summarized in an initial report (Appendix B) and also used to suggest possible questions for the focus groups.

Focus Groups

The Consultant designed a focus group question guide consisting of six discussion questions. They also created a questionnaire, which included the same six questions as well as a participant profile. The purpose of the questionnaire was to gather information from participants in a confidential and individual manner prior to receiving input from their peers. These materials were developed based on the key informant interview results and were provided to the College for review before being finalized.

A letter was sent to the CRTO membership informing them that a focus group consultation process was taking place and that they may be invited to participate.

The CRTO chose focus group locales that were centrally located in each of five electoral districts. The five locations were Toronto, Hamilton, London, Ottawa and Sudbury. HCA organized the logistics for each of the focus groups, which took place in hospital meeting rooms.

The consultant invited potential participants to take part in the focus groups. CRTO provided the consultant with five tables of potential participants in Word format. HCA provided each person noted in the table a number. A series of random numbers were generated in Microsoft Excel and then each of the random numbers was highlighted on the Word table as the individuals to be contacted. A new series of random numbers was created for each of the five Word tables. The randomly selected participants were phoned and asked to attend the focus group taking place in their Region. Three attempts were made to contact each person before moving on to the next name on the list. A $50 incentive was used to help increase response rates. A total of 20 participants were confirmed for each of the five focus groups. Confirmation letters were sent to participants providing them details of the focus group. Reminder phone calls were also made the day before the focus groups took place.

A total of seventy-seven participants took part in the focus groups. There were 18 from Toronto 18, 15 in Hamilton, 14 in London 14, 13 in Ottawa, and 17 in Sudbury. In the Sudbury focus group 6 of the 17 participants joined via web and teleconferencing.

The focus group format involved a facilitator who posed the questions from the focus group question guide, gave each participant an opportunity to have input, and recorded key points on flip chart paper. Another focus group facilitator recorded detailed minutes of the discussion using a lap top computer. For each question the participants were asked to prioritize the points that arose using “dotmocracy” (voting using dots) and other voting strategies. The facilitator then summarized the group prioritization and asked for additional comments.

The focus group format differed slightly for the Sudbury focus group. Web and teleconferencing were used to involve participants who live in remote parts of Northern Ontario and could not attend in person. Arrangements for web conferencing were made with participants in advance of the focus group. This included providing hotmail accounts and direction on how to install and use MSN Messenger. In addition to those who attended in person, three participants joined the group via web and teleconferencing and three others joined just via teleconferencing. While one facilitator kept notes on a hard copy flip chart, the other facilitator typed the flip chart notes in to the MSN “electronic flip chart” for those joining via web conferencing.

Data Analysis and Report Writing

The responses from the key informant interviews, focus group discussions and focus group questionnaires were analyzed for major themes. These themes were used as the basis for report writing. The participant profile from the focus group questionnaire was also compiled (see 2.2 below).

2.2 Participants

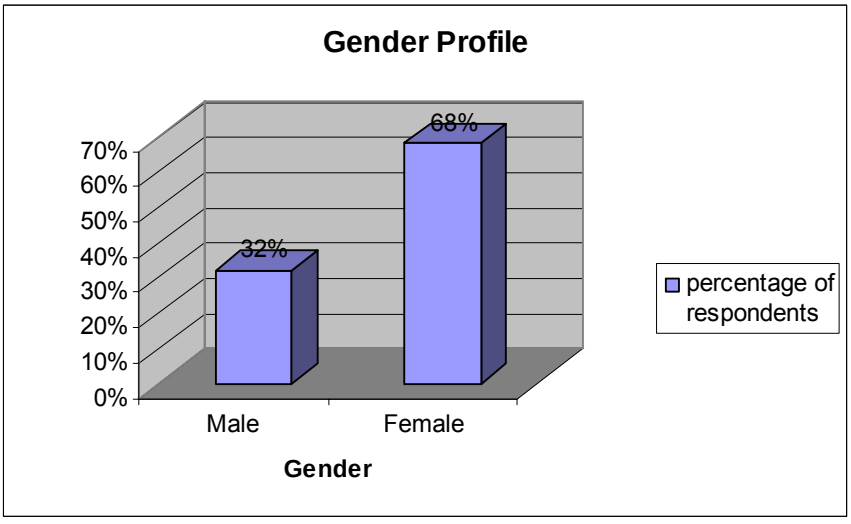
Key Informant Interview Participants

There were a total of twenty key informant interview participants. All of the respondents currently work in hospitals except one who works in community care. They have been working in the field for an average of 23 years and were born, on average, in 1959. In total, 6 of 20 (30%) respondents have education beyond the RT diploma. There are 5 respondents who have undergraduate degrees. There is one respondent with a Master's degree and another respondent who has completed a second diploma program. The majority of respondents were female, with four male respondents. Of the 20 respondents, 11 worked in the Greater Toronto Area.

Focus Group Participants

Questionnaires were offered to all focus group participants at the beginning of each of the five sessions. Sixty-Seven focus questionnaires were returned in total. Approximately two thirds of the participants were female (see Figure 1 below). The average age of the respondents is 38 years of age. The youngest participant is 25 years of age, and the oldest participant is 60 years of age. Half of those who answered this question were 42 or older.

Figure 1: Gender Profile of Focus Group Participants



Out of 48 responses regarding the level of participant education, 19 individuals held degrees in addition to their diplomas in Respiratory Therapy. On average, the respondents had received their degree 15 years ago. Questionnaire respondents received post secondary education from all over Ontario (see Figure 2). There were 10 focus group participants who had attended Fanshawe College, 6 each from Algonquin College & Canadore College, 5 graduates from Western University and 4 participants who had attended the Michener Institute of Applied Health Sciences. Other participants came from other schools throughout Ontario and Canada. London, Toronto, Ottawa and Hamilton were considered the place of residence by 43% of the respondents. The rest of the respondents live in other cities and towns in Ontario (see Figure 3).

Figure 2: Post Secondary Institutions attended by Focus Group Participants

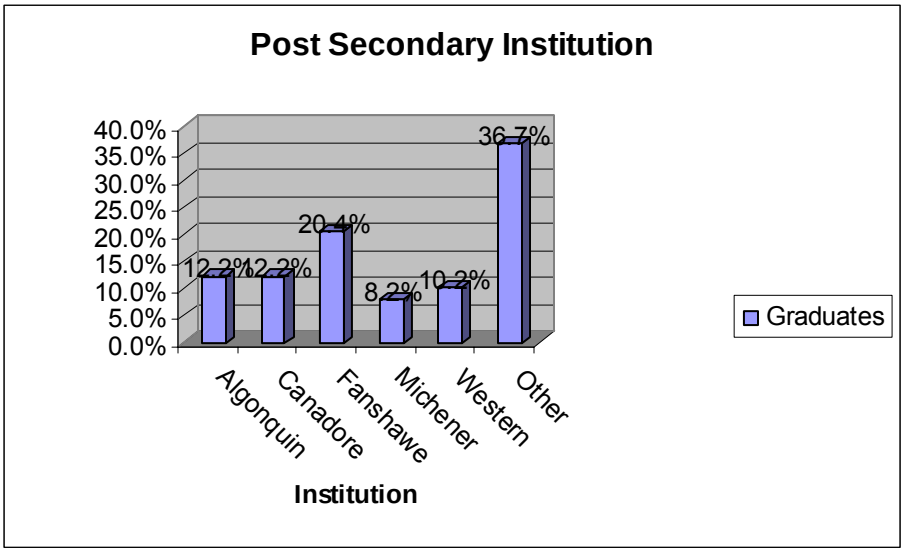
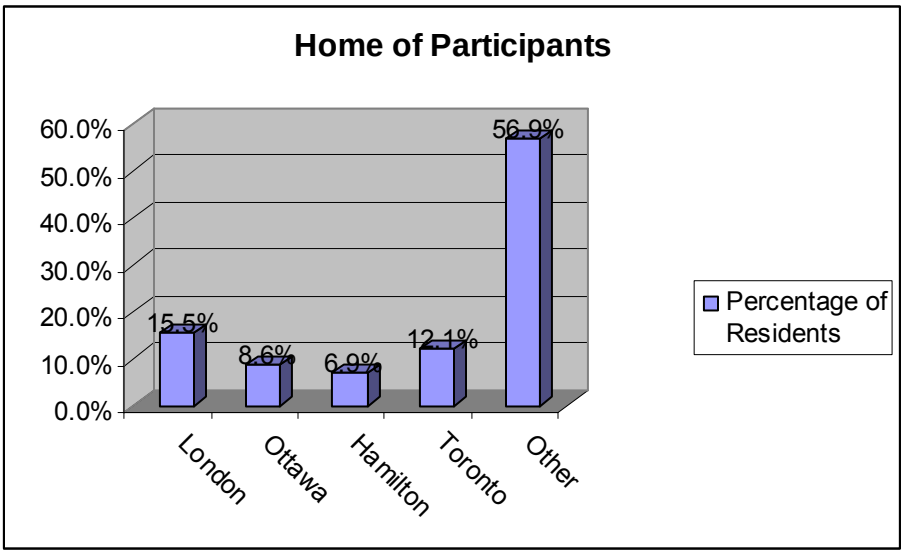


Figure 3: Place of Residence of Focus Group Participants



3.0 Results

This chapter provides the findings from the first phase of the consultation process with respiratory therapists regarding the issues and impacts associated with a possible change in the requirement for entry to practice from a diploma to a degree. The information is presented in major themes drawn from key informant interviews, focus group discussions and focus group questionnaires.

3.1 Impact of a Diploma/Degree on Delivery of Patient Care

There was debate by key informants, questionnaire respondents and focus group participants as to whether the level of patient care is affected by a diploma versus a degree requirement for entry to practice.

In response to the question “do you think the RT requirement for a diploma as opposed to a degree currently affects the delivery of health services or patient outcomes”, 40% of key informant managers/employers responded yes and 60% responded no (n=20). The key informants who believe the diploma requirement does not affect health services or patient outcomes said that they cannot tell the difference between RTs with degrees and those with diplomas and that the current diploma RTs are well trained and provide good health care. Some said that the only reason to obtain a degree would be for credentials and advancement, not to improve patient care. Of those who said yes, many explained that the current level of patient care is acceptable, but that it will improve in the long term. Others felt that there are concrete skills that can be gained from a degree program, such as communication and project management skills, which will lead to improved patient outcomes. Some mentioned that it affects RTs’ credibility and therefore affects their ability to do their job.

Of the 60 questionnaire respondents who answered the question about whether the current requirement for a diploma affects the delivery of health services or patient outcomes, 56.7% said no, 28.3% said yes and 15% said maybe or were unsure. Of those who said no, most reported that they felt the current diploma level education was adequate and that RTs were already well trained. One person commented: *“I don't think changing the name of a piece of paper will make a difference”.* Those surveyed who felt that the delivery of health services and patient outcomes is currently affected by having a diploma program gave a variety of reasons:

> *“I believe degree requirement would allow for greater interaction with healthcare team therefore more RT input therefore better delivery of health care”;*
>
> *“I believe that university education provides more "critical thinking" skills”;*

> *"I think having an extra year can make a big difference with respect to maturity and confidence in the workplace"; and*
>
> *"More in depth knowledge and clinical practice can only improve the care delivered to the patients".*

Based on initial votes, almost all focus group participants believed that the level of patient care would not increase with a change to a degree requirement for entry to practice. They said that the current level of patient care is high. Remarks included:

> *"The course is already difficult and teaches a high level of patient care. Many people say that the RT diploma is already harder than a degree";* and
>
> *"Just because you have a degree doesn't mean you are going to be a better RT in the field. Many of the skills can be learned on the job".*

A small number of participants felt that patient care would remain the same or were undecided about whether it would increase or decrease. As the focus group discussions progressed there was a tendency for those who voted that patient care would not increase to decide that there would actually be an increase with a move to a degree. While current levels of patient care are high, many people agreed that they would improve with a degree. One person noted that: *"[A diploma] does not hinder patients now, but we could increase the quality of patient care, health services and the ability of RTs".*

3.2 Changes in Scope of Practice/Role of Respiratory Therapists

A change in the scope of practice and the role of the RT was a major theme discussed in key informant interviews, questionnaires and focus group discussions.

The key informants frequently discussed changes in the scope of practice, such as increased accountability, involvement in high risk procedures, in-depth didactic work, use of new high tech equipment, the move to more therapy based and less technical based care, and communication with other healthcare team members. Many believe these changes warrant the need for a degree. The belief is that without the specialization involved in obtaining a degree, nursing or other health care providers could threaten the profession by taking over RT responsibilities.

The changing scope of practice of respiratory therapy was discussed at all of the five focus groups as well. Many people agreed that the role of the RT has already changed to include greater responsibility and greater decision-making regarding

patient care. The sentiment that they now "need the credentials to match" was often repeated. There was also discussion about new demands that are being placed on RTs, such as the need for them to use complex technologies, practices and specializations. Some felt that a degree level education would help them to meet these demands.

When asked what recent changes in the field indicate the need for a move to a degree program, the majority of questionnaire respondents noted changes in the scope of practice including:

> *"Responsibility of RTs in most institutions is increasing annually but our compensation and recognition isn't really following on-par. Our role over the past 25 years has changed dramatically!";*
>
> *"RTs seem to be taking more of a leadership/admin role. Our scope of practice is becoming more broad. Our patients are also becoming sicker";*
>
> *"Greater MD and RN reliance on RTs skills/knowledge (consultant role) expansion in scope of practice"; and*
>
> *"Increased involvement in patient care"*

Many of those consulted also talked about the demand for research skills among RTs. A number of focus group participants felt that a degree program could teach them the skills needed to be leaders in research. Some key informants see a need in the profession for more critical thinking and problem solving skills. They also think RTs need to be involved in research. Comments included:

> *"A degree requirement would create an RT better prepared to write proposals and participate in research activities and critically evaluate research studies";* and
>
> *"People with diplomas are highly skilled, but lack the ability to be open to new ideas and write well. University educated RTs are more helpful with applying research and other skills".*

A few questionnaire respondents conceded that the scope of practice was changing for RTs, but did not feel that this required a move to a degree program. One respondent said, *"I do not know if expansion into diversified areas in scope means another level of educational requirement is a demand".*

3.3 Changes in the Health Care Sector

Recent trends and changes in the health care sector were discussed at all of the focus groups and to a small extent in the focus group questionnaires. Trends that

were noted in focus groups include the move to evidence-based health care, the increasing complexity of healthcare, and issues of accountability, risk management and quality assurance. Some participants felt that a degree would better equip RTs to deal with these changes and trends.

When asked what recent changes in the field indicate the need for a move to a degree program, a number of questionnaire respondents noted changes and trends in the health care sector including:

> *"Research, evidence based outcome measurements and more sophisticated expectations from heath care providers";* and
>
> *"Increase in liability and health risk".*

The key informants did not discuss trends and changes in the health care sector in detail. In response to the question about whether the current requirement for a diploma affects the delivery of health services or patient outcomes, one person spoke about how the health care field now requires more quality assurance, outcomes analysis, efficiencies and project management skills, which can be gained from a degree. Others voiced concern that diploma graduates do not have a broad perspective of health care, only a strong technical knowledge of respiratory therapy. They feel that earning a degree would give RTs the opportunity to examine other aspects of health care such as legislation and management.

3.4 Respect/Credibility of the Profession

The issue of maintaining and increasing credibility and respect was discussed in focus group discussions and questionnaires in great detail and to a lesser degree in the key informant interviews. It was raised in all focus groups and in response to all focus group questions, except in Sudbury.

Many of the focus group participants believe that having a degree requirement for entry to practice will increase co-worker, patient and community respect for the profession. One person clarified that *"there is a high level of respect already for RTs, but [a degree] will give a higher level of respect".* Some participants talked about how a degree will also increase the profile of the profession and people's awareness of respiratory therapy. There were a small number of focus group participants who felt that the level of respect and awareness for RTs would not increase with a move to a degree program.

There were some comments from key informants who felt that the profession's credibility is negatively affected by its diploma requirement. They said that all other allied health professionals require a degree and that nurses in particular exert a strong influence in hospitals because of their degree level education. These interviewees believe that if RTs move to a degree requirement they will

have increased recognition, a higher profile, more respect for the profession and they will be able to compete with the influence of the nursing profession. Some also felt that society generally values a degree more strongly than a diploma and that this affects how they are perceived as professionals.

Other key informants said that the RT profession currently has a high level of respect with the diploma requirement and that credibility would not increase with a move to a degree. An interviewee mentioned that many people might not be aware that the RT requirement is a diploma and not a degree. Another mentioned the strong value that people have for the practical skills RTs gain in college.

3.5 Human Resources Issues: Opportunities for Advancement

Many of the key informants, focus group questionnaire respondents and focus group discussion participants talked about opportunities for advancement as an anticipated impact of a move to a degree program.

A number of key informants spoke about how the current diploma requirement is preventing RTs from progressing. Interviewees feel that a degree will afford them the opportunity for academic advancement. They also believe that there is a need for RTs in management positions and that a degree will allow them more opportunity for professional advancement in middle and senior management. Some pointed out that an increase in RTs at the management level would positively affect hospital and government policy to be more favorable to the profession

The focus group questionnaires and focus groups also reflected the strong belief that a move to a degree will afford RTs greater professional, cross-border and academic opportunities for advancement. Some responses from focus group participants included:

> *"More RTs would receive management positions";* and
>
> *"Employability skills will increase also across countries".*

Conversely, there were some key informants and focus group participants who talked about the negative aspects of increased opportunities for advancement. These people thought that a degree would cause graduates to feel more privileged and less likely to carry out hands-on, basic tasks. One key informant noted that *"too many people would want to be managers and therefore we would not have enough people content to be therapists".*

3.6 Importance of Keeping Pace with Other Health Care Professions

A major theme identified by key informants, focus group questionnaire respondents and focus group discussion participants was the importance of keeping pace with other health care professions through the move to a degree program. Many of the RTs consulted mentioned the importance of staying on par with nurses in particular. One questionnaire respondent noted, *"We consider ourselves 'therapists'. I believe most RT's feel they should be 'on par' with nursing which has moved to a degree program. We must follow as to not become 'techs' again".*

Focus group discussion respondents also mentioned the need to stay on par with nurses and to obtain degrees because other professions have them. Comments included:

> *"Many professions have already gone in that directions and RTs are falling behind";* and
>
> *"We have to keep up with the times. We need to go to a degree. The nurses have and we need to keep up".*

Some key informants explained that it was important for them to keep up with other professions in regards to academic standards in particular. Focus group participants also mentioned the need to keep up with other health care professions in order to maintain equal education, knowledge and skill level. Questionnaire respondents explained that it was also important to keep pace with RTs who are already obtaining degrees both in Canada and in other countries.

Many key informants talked about how a degree would help them keep up with other health professions in terms of *perceived* credibility.

> *"We are seen as not having the same kind of qualifications as allied health professions and now as nursing. There is a perception that we are less trained. RT has had an uphill battle to achieve the recognition for us that we are equal to the nursing profession when it comes to knowledge, scope of practice, necessity for acute patient care, etc.";* and
>
> *"There could be a perception that degree is of more value than diploma so perceived abilities could be affected".*

There was also discussion in the focus groups about how people without degrees are sometimes looked down upon and excluded from team decision-making regarding patient care. Some focus group respondents felt that having a degree would help them be seen as equal. Another participant said that having a degree would make them feel *"more a part of the health care team"*.

3.7 Educational Issues: What should be emphasized in a degree program

The key informants were asked what type of degree they felt would be most appropriate for RTs if the CRTO moves from a diploma to a degree program. The majority felt it should be a science or health science degree with specific RT courses. Other suggestions for courses included communication, management and research skills.

In response to the question about what should be emphasized in a possible degree program, questionnaire respondents provided a wide range of ideas for curriculum. The most common response was to maintain or increase the current focus on clinical and technical skills. Some thought the clinical training should come earlier in the curriculum and continue throughout the entire program, while others thought the entire fourth year of a degree should be in the clinic.

Survey respondents also want a variety of science courses to be included in a degree program. Suggestions included: basic and general medical sciences; high-level science; physics; pharmacology; physiology; patho-physiology; biochemistry; biology; histology; cytology; anatomy; disease; and social sciences, such as psychology and sociology.

Other frequent ideas from the questionnaires for a degree program were: research skills including statistics; communication and patient relations courses; adult education; healthcare system; legal and ethical courses; administrative and management courses; and critical thinking skills. There were a number of comments that the curriculum should keep its focus on specific respiratory skills such as the use of ventilators, but should teach up to date techniques.

The focus group discussion participants were asked what should be emphasized in a possible RT degree program. The discussions brought fourth a number of suggestions for both curriculum and models of delivery.

Curriculum

The top suggestions for a degree program are outlined below. These suggestions were determined by conducting dotmocracy votes in each focus group, except in London where a simple voting procedure was used. The three suggestions from each focus group that received the highest number of votes are compiled in Table 1 below. The table outlines the number of people who voted for each of the top three suggestions from each locale, as well as the percentage in relation to the total number of votes placed. In London only two suggestions were voted as the most popular. There was also no count on the total number of responses for this question in London, so it is not possible to calculate percentages for the results from that focus group.

As shown in Table 1, clinical and hands-on training was the most frequent suggestion made at all focus groups except Toronto, where it was the second

most frequent suggestion. Participants noted that they wanted at least the year long clinical. Other ideas were to spread clinical hours over the 4 year degree program, to increase the hospital practice hours, and to develop a residency program that would allow students to apply learning from their course load.

As shown in Table 1, the second most common suggestion for the degree program was to provide a well-rounded curriculum. This was voted for by 39% of respondents in Toronto and 22% of respondents in Sudbury. Ideas for the curriculum included: sociology, psychology, other humanities, administration, management, rehabilitation, law, ethics, sleep medicine, cultural diversity, home care skills, current technologies, practice guidelines, Introduction to Canadian health care system, marketing and communication.

Other common ideas that would make for a well-rounded curriculum include research skills including statistics, critical thinking and decision-making, and specific RT skills such as the use of ventilation systems. General sciences courses including pathophysiology and physiology, disease processes, biochemistry and pharmacology were also mentioned as important to a well-rounded curriculum.

Table 1: Popular focus group suggestions for what should be emphasized in an RT degree program

	Clinical Training	Science	Adult/ child learning	Critical thinking	Research skills	RT skills	Well rounded curric.	Qualified Educator
Toronto (n=41)								
#	11						16	4
%	27%						39%	10%
Hamilton (n=31)								
#	12	8	3					
%	38%	26%	10%					
London (n=NA)								
#	8			4				
%	NA			NA				
Ottawa (n=40)								
#	10			5	9			
%	25%			13%	23%			
Sudbury (n=32)								
#	11					9	7	
%	34%					28%	22%	
TOTAL # VOTES	52	8	3	9	9	9	23	4

*Note: n = total number of votes cast at each focus group

Models of Delivery

One of the most frequent suggestions for developing the structure of a degree program was to look to models used by other provinces and professions for best

practices. The model recently used by the College of Nurses of Ontario (CNO) was often suggested. There was a large amount of curiosity about the level of success of the CNO model among participants.

Another model, used in some parts of the United States where there is both a diploma and a degree program, was often discussed. One person commented: *"Could have respiratory technicians and respiratory therapists – diploma and degree – two job streams, just like in the U.S."*

Some of the focus group participants felt that a degree program should be solely focused on respiratory issues and that classes should not be shared with other professions. Conversely, some thought that mixing classes with students from other fields would broaden the scope of RTs knowledge.

A question that was raised in the Sudbury focus group was whether degree courses could be taken online or by correspondence for people in the North who cannot easily attend school. This would be a particular issue for current diploma RTs if they were made to upgrade to a degree.

General suggestions regarding the model of delivery for a degree were to: *"Link with other medical schools that already have physiology and anatomy labs"* and *"Standardize degree schools across the province".*

3.8 Additional Impacts of Moving to a Degree Entry

Transition Issues

There were a number of issues discussed and questions raised by questionnaire respondents and focus group participants having to do with the transition from a diploma to a degree program. There were not many concerns about transition issues voiced by the key informants.

The questionnaire respondents provided advice to the CRTO on how to deal with transition issues. Some want the new system to be implemented as soon as possible, while others cautioned that it should be a slow, phased-in transition period.

There was some concern raised about a potential division between current diploma RTs and new degree RTs. Several questionnaire respondents believe that a two-tier system will develop and that it will not be positive for the profession. One person noted these potential impacts: *"initially a 2 tiered system of health care. Potential for college graduates to be excluded perhaps in the hiring process, degree preferred over diploma".* Possible animosity and competition in the workplace between RTs with diplomas and those with degrees was also discussed in the focus groups.

Many of the focus group questionnaire respondents and focus group participants voiced concern about how RTs with diplomas would be dealt with in the new system and whether they would be forced to upgrade to a degree. Common advice was to create a system for "grandfathering" of current diploma RTs, which means that they would be exempt from the new regulations. There was a large amount of support for "grandfathering". Another suggestion was to develop a plan for them to easily upgrade to a degree. While the key informants did not discuss transition issues in depth, there were also a couple of comments made about the need for grandfathering or a process for current RTs to upgrade their qualifications to a degree.

One other key informant was concerned that the requirement for a degree in Ontario will create barriers to RTs from out of province if the standards do not change nation wide.

Student Issues

A variety of possible issues that could be faced by students in the move to a degree program were discussed in the consultation processes.

The point was raised in some of the focus group discussions that many RTs already obtain degrees before applying to the RT diploma program, which means that they often take 7 years of schooling before becoming a practicing RT. Moving to a degree program would mean that students would only have to attend school for 4 years. In regards to the length of the program, there were others who felt that the current 3 year diploma program is too intense and that it needs to be spread out over 4 years.

There was some support for the move to a degree program from key informants and focus group questionnaire respondents who felt that it would lead to more mature, knowledgeable RT graduates coming in to the profession. A few respondents noted that there are a large number of RTs already obtaining degrees before going in to the profession and that these people are more mature, critical thinkers. However, there was a debate about this point across all of the focus group discussions. Some focus group participants' agreed that a degree requirement would lead to more mature, knowledgeable and better prepared graduates coming in to the field, while others felt that it would actually produce less mature graduates overall, because they would only be 4 years out of high school as opposed to the current system where many people attend school for 7 years before practicing (undergraduate school and then College). Others stated that real maturity is on an individual basis and is enhanced with hands-on work in the first few years of practice and that a diploma or a degree will not affect this.

Another common debate arose in the focus group questionnaires and focus group discussions about whether enrollment into the Respiratory Therapy program would increase or decrease with a move to a degree. There were some

focus group participants who thought student enrollment would decrease because entry requirements for a degree would possibly be higher and because of the added cost to students. The focus group questionnaires also provided a variety of opinions on why enrolment will decrease. People felt that it would decrease as a result of an increase cost for schooling. Others think that people might be scared away from the degree program, as it may no longer be "hands-on" focused and instead more theory based. Still others think that degree graduates may go on to post graduate work or management positions and be unwilling to do shift-work.

On the other hand, some focus group participants and questionnaire respondents noted there might actually be an increase in enrolment, as degree education may be a more popular option for people than a diploma. This opinion was also shared by a key informant who felt that a degree program may be more attractive to people and benefit recruitment into the profession.

Recruitment and Retention Issues

Related to student issues, is the theme of employee recruitment and retention issues that may arise as a result of a move to a degree program. The focus group discussions and questionnaires reflected concerns of these issues, though no impacts on staffing were discussed by key informants.

A few of the questionnaire respondents who said that there might be a decrease in student enrollment thought that this would lead to fewer RTs in the field. This opinion was expressed more strongly in the focus group discussions where many participants felt that a decrease in student enrollment could lead to shortages in the profession.

There was some talk in the focus groups about current shortages in the field and how a transition year with no RT graduates would cause a strain on the profession and on patient care. Some of the questionnaires also reflected the concern about a possible shortage in the field. One response was that the *"province of Ontario would not survive a cohort year of no RT's graduating if you suddenly changed from a 3 to 4 year program".* Conversely, there were a few focus group participants who believed there would be a shortage, but felt that it could be beneficial to the profession, as desirable jobs would be easier to obtain.

Some of the focus group participants and questionnaire respondents who felt there might be an increase in student applicants to a degree program wondered whether there would be enough jobs for all of the new graduates. They foresee possible competition for jobs among RTs.

Financial Issues

Two main financial issues were discussed in key informant interviews, focus groups and questionnaires: salary and an increase cost in tuition for students.

Many focus group participants and questionnaire respondents saw the potential for salary increase as a positive impact of obtaining a degree. One questionnaire respondent said, *"Lobby on behalf of increased salary".* However, another respondent asked, *"Do hospitals have the budget to pay an increase in salary"?* There were also a number of comments about hopes for a higher salary by key informants. Comments included:

> *"Expectations for salary would be higher";* and
>
> *"Equality of salary grid and level playing field with peer groups such as nursing and other allied health disciplines such as physiotherapy".*

The key informant managers and employers were also asked about potential financial impacts for employers of a move from a diploma to a degree. There was a fairly even split in the numbers who thought there would be a financial impact versus those who thought there would be no impact. Of those who said yes, many noted that they expect their salaries to stay on par with other health professionals such as nurses. Those who said that there would not be an impact noted that their pay is already comparable to nurses and other professions such as Physiotherapists and Occupational therapists

In some of the focus group discussions the issue of a salary cap for RTs with diplomas was discussed unfavorably. There was also a small amount of discussion regarding current hospital and health care system budget constraints and how possible staffing impacts could negatively affect their budgets. There was some concern about where the funding for the move to a degree program would come from. However, there were a few people who thought that moving to a degree might attract more funding to the field.

The issue of an increase cost in tuition for students as a negative impact of a move to a degree was mentioned in all consultation processes as well.

3.9 General Level of Support for a Change from Diploma to Degree

Table 2 shows that key informant manager/employer respondents strongly support a move from a diploma to a degree program for entry to practice with 89.5% of respondents answering yes, 0% of respondents answering no and 10.5% who were uncertain.

Table 2: Level of key informant support for change from diploma to degree

	Yes		**No**		**Uncertain**	
	#	%	#	%	#	%
Key Informant Responses (n=19)	17	89.5%	0	0%	2	10.5%

As illustrated in Table 3, when asked whether the requirement for entry to practice should be changed from a diploma to a degree, 76.1% of all respondents to the focus group questionnaire said yes, it should be changed, 9.0% said no and 14.9% were uncertain.

Only 9.0% of questionnaire respondents did not support a move to a degree program when initially asked. Most of these people also reported both positives and negatives for the move. There was one questionnaire respondent, however, who did not support the move to a degree program at all because they felt that the current diploma program has all that is required and that the move to a degree would only cause problems such as a division in the profession. They stated:

"I don't think this is a good idea. I think there are more negatives than positives for this issue and in the end we get no further ahead. I think this is only happening because nursing went to a degree program and that there is nothing that indicates why this change should occur".

Table 3: Level of focus group questionnaire respondent support for change from diploma to degree

	Yes		**No**		**Uncertain**	
	#	%	#	%	#	%
Focus Group Questionnaire Respondents (n=67)	51	76.1%	6	9.0%	10	14.9%

The participant's opinions were slightly different during the focus group discussion, with only 71.8% out of a total of 78 respondents stating that the requirement should change, 20.5% saying that no that it should not change and 7.7% feeling uncertain (see Table 4 below).

As outlined in Table 4, 20.5% of focus group participants said that they did not want the requirement for entry to practice to be changed to a degree. However, like in the questionnaires, most were able to see both positives and negatives of the move. Reasons for not supporting a degree program included:

> *"What value would the extra year be?";*
>
> *"Work with physicians with techniques that RTs can understand. [Uses] treatments that even degree nurses don't know about. Do just fine the way things are now";*
>
> *"[A degree] closes the door of opportunity for those who don't have the ability to do a degree program";* and

"The role will not change and the effect of delivery of services will not change because of a degree. There is already a structure in place for RTs to expand their roles under CRTO Acts".

Table 4: Level of focus group respondent support for change from diploma to degree

Focus Group Responses	Yes	No	Uncertain	Total From Each Focus Group
Toronto (n= 17)				
#	9	8	0	17
%	52.9	47.1	0.0%	100%
Hamilton (n=16)				
#	14	2	0	16
%	87.5%	12.5%	0.0%	100%
London (n=14)				
#	13	1	0	14
%	92.9%	7.1%	0.0%	100%
Ottawa (n=14)				
#	11	1	2	14
%	78.6%	7.1%	14.3%	100%
Sudbury (n=17)				
#	9	4	4	17
%	52.9%	23.5%	23.5%	100%
TOTAL # (n=78):	**56**	**16**	**6**	**78**
TOTAL %:	**71.8%**	**20.5%**	**7.7%**	**100%**

4.0 Conclusions

The purpose of this consultation was to gain a strong understanding of the perspectives of key Respiratory Therapy stakeholders 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 seventy-seven Respiratory Therapists in five locations across Ontario, and questionnaires completed by sixty-seven of the 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, for the most part, that the RT profession must progress alongside other allied health professions in their education requirements. There was a slightly higher level of support among the key informant managers and employers than among the general RT population. There were even larger differences in the level of support between the focus group locations. While there was strong support for a degree in London, Hamilton and Ottawa, the participants in Toronto and Sudbury were split on the issue with just over half of the participants in both cities supporting the degree requirement.

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 did not initially believe that the current diploma requirement for entry to practice affects patient care delivery. They said that the diploma training is sufficient and that they are providing positive health outcomes. However, through further discussion, many focus group participants conceded that patients would actually benefit from a more knowledgeable, mature, certified RT.

The reason for the change in opinion could be that it is counterintuitive for a Respiratory Therapist to respond that their patients are not receiving the highest quality of patient care. Health care professionals hope that they are doing the best job possible and the diploma educated RTs are likely providing the best level of care that they know how. Thus, they initially responded that the level of patient care is not suffering.

However, through discussions generated among peers in the focus groups many RTs came to realize that the level of patient care and health outcomes could actually be increased. In fact, many of the respondents stated 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. However, there was a large amount of debate and disagreement about this point, as others do not believe that a degree education is linked to an increase in maturity level. In fact, degree graduates may be less prepared for the work force, because they will only have four years of schooling as opposed to the current system where many people attend school for seven years to obtain both a degree and a diploma. 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 such as the move to evidence-based health care, the increasing complexity of healthcare issues and standards of quality assurance. Similarly, a degree program could prepare RTs to deal with their changing role, which includes increased accountability, more high-risk procedures, in-depth didactic work, the use of high tech equipment, more therapy based care and communication with other health care professionals regarding patient care. There is also an increased need for research among RTs and this skill is seen to be lacking in the profession. It could be improved through university level programs teaching research methods and critical thinking skills.

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. Some of these issues include:

General Transition Issues:

- Whether current diploma RTs will be required to upgrade to a degree from a diploma or whether they will be “grandfathered” in to the new system
- Diploma vs. degree RT animosity and competition in the workplace
- Nationwide standards and barriers to employment for out of province RTs

Student and Staffing Issues:

- The increase in tuition costs for students
- A possible decrease in student enrollment to the RT program

- A shortage of RTs in the field due to a possible decrease in student enrollment to the RT program
- Cohort year with no RTs graduating possibly leading to shortages in the field
- Job competition and a saturated market for Respiratory Therapy due to a possible increase in student enrollment to the RT program
- The negative perception that a degree program will be more theory based and less hands-on
- Degree graduates unwilling to do shift work/higher quality of life expectations

Financial Issues:

- Whether hospital budgets can afford to pay increased salaries to RTs
- The negative perception of a salary cap for RTs with diplomas
- Where the funding for the move to a RT degree program will come from

According to those consulted, the Respiratory Therapy degree program should be a science or health science degree with specific, up-to-date courses for RTs, such as practice using technical skills and equipment like ventilators. It is also important to include clinical, hands-on training. Many RT stakeholders want the clinical aspect of the program to be expanded, as they believe that on-the-job learning is important for a technical profession like Respiratory Therapy. Expanding the clinical requirement for the program could also provide balance to the curriculum, which some fear will become too theoretical.

An optimal curriculum should be increased to include a variety of science and healthcare courses from physiology and patho-physiology to psychology and other social sciences to rehabilitation and disease processes. There should also be the option for elective courses in research skills, communication, ethics, the healthcare and legal systems, cultural diversity, practice guidelines, administration and management.

In order to develop the degree program, many RT stakeholders suggested that the CRTO review best practices and other models. They want to see that the College has made strategic and well-informed plans for the change. The College of Nurses of Ontario's recent move to a degree requirement for entry to practice is an obvious choice for review. The CNO's experiences could provide the CRTO with direction on what worked and what did not. The successes of the CNO's move to a degree could also be used to educate the RT membership and create buy-in, particularly as many of those consulted draw links between themselves and nurses and have cited the importance of keeping pace with the nursing profession.

While a review of the CNO model for best practices was a common suggestion, it does not necessarily mean that the CRTO membership want to replicate that

model. A variety of other possible models for the degree program were discussed including:

- A two stream system where students take a diploma or a degree depending on their career goals;
- Solely Respiratory Therapy based curriculum;
- Mixed curriculum with other health professions;
- Online or correspondence courses;
- Link with medical schools that already have labs; and
- Standardized degree schools across the province.

There was no clear consensus from the RTs 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 who were consulted using key informant interviews, focus group questionnaires and focus group discussions. 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. The membership is also enthusiastic about the potential for refining the curriculum for a new degree program and about expanding their knowledge base.

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, which has largely to do with professionals who are comfortable with the current system and do not see the need for and/or fear a change. Being aware of these concerns and potential oppositions allows the CRTO to develop a strategy for addressing them.

5.0 Recommendations

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 evaluation plan should be developed for this process.

The consultation process indicated that Respiratory Therapists, managers and employers generally support the move to a degree requirement for entry to practice. Those consulted are enthusiastic about the process and foresee a number of positive impacts.

The CRTO's "Blueprint" document calls for a full study to be conducted, including gathering information concerning other Colleges' experiences, a literature search, current status of degree initiatives and programs in RT, consultations with associations and regulators and consulting with a wide variety of stakeholders from schools to prospective students to other Ontario Health Colleges. 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.

The consultation process provided a number of differing and inconsistent opinions on whether the current diploma requirement affects patient care and health outcomes.

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.

The consultation process revealed that there are a variety of issues, concerns and questions regarding the move to a degree program from the membership.

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 programs in RT will help in the decision-making process.

The consultation process showed strong support and enthusiasm for a well-rounded and broad curriculum for a Respiratory Therapy degree program. Those consulted would like a strong focus on sciences in general, Respiratory Therapy techniques specifically and a wide range of electives. The CRTO membership also views clinical experience as highly important.

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.

The consultation process brought fourth a variety of suggestions and questions regarding models for delivering a degree program from those consulted. Some requested that research be conducted in to best practices and that the results of the research be shared with the CRTO 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.

The consultation process had strong attendance and support by those who were invited to participate. Many participants requested that they be kept informed and that the CRTO membership be further consulted on the issue of moving to a degree level entry to practice.

References

College of Respiratory Therapists of Ontario (2005). CRTO Professional Practice Guideline: Registration and Use of Title. Available online at: http://www.crto.on.ca/html/profpractguidelines.htm

College of Respiratory Therapists of Ontario (2004). Official Website. Available online at: www.crto.on.ca

Appendix A: Steps for Consultation Process

Steps for Collecting College of Respiratory Therapists of Ontario's (CRTO) Stakeholder Perspectives Regarding a Baccalaureate Degree Level Entry-to-practice for Respiratory Therapy

The purpose of this project is to consult stakeholders and gain a strong understanding of their perspectives on the issues associated with moving from a diploma to a degree for entry-to-practice in Respiratory Therapy. The research methods ensure that a maximum number of stakeholders have been consulted using appropriate methods. This allows the CRTO to better understand potential strengths and weaknesses of any change in entry-to-practice requirements and consider ways to ensure effective steps in implementing such a transition. Activities include:

1. Design focus group guides
2. Design and implement key informant interview guides for managers/employers
3. Organization of focus groups
4. Execution of focus groups
5. Data analysis of focus group and interview results
6. Draft report
7. Final Report
8. Presentation
9. Phase II of Research

1. Design Focus Group Guides. July 2005

Focus group question guides will be created by the Consultant for the CRTO's membership and RT managers/employers in consultation with the CRTO. A questionnaire will also be created to be distributed at the beginning of focus groups to participants for the purpose of soliciting participants individual/private opinions

2. Organization of Focus Groups. August 2005

Focus group dates and locations will be determined in consultation with the CRTO. CRTO will be responsible for initial communications about the focus groups to members and securing focus group sites across the province. HCA will organize the other logistics including refreshments. After receiving a contact list of potential participants, identified in appropriate categories (in consultation with the Consultant), HCA will attempt to confirm 10—15 participants for each focus group including representatives from selected categories.

Currently we anticipate focus groups for members in Ottawa, Toronto, London, Windsor and Sudbury.

3. **Execution of focus groups. September 2005**

HCA consultants will travel to approximately five focus group locales across the province. There will be five focus groups held with the CRTO membership. We will target participation by up to 5 different categories of members (this could include age, type of practice, and other factors as criteria). Participants who cannot attend in person because they are in remote areas, particularly in Northern Ontario, will take part in the focus groups via computer conferencing. A Focus group will also be held in French if required and/or we will ensure bilingual capacity in our Eastern Ontario and Northern Ontario work. HCA will document the minutes from focus groups.

4. **Design and implement key informant interviews. July-September, 2005**

HCA will create key informant interview guides for program managers/employers. HCA will organize and implement the research instrument in consultation with the CRTO. HCA would execute key informant interviews by phone for managers/employers in Toronto and Ottawa.

5. **Data analysis of focus group and interview results. October 2005**

HCA will analyze the data to extract themes that consistently appear and to relate the data to the objectives of the consultation process.

6. **Draft Report. October 2005**

HCA will create a draft report including results from focus groups and interviews. It will be sent to the CRTO for feedback.

7. **Final Report. November 2005**

After receiving feedback from the client, HCA will review the comments, make final changes and provide the report to the client.

8. **Presentation. October/November 2005**

A presentation summarizing HCA's findings will be provided to all interested stakeholders using a PowerPoint media tool.

9. **Phase II of Research beginning in January 2006 (pending approval).**

HCA will design and implement a survey questionnaire for CRTO membership. HCA will also consider the best methods with which to consult other stakeholders such as the public, RT employers and managers, relevant professional organizations, prospective students, government, health care professionals outside of RT and other relevant parties. HCA will develop and implement the research tools for these stakeholders. HCA will consult CRTO in all stages of Phase II. The work carried out in Phase 1 will inform the design and implementation of Phase II.

Appendix B: Key Informant Interview Report

Analysis of Key Informant Interviews for CRTO Consultation with Stakeholders Regarding Issues with Moving from a Diploma to a Degree Requirement

Harry Cummings and Associates Inc.

September 2005

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Acknowledgements

Harry Cummings and Associates would like to thank the participants of the key informant interviews whose insight to the issues explored is detailed here.

We would also like to thank Hema Vyas for her interview and analysis skills, which were instrumental in putting together this report.

Harry Cummings.

Analysis of Key Informant Interviews for CRTO Consultation with Stakeholders Regarding Issues with Moving from a Diploma to a Degree Requirement

Introduction

This document is a summary of findings from the key informant interviews with Respiratory Therapy managers and employers, (who themselves are respiratory therapists) and is one component of the College's consultation with stakeholders regarding issues associated with moving from a diploma to a degree requirement for entry into the profession. In all, twenty interviewees from across Ontario were randomly selected to participate in the interviews. Their responses to each of the questions are summarized in the following pages as well as in a final section that summarizes the responses and suggests possible questions for the focus groups (for the responses to each question see Appendices).

Profile of Respondents

All of the respondents currently work in hospitals except one who works in community care. They have been working in the field for an average of 23 years and were born, on average, in 1959. In total, 6 of 20 (30%) respondents have education beyond the RT diploma. There are 5 respondents who have undergraduate degrees. There is one respondent with a Master's degree, and another respondent who has completed a second diploma program. The majority of respondents were female, with four male respondents. Of the 20 respondents, 11 worked in the Greater Toronto Area.

Analysis by Question

Support for a proposal to change the requirement for entry to the profession from a diploma to a degree

The overwhelming majority of respondents demonstrated strong support for a proposal to move from a diploma to a degree requirement. They cited the following main reasons for their support:

- To better develop research and proposal skills
- To prepare RTs for moving to management
- To better develop RTs' critical thinking skills
- RTs who complete university degrees are more mature
- Everyone else in the allied health professions requires a degree; and
- RTs would earn greater respect in the health field

Many RTs mentioned that for them to move to management positions they must have degrees. A number of RTs mentioned that they have gone back to school for their degree to progress professionally. Also, there was much discussion around the increased research and critical thinking skills presently required for the position. Interviewees felt that a university degree would better prepare RTs in these skill sets. Managers also mentioned that they found university educated RTs to be more mature than their counterparts that entered the profession immediately after completing college.

Some RTs also mentioned that the rest of the allied health professions require a university degree and there is a need to ensure RTs match these requirements. They feel it is important to remain competitive in the hospital sector to ensure their interests are represented to administration.

Some comments include:

Yes, it is good to have a degree, many people have a degree and it helps to prepare RTs for management positions, it has come to the point where we are now a recognized field and need to be a degree program, like the RNs.

Yes, I have people that come in from high school and sometimes outshine those with degrees, but considering the health industry today everyone has a degree, 90% of the RTs already have a degree in kinesiology or other sciences and end up in RT, out of 14 in my department, a minimum of 10 have degrees.

Yes, watching people enter the field with degree, there is a different maturity. People who come out of the degree program have 7 years of post high school experience, as opposed to the diploma program. There is a difference in their ability to think critically, those coming out of a diploma program are technically strong but have less developed communication skills. Those with a university background can research topics and write well.

…RTs are very bright, high spirited and energetic. They are excellent problem solvers, and educators. However, you will find nurses fill the majority of all Educator positions, yet they ask the RTs for expertise on airway management and other areas we know well.

There was some concern around how qualified respiratory therapists would be affected by a new degree requirement. In all, two RTs mentioned that they would like to ensure that current RTs would be able to upgrade their skills if a proposal to change education requirements were implemented:

Depending on the rationale behind it, I see a reason for it but have not been subject to discussion for it. I would want to know how it is handled for those who don't have a degree, I would support it if there was good supporting data as to the value for it and a good outline as to how to handle grandfathering.

However, as previously stated, most interviewees strongly supported a move to a degree requirement.

Whether current RT requirement for a diploma as opposed to a degree currently affect the delivery of health services or patient outcomes

Of the interviewees, nine said that the current diploma requirement currently negatively affects the delivery of health services. Some mentioned that it affects RTs' credibility and therefore affects their ability to do their job. Others mentioned that the RT field has expanded to include responsibilities such as project management, communication skills and research skills and that university graduates would be better equipped to perform them. There was also concern that a lack of a university degree limits their future promotions in the profession.

However, the majority of respondents believe that diploma graduates have excellent technical skills and perform their jobs well so that present requirements do not affect the delivery of health services or patient outcomes.

Whether changes in the health care system or respiratory therapy require a change in education requirements

Approximately three-quarters of interviewees believe that changes in the health care system and RT require the move from a diploma to a degree. They are concerned that the lack of a degree requirement affects RTs' ability to participate in research projects. Others mention the gradual professional shift of RTs from a technical to a therapeutic role in hospitals means they need greater critical thinking skills. Many also mention pressures from other parties in health care that place greater emphasis on degrees.

Interviewees are concerned that diploma graduates do not have a broader perspective of health care but have a strong technical knowledge of respiratory therapy. They feel that earning a degree would give RTs the opportunity to examine other aspects of health care such as legislation and management. The managers believe that without the specialization involved in obtaining a degree the profession is threatened as nursing or another profession could take over RT responsibilities.

Those who do not believe the change is required often state that RT candidates should earn degrees to ensure they are not limited in career opportunities that include management positions. Of great concern was maintaining equality with the nursing profession, which has recently moved to a degree requirement.

Changes RTs think we would see in the profession and health care if the requirement changed from a diploma to a degree

Only one person said that they felt there would not be any changes in the profession if there were a change from the diploma to the degree requirement. Almost half of RTs believe that a degree requirement would lead to greater opportunities in middle and senior management. An individual pointed out, though, that a degree requirement may create a situation where many people enter the field wanting to be managers and few desire to remain as therapists. Others pointed out that an increase in RTs at the management level would positively affect hospital and government policy to be more favorable to the profession. Responses include:

More people are pursuing different management positions, throughout hospitals - for instance utilization, risk management. The requirement for these jobs typically ask for a nursing degree - that could change to include a respiratory degree so there could be more positions available to RTs.

RTs would be more recognized in health care globally, more RTs would be in supervisory, management and directorate positions, they would have the opportunity to expand on education in terms of postgraduate degree programs.

Respect for the profession - territorial issues are going on in the hospital and each area is vital, but sometimes all you hear about is nursing…

The profession would grow in level of services delivered; provide standards of care that are different than delivered now…

Equality of salary grid and level playing field with peer groups such as nursing and other allied health disciplines such as physiotherapy.

Some participants mentioned that a change in requirement would result in greater respect for the profession in the hospital environment. They placed a strong value on the increased respect. Others mentioned that a degree requirement would raise standards in the profession, which would result in an expanded role for RTs in hospitals. In particular, they noted that RTs could play a greater role in research with degree qualifications. A couple of respondents mentioned that RTs would have and/or achieve greater salary expectations. Another individual mentioned that a degree requirement would result in recent RT graduates that are more motivated and serious about the profession they are about to enter.

The credibility of the RT profession and whether it is currently affected by its diploma requirement

The majority of interview participants felt that the profession's credibility is negatively affected by its diploma requirement. Most who expressed this perspective say that all other allied health professionals require a degree except RTs. There was also strong concern regarding nurses and their perceived strong influence in hospitals. It is believed that if RTs move to a degree requirement they will be able to compete with the influence of the nursing profession, which they say has recently moved to a degree requirement. Many also felt that society generally values a degree more strongly than a diploma and that this affects how they are perceived as professionals.

Approximately one-quarter of participants said that the RT profession is strongly respected and not affected by their diploma requirement. An interviewee mentioned that many people might not be aware that the RT requirement is a diploma and not a degree. Another mentioned the strong value that people have for the practical skills RTs gain in college.

Financial impact of requirement change

Throughout the interviews the perceived financial impact of an educational requirement change was a point of inconsistency. Some interviewees felt their wages were already on par with allied professionals while others did not. There appears to be variation across the province regarding wage scales. Some felt that if wage scales were based on education then RTs would not be paid as much as their non-RT colleagues. In general, most felt that with an increase in education requirements, people would demand an increase in wages.

Type of degree

The respondents felt that an RT degree should include health sciences as well as the present components of the RT diploma program. Some also felt that a degree program should include management, research and communication training as well as an examination of broader health sector issues.

Whether a change in requirement would affect the decision to enter the RT field

The respondents believed that a change in requirement would affect people's decisions to enter the field. Approximately fifty percent, or ten, of the interviewees responded to this question and six of those believed it would affect the decision with two undecided and/or without comment. Some felt that candidates would consider the cost of a university compared to college education in making their decision. Others felt that a college program is perceived as easier to gain entry to or an easier path through which to enter a career in the

hospital. Lastly, a person who answered in the negative to this question felt that many people who enter the profession already have a degree so it would not make a difference.

Conclusion

The key informant interviews, executed and analysed by Harry Cummings and Associates for the College of Respiratory Therapists of Ontario, describes the reactions of RT employers and managers across the province regarding a move from a diploma to a degree requirement for entry into the profession. It is the first stage of a two-stage consultation with stakeholders regarding the issue.

This document reports on the perspectives employers and managers shared in telephone interviews with HCA. The analysis demonstrates strong and consistent support for a move from a diploma to a degree requirement. Employers and managers across the province believe, for the most part, that the respiratory therapy profession must progress alongside other allied health professions in their education requirements. In particular, they are concerned that they must compete with the nursing profession, which has recently moved to a degree requirement, for the representation of their interests in the health sector. Many also feel that a university degree would better prepare RTs to participate in research as well as ensuring they meet a basic qualification for management positions. Managers mentioned there has been a shift in RTs' role from technical to therapeutic over the years that require greater educational preparedness. The majority of interviewees also feel that the lack of a university requirement negatively affects their profession's credibility.

An interesting point of inconsistency throughout the interviews was managers' perspectives on salaries. Many believed that their salaries were competitive with other allied health professionals while others felt strongly in contradiction.

The focus groups offer an interesting opportunity to further explore the perspectives of CRTO members regarding a move from a diploma to a degree requirement for entry to the profession. Some suggested issues to explore include whether RTs:

- support a move from a diploma to a degree requirement and why;
- feel that a degree requirement would have an impact on their salary;
- feel they are missing out on opportunities in progressive positions due to the diploma requirement;
- are effectively participating in research opportunities;
- feel that a change in degree requirement would impact them and, if so, how;
- believe they have less influence in the health sector due to the diploma requirement; and
- can describe the type of degree future RTs should earn.

Appendix C: Key Informant Interview Guide

Introduction to Key Informant Interviews

The consulting firm of Harry Cummings and Associates (HCA) has been engaged by the College of Respiratory Therapists of Ontario (CRTO) to consult stakeholders regarding the issues associated with moving from a diploma to a degree for entry-to-practice in Respiratory Therapy. As part of the review, HCA is conducting key informant interviews with RT employers and managers across Ontario. You have been selected to participate in the key informant interview process. We thank you in anticipation for your participation.

Participation in the interview is completely voluntary. Any information provided will be kept confidential and will be used solely for the purpose of the consultation process. All findings will be presented in aggregate form and attributed to CRTO key informant interviews across Ontario, not to any individual.

Questions for CRTO Key Informant Interviews

Introductory/background questions

Explain your background with respect to the respiratory therapy field. What qualifications do you have in the field? When did you start to work in the field?

What positions have you held that relate to respiratory therapy? What organizations have you worked with in the RT field?

What position do you hold right now?

Questions Regarding Qualification Process

Would you support a proposal to change the requirement for entry to the profession from a diploma to a degree? Why? Why not?

Do you think the RT requirement for a diploma as opposed to a degree currently affects the delivery of health services or patient outcomes? How?

Have there been any changes in healthcare and respiratory therapy in general that would require the move from a diploma to a degree requirement?

What changes do you think we would see in the RT profession and health care if the RT requirement changed from a diploma to a degree?

Do you think the credibility of the RT profession is currently affected by its diploma requirement? Please explain your response.

Additional Questions

Do you think there would be a financial impact on employers and the public if there were a move from a diploma to a degree program?

What type of degree do you feel would be most appropriate for RTs if there is a move from a diploma to a degree program?

Do you think that having a diploma requirement as opposed to a degree requirement affects people's decisions as to whether to enter the profession? How?

Demographic Profile

This section gives us a better understanding of the profile of all respondents. If you do not want to answer any of these questions, you do not have to.

1. How many years have you been in practice?

2. In what year were you born?

3. What post-secondary programs have you completed?

(Name of institution, program completed, year completed)

3. Indicate respondent's gender:

4. Indicate respondent's place of work postal code.

Concluding of Interview

Do you have any questions?

Please provide us with your e-mail address so we can send you our record of your responses. This will give you the opportunity to make any clarifications.

Pending approval by Council, the report's summary, to be completed by the beginning of 2006, will be posted on the CRTO website.

Thank you for your taking the time to share your perspectives on this issue.

Appendix D: Key Informant Interview Responses

Key Informant Interview Question 1:

Support for move from Diploma to Degree Requirement

In favor of moving from diploma to degree

Yes, it's good to have a degree, lots of people have a degree and it helps to prepare RTs for management positions, it has come to the point where we are now a recognized field and need to be a degree program, like the RNs.

Yes, a degree requirement would create an RT better prepared to write proposals and participate in research activities and critically evaluate research studies as well as better understand ongoing and management issues.

Some colleges now have a degree requirement when students graduate they have a degree (BSc), Yes, a lot of students already have an undergraduate degree and are going into RT. I think education is very important and it prepares them better to get into field and they are more mature and with thought processes that are better once they have gone through undergraduate courses with discipline and all that is required.

Yes, I have people that come in from high school and sometimes outshine those with degrees, but considering the health industry today everyone has a degree, 90% of the RTs already have a degree in kinesiology or other sciences and end up in RT, out of 14 in my department, a minimum of 10 have degrees.

Absolutely, in health care, everything is now degree for entry to practice. RT is making strides in their role and becoming more accountable and doing high risk procedures, moving from a diploma to a degree would give them more credibility and expand role from technical. Would also keep pay scales in sync RTs support nursing but seen as below even though RTs are on par or a level up, RTs critical thinking is beyond a technical role.

Would support a concurrent model, a university education with the critical thinking piece is enhanced, research problem-solving included in university education, Focus is wider with a university degree.

Yes, it would bring more respect to the field.

Absolutely, in health care, everything is now degree for entry to practice. RT is making strides in their role and becoming more accountable and doing high risk procedures, moving from a diploma to a degree would give them more credibility and expand role from technical. Would also keep pay scales in sync RTs support nursing but seen as below even though RTs are on par or a level

up, RTs critical thinking is beyond a technical role.
Yes, if there were some stipulations for current RTs to be able to upgrade their qualifications to obtain that degree. There is a different level of professional respect or acceptance of those that have degrees, not diplomas, they look better educated.

Yes, watching people enter the field with degree, there is a different maturity. People who come out of the degree program have 7 years of post high school experience, as opposed to the diploma program. There is a difference in their ability to think critically, those coming out of a diploma program are technically strong but have less developed communication skills. Those with a university background can research topics and write well.

Yes, the workplace and depth and didactic work as well as the theory and intense internships warrant a degree program. Employers are looking for degrees for RTs now; RN has gone to a degree program. I am working on my degree for my position, since I have to complete a degree to be in management.

Yes, it is in the process of being required by everybody else in health care professions. I feel it would be beneficial to require degrees to open doors in the way of future positions. If you have a degree can you can get a Masters, with a college diploma it is difficult to pursue any graduate schooling. We learned a lot in college, it is an excellent program, but a degree would give us the credibility along with nursing.

Yes, a lot of us already have degrees before coming into the program, so the profession is already is attracting that type of person, A degree requirement would increase professional respect from other allied health professions, Especially when moving into community hospitals, also degree programs ensure research based practices become more focused, RTs approach practice with a more academic perspective with a degree.

Yes, as a member of the allied health professionals, I think it is standard across disciplines that they require a degree or a master's program. It would bring us in line with other health care professionals. The demands from the professionals within healthcare require the additional skills and knowledge one would gain from a degree.

Yes, I wish we had started this over 10 years ago, when nursing started to raise the flag about degrees. We should have been on board then. RTs can be instrumental in developing new and improved methods of patient care. Degrees will contribute to RTs' ability to problem solve, think and be self-directed. University education makes people look for information and gives them problem-solving skills. We have catching up to do, physiotherapy and diagnostic imaging have a degree requirement, if we don't we will go to the field

of technician. The Respiratory Therapy Program is thorough and contains a great deal of information to absorb in a three-year period. I do not think that blending this program into a degree program would be difficult or intimidating to people originally seeking a College Diploma. I have spoken to many nursing colleagues who claim that their syllabus was much less difficult than our RT program, yet they have the freedom, respect and mobility in their nursing field not shared by RTs, I would very much like to see our program Degree driven, and would be the first to sign up to convert my diploma to a degree level. Please note that I am an exception in the Management field, as most require a Masters degree. I am worried the RTs will be shut out of future management positions, and limited within the medical institutions, should they desire to seek professional growth. RTs are very bright, high spirited and energetic. They are excellent problem solvers, and educators. However, you will find nurses fill the majority of all Educator positions, yet they ask the RTs for expertise on airway management and other areas we know well.

Yes, I think the discipline around a degree program would be beneficial to the profession. It would also ensure equality with other professions in allied health. There is minimal difference in the complexity and academia of the learning and training, therefore credentialing should not be different.

Yes, to make the job market competitive and to have the graduates of the program become more portable in other jobs within RT including getting into management. Often for management positions they look for a degree (right now I don't have a degree but have to get one to maintain my management position).

Yes, RTs are in the position now that in order to compete with other health care professionals we need a degree.

Unsure of moving from a diploma to a degree
Depending on the rationale behind it, I see a reason for it but have not been subject to discussion for it. I would want to know how it is handled for those who don't have a degree, I would support it if there was good supporting data as to the value for it and a good outline as to how to handle grandfathering.
I have mixed feelings about this. I know that it is an area we should be going to, but have seen the headaches of other areas that have gone to that. Degree holders often don't want to get their hands dirty in their work. I don't want RTs to go to two tier degree and diploma levels like the US, but the RNs are going in that direction. I am supportive but wary of the ramifications of a degree requirement. Also, how would you support RTs from out of province who have a diploma requirement? If everyone across Canada had a degree requirement, that would be fabulous, but what barriers will you create if that is not the case. Ontario would have what others do not, are we trying to create an elitist type group or a supportive environment?

Key Informant Interview Question 2:

Do you think the RT requirement for a diploma as opposed to a degree currently affects the delivery of health services or patient outcomes? How?

Yes

Yes, RTs would be more well rounded and disciplined and the bar would go up a little bit with a degree. Don't think there is a direct correlation between diploma requirement and patient outcomes. That depends on the individual, some are very bright out of a diploma program, but that is more the exception than the rule.

Yes, the requirement affects the degree of service delivery and interferes with the ability to take on extra responsibility. RTs are looked at with less credibility since people see you don't have to have a degree, they feel you do not have the knowledge base so it limits growth and exposure in RT career paths.

In the long-term it can because it affects where the profession can go, if only looking at tasks then not necessarily.

To a certain degree, the diploma graduate is well equipped with technical skills but there is so much more on the job to do with communication now, including discharging patients, a more consultative role and being involved in the continuum of patient care.

We are going from a technical to didactic and clinical profession.

Yes, because the health care field requires much more quality assurance, outcomes analysis, efficiencies and project management skills and those kinds of skills sets and knowledge is better gained from a degree.

What I find is that since we have a broad mix of university and non-university RTs, the university degree graduates feel privileged and feel they do not have to do certain tasks. They should not feel this way since it is all tasks are in their scope of practice. People with diplomas are highly skilled but lack the ability to be open to new ideas and write well. Written communication is sometimes deplorable, with poor spelling. They do not review what they are signing, fail to document well. We need more education in those areas, but regarding delivery of care, I have not really noticed a significant difference. University educated RTs are more helpful with applying research and other skills. With college educated RTs some are self directed but they are a little less mature and less proactive.

I am not convinced that this would have a direct affect on the quality of patient care. I have had experience with both diploma and degree nurses and diploma

nurses provide the same excellent patient care. But as far as overall outcomes in health service delivery, I do believe that there would be risk of suffering due to a lack of focus on evidenced based practice, the importance of research outcome based results and academic learning as a life long goal. The lack of degree will most certainly present a barrier to respiratory therapists in achieving advanced practice and/or leadership positions.

No

No, absolutely not.

No, the RTs are in the field with 3 years of in-depth training, they provide good health care.

No, we have a combination of RTs with degrees and diplomas and I cannot pick out who has a degree. An RT with a degree does not necessarily have better skills than an RT with a diploma. When I look into the future, those with degrees have more opportunities. RTs with degrees can also be managers, which is previously the domain of nurses. Many management positions require degrees and have evolved through the nursing group, now other allied health people can apply for these positions. There have been missed opportunities due to lack of a degree. Some RTs are disappointed due to lack of promotion because of lack of a degree, including research positions. My pay is less since I do not have a degree, even though I have similar responsibilities to positions that require a degree.

No, not entering an RT shortage yet but will in a few years, have enough RTs to perform at this moment in time but that will change in the next few years, Unless there are articulate RTs who can negotiate their numbers as the shortage progresses some RTs will not be replaced.

No, we have registered standards for all RTs; maybe degree people have in-depth knowledge of molecular structures.

No, the RTs currently coming out are qualified to provide quality of care currently required.

No, the degree piece is more credential and more learning you invest in and adds breadth to academic piece and diploma holders learn about health delivery itself.

No, if the program were changed to a degree there would be more emphasis on critical therapy and less on hands on practice, a degree should ensure that it improves patient outcomes, Current RTs are providing outstanding patient care

No, don't need a degree to perform the RT position, but having a degree broadens our abilities - handy for management positions, getting a Master's. I believe people coming out of college are as well equipped as anyone with a degree.

No, it is like any kind of trade, it is very hands on and we learn what we need to know to be safe to practice.

No, the didactic part of the program whether in degree or diploma is the same; the clinical experience is where you acquire all skills. You will have that clinical experience within a diploma or a degree, so the outcome of patient care is how well you did in your clinical year and placement.

No but the equipment is far more sophisticated so we need to have higher education and need more administrative type skills for situations that that front line RTs are required to deal with. I was trained in the 1970s, so we don't get same training as RTs get now, they have a far broader knowledge level. RTs are multi-taskers. In health care, we are wary of risk management and the litigious nature around hospitals.

Key Informant Interview Question 3:

Have there been any changes in healthcare and respiratory therapy in general that would require the move from a diploma to a degree?

Yes

Yes, program management means that many former management activities have been shifted to staff level. Many are ill prepared for this., Hospital management degree would be helpful as many more RTs are involved in research and should be, Conducting research is difficult without a degree. Most RTs that participate in research now are collecting data or following protocols set by others. A degree or better yet graduate prepared RT can write their own proposals, obtain funding and disseminate original RT research. , RTs participate in a lot of professional development, and interprofessional education at an undergrad and graduate level. A degree would be helpful to understand what these other professions are doing.

Demand on therapist for thinking process is very great so the degree program would prepare them more adequately for the work environment.

We have a very proactive profession and don't require physician directives, Changes would be that if we are moving ahead the OHA, OMA, the Ministry is looking for specialists, they expect them to have their degrees, and we know they are knowledgeable.

RTs have gone from a very technical role to a very therapeutic one. RTs do lots of critical thinking and make decisions making that are different, even in last 5 years. Some roles are more physician based, where RTs need more credibility. University would make it a specialty, like a diploma in nursing is a technical nurse, seen as a lower level than nursing, which requires a degree.

In general the bar has been raised and most in the health sciences professions has gone to university for a bachelor or master's, if as a profession you want to keep pace with your peers then you have to be moving in that direction, What we are expected to do and the complexity of care, legalities and liabilities are more complex than 20 years ago; with a university background, we are better able to move through the profession.

RTs have gone from a very technical role to a very therapeutic one. RTs do lots of critical thinking and make decisions making that are different, even in last 5 years. Some roles are more physician based, where RTs need more credibility. University would make it a specialty, like a diploma in nursing is a technical nurse, seen as a lower level than nursing, which requires a degree.

There has been an increased need for understanding legalities and legislation that have come up over the past few years, including the Health Privacy Act and the Health Abuse Act; a university curriculum would give students time to focus on legalities, health care in general with these new acts.

RT was once focused on providing treatment but therapy and treatment has now branched out to be more than knob-turning and become more involved in communicating with team members, government and patients.

We would see more opportunities for RTs, in executive management and leadership within hospitals. If there are any respect issues, that relative to a diploma to a degree, RTs will be seen as on the same level. Pay would become an issue.

I think if you plan to go into management it would be helpful to have a degree, mostly to learn structure of writing and communication that you would get through writing papers and that sort of thing. It gives you a better understanding to perform duties such as spreadsheets and memos.

In the sense that there have been health care cutbacks, if the RT profession is going to be sustainable we should have degree. There is nothing unique to our scope of practice that nursing could not do, potentially could be that RT roles would be lost and taken over, as we try to move ourselves into specialty niches we need the degree to hold our weight, need the degree as a basis to continue education such as a Master's.

There is an increased involvement with research. We see RTs becoming more involved in other management positions outside of the RT field.

Currently RTs are involved in intubation and other skills that were formally provided by physicians. RTs are the first to attend a code. Physicians are coming a little later, so RTs need to be able to think of the whole picture, our skills set has increased and so should our rationale and understanding of why we are doing what we are doing.

Yes, there has been a renewed focus on the necessity of on-going clinical education, life long learning and ability to navigate the research world as it applies to patient care. We have just introduced a RT Clinical Educator position and we were successful in defining it as a mandatory degree position. There are also increasing opportunities for advanced skills for RTs where credentialing is an important foundation. RT has evolved from task oriented patient care to complex analysis and critical decision making in highly acute patient situations. Again, the changes in health care leadership have opened doors for experienced RTs to be considered for non-traditional positions, but most, if not all, require a baccalaureate or masters' prepared person.

No

No, not in health care, the change is for movement of career position.

No, RTs have established themselves over the past few years, their identity and value, a degree program will allow them to go further, possibly to administrative positions.

Don't think so, it depends on the area they are working (i.e. admin roles), my experience has been with people coming out with a diploma, not a degree so I can't compare.

Other than the fact that RTs are measured against nursing a fair bit and nursing has gone to degree, not really.

The only thing is that for entrance into higher classification jobs such as charge or management position you often need a degree. Health care wise the work does not require you to have a degree.

No but the equipment is far more sophisticated so we need to have higher education and need more administrative type skills for situations that that front line RTs are required to deal with. I was trained in the 1970s, so we don't get same training as RTs get now, they have a far broader knowledge level. RTs are multi-taskers. In health care, we are wary of risk management and the litigious nature around hospitals.

Key Informant Interview Question 4:

Changes RTs think we would see in the profession and health care if the requirement changed from a diploma to a degree

None

None, won't see too many changes, although many RTs have already gone to university.

More RTs in management positions.

Don't know that there would be a lot, more RTs in higher positions in health care management, since a degree is necessary to forward your self.

More RTs will be able to reach middle or senior management level, most management positions are now held out for nursing, either with Master's preferred or requiring bachelor's degree, because we have few RTs at middle management level, these positions always go to nursing or medicine since nobody at that level.

We will see more RTs at the ministry level in more administrative type positions and RTs would bring their knowledge to case mgmt. They will use their specific skills in more generalist positions. I don't think people understand that our biggest value is our critical care knowledge and expertise in acute care hospitals. However, if RTs went to work for ministry with acute care experience then they would bring another piece that is missing from ministry level now.

Potential of more opportunities on a broader basis on just RT, clinical educator roles, more than respiratory related. Don't know what else degree piece would bring, Qualifications after your name do carry weight, there would be different weighting over time for those who do and do not have a degree, Do not want to get left behind, Degree adds to perception of value.

RTs would be more recognized in health care globally, more RTs would be in supervisory, management and directorate positions, and they would have the opportunity to expand on education in terms of postgraduate degree programs.

We are respected in the job that we do. Relative to overlap functions in nursing there may be more opportunities for RTs through a degree program for equal status.

More people are pursuing different management positions, throughout hospitals - for instance utilization, risk management. The requirement for these jobs typically ask for a nursing degree; that could change to include a respiratory degree so there could be more positions available to RTs.

Firstly, HR departments look at job requirements when determining job scales or to determine what job class the RT profession sits in. As well, there would be increased opportunities for RTs in progressive positions e.g. administration, management, research which often require as a minimum a degree program.

As Indicated in my first answer, the things I have seen at this facility have made me wary of a change in requirement. To advance our careers we need higher skill levels, but too many people would want to be managers and therefore we would not have enough people content to be therapists. It would be a sad situation if the only reason they recognize us is only because we have a degree and not the for the RT profession. The politics of program management has harmed the profession and not a lack of degree.

More respect for the profession

RT would be a more respected profession. Most if not all have an undergrad degree, patient care and professionalism would more than likely improve since they will be more prepared with strong thinking processes. More and more the profession is more complicated, with new modes of treatment, ventilators are more complicated, new concepts are coming out that involve RT are more advanced and require more detailed thinking ability.

Respect for the profession - territorial issues are going on in the hospital and each area is vital, but sometimes all you hear about is nursing. Nurses are going to a degree and that is giving them the power to expect more and be seen as highly skilled. RTs are seen as only having a college education, eventually they will separate professions from degree to non-degree so that it affects our perceived worthiness, and the field will suffer.

We would raise our profile amongst the health care team and ourselves. I think those who we do communicate with on a daily basis realize and continue to realize that we are a diploma requirement for practice so we have little experience in research. Changing to a university requirement would raise our profile and raise the respect we get a level more.

Growth in tasks

Not a lot immediately, In the future, if the physicians could maintain salaries and have RTs do some of their work then it could decrease wait times, the only thing standing in the way of change is the way the physicians are paid, a lot of the work could be done by an RT.

The profession would grow in level of services delivered; provide standards of care that are different than delivered now. Social workers are designated to units

while RTs are over the whole hospital, if we could set a better standard, then we could have growth in professional roles and responsibilities and recognition.

RTs would be better positioned to move into better areas of health care and supporting occupations, Ability to be involved at a research level and program level would be enhanced, Ability to apply knowledge and best practices.

You would see people interested and committed to their profession, as opposed to people who go into the profession for financial reasons and a better combination of people who are skilled and can sustain the profession. With a base of academia behind them, the profession can be more research based and outside the box and RTs can participate in research, see better financial remuneration, especially in unionized environments.

Raised salary

Expectations for salary would be higher.

Equality of salary grid and level playing field with peer groups such as nursing and other allied health disciplines such as physiotherapy. From a patient care perspective, there should be no difference to the level of knowledge base and duration of training that is required for these disciplines. In fact, in our own facility, many RTs carry certification in advanced skills and manage medical directives, which are similar or greater responsibility than our nursing colleagues. I believe there would also be benefits seen in recruitment into respiratory therapy profession. In this world where a degree is important for career pursuit, this would make the field more attractive.

More motivated RTs

Probably. We would have motivated applicants who are more serious about the program, better outcomes with the rate of graduates, now we don't have a good graduation rate, maybe because they don't know what they are getting into. A degree program may make the student be more serious about the course.

Key Informant Interview Question 5:

The credibility of the RT profession and whether it is currently affected by its diploma requirement

Yes

Yes, a bit, the fact that a degree program is more credible than a diploma program for advancement in field.

Yes, same reason, RTs are overlooked for management positions due to lack of degree, RT salary profiles have been hindered significantly since not having a degree requirement. In a non-union setting, roles are evaluated based on education, responsibility, impact of errors and others. Education holds us back. In a unionized setting, there are technical scales and therapist scales. Most RTs are on a technical wage scale due to the historic technical nature of the job and lack of degree.

I think so, when other professions realize that people have an undergrad degree for clinical environment, it would be a move in a positive way. If nurses are going to a degree program then we definitely should stay in stride.

Yes, the role of the RT differs between organizations, in some places still a very technical role, if one graduated when the role was very technical then that is where their career role stayed. If you were in a role in more critical thinking then your career expands. The variance in RT professionals affects credibility.

Yes, I do. Basically, looking at the direction of health care and decisions that have been made, We are one of the only health professions with a diploma.

Maybe, to a degree, don't know and no evidence that it is so. Physiotherapy, OT, social work and other allied health professions are degree programs as well as nursing, There could be a perception that degree is of more value than diploma so perceived abilities could be affected.

Yes, in general a college education is not seen to be as valued as a university education, the degree program would give a better theoretical grounding for RTs.

It could be helped if we were a degree-based program in terms of day-to-day working with peers. Nobody looks down on RTs but we are now the only health profession on our team that does not have a degree requirement, PT, OT and nursing all do.

Yes, people who have a degree and are in RT often feel the need to qualify that they have a degree although the RT requirement is a diploma.

Yes, we are seen as not having the same kind of qualifications as allied health professions and now as nursing. There is a perception that we are less trained. RT has had an uphill battle to achieve the recognition for us that we are equal to the nursing profession when it comes to knowledge, scope of practice, necessity for acute patient care, etc. With nursing now a degree program, we will lag behind and there will continue to be an uphill battle for RT to be accepted on the same essential caregiver level as nursing.

It is becoming so over the next year, because nursing has gone with a degree requirement. It makes it more credible if we are all degree programs.

My concern is the credibility of the RTs have diminished remarkably, not sure if this is because RTs are not politically active or for lack of degree. The nurses control everything through nursing administration - their limited knowledge of the profession has diminished the status of RTs. It is an uphill battle for me, I report to a nurse, but she has some background knowledge of RTs, the previous manager had no RT experience and the whole department had deteriorated remarkably. It is a political situation, and not due to lack of credential.

Yes, if we had a degree program we would be more credible, nobody questions a degree. It is our ticket in the door, if that is the power we need we should grasp at it, higher education is a must in our society.

No

No, a certain amount of transition being felt in 20th and 21st century , people with strong skills are from the old system, degrees do not require clinical experience so some professionals are coming in who have not looked after a patient, we don't want to jeopardize the clinical aspect.

No, the role of the RT and its responsibility and are acknowledged as having a wealth of knowledge, some RTs have gone to university and some have not, their nature and roles are enormous already.

No, the current requirement has not held us back, we are still seeing advances and expansion in the RT role, it is a well-respected field and RTs are given all sorts of opportunities to expand and increase their roles.

No, not at this moment. Many people don't know the role of an RT and scope of practice. People probably assume we have a degree since all other allied health professions do. This is a tricky question, we are at par with nursing and other health professions. We are valued as clinicians and recognized; skills are recognized in terms of pay, not having a degree does not impact on delivery of clinical care.

We are respected in the job that we do. Relative to overlap functions in nursing there may be more opportunities for RTs through a degree program for equal status.

No, but I think it will in time, not everyone has moved to a degree program yet but everyone seems to be moving in that direction.

Not necessarily, I think we are doing ok, but could do better if aligned with other requirements in health care professions. RTs are appreciated / recognized for their knowledge and abilities whether they have a degree or diploma.

Key Informant Interview Question 6:

Potential Financial Impact on Employers

Yes

It has already happened with nursing, the Ministry has doubled salaries for nurses, The more qualifications you get the more you expect to be paid, it is on-going that way, The degree will justify to the public the amount of money given to hospitals.

RTs are struggling to keep up with other professionals, always lobbying with parity for nursing, other things are driving that, nursing going to a bachelor will affect everyone else.

Yes, that has happened with everybody. People who take the time to go to university have salary expectations and expectations of certain jobs they want. They might want to be a manager and those positions are not necessarily available or created. Another question – how do we keep university-educated RTs interested? Is it going to be intellectually challenging for them when they can't move beyond the frontline? How do I use the qualifications they now have as a manager? We really need frontline workers and people who will do shift work. University graduates don't want to work shifts.

I think there would be a modest change.

Yes, employers will need to even out salaries with other professionals and they may need to get more government funding.

No

Don't think the cost in salaries will increase at all, RTs make the same as PTs and Ots.

No, we are already comparable to nursing and they already have degrees.

No, we already have a lot of people with degrees, a good percentage of RTs have degrees in non-related fields. If there is, and where there has been disparity between nursing and RT wages, it has become a point of negotiation for unions to advocate for RT wages same as nursing. However, the risk now is, If given a clear reason to separate the wage ranges, eg. Nursing now a degree program, RT is diploma, there will not be equal pay opportunities. This will ultimately affect the ability to recruit excellent practitioners. Our pay scale is currently within reach of the allied professions. In hospitals where they have banded pay scales specifically to education requirements, it would affect us.

Key Informant Interview Question 7:

Type of degree

Health science

Science background degree, maybe kinesiology combination, should be some emphasis on communication, probably some paper writing, research.

A degree in RT should include elements of basic management skills, education and science.

Science, blended together with RT.

Concurrent degree with specific RT courses and arts and sciences.

Basically, all that they are doing now in the college program, probably more research, more health management issues like what is happening in the broader health sector, proposal writing.

Key Informant Interview Question 8:

Whether a change in requirement would affect the decision to enter the RT field

Yes

It might, it depends on the cost of university vs. college, that would be sad.

Probably as far as cost is concerned, college is cheaper and that may affect people's choices.

Probably, college programs are less expensive, although the college program is very hard and I was studying with people who have degrees. They said they worked harder in the RT program than the university degree program, but university taught them how to research, whereas college gives them the information they need to absorb. Sometimes we did not understand the why behind theory, degrees would encourage more confidence, allow RTs to dialogue effectively with experts in their field, and keep skill levels high.

It would, the same as nursing or anything else, people would think again about going in but the public will feel more secure knowing that their RT has a degree.

Yes, due to the diploma we get a lot more high school graduates applying since they are looking for something to get into the hospital but I feel you need the maturity to be RT which is rarely seen in high school graduates.

Yes, generally colleges are seen as easier to get into, global mentality is that college education is functional but university is seen as all theory.

No

No

No, I don't think so but so many RTs have their degree already.

Don't know

Don't know how to answer that, it might, if you require a higher grade point average, although some colleges already demand higher grade point averages, with the generation coming up, university is ingrained as a goal.

No comment.

Appendix E: Focus Group Questionnaire Instrument

CRTO Focus Group Questionnaire

1. Should the requirement for entry into the field be changed to a degree from a diploma? Why or why not?

2. If there were to be a change, what potential impacts do you anticipate?

3. What changes are taking place in the work of RTs that suggest the requirement for a degree? (i.e., expansion of the scope of practice; change in the competencies for the profession)

4. Do you think the RT requirement for a diploma as opposed to a degree currently affects the delivery of health services or patient outcomes? How?

5. What should be emphasized in a degree program?

6. What general advice do you have for the College on this issue?

Your profile

These questions are used to describe the general characteristics of respondents. Feel free to skip any questions you feel are not appropriate.

7. Gender M ☐ F ☐

8. In what year were you born? _____

9. Degree attained _____

10. Year granted _____

11. Academic institution _____

12. Community of residence _____

13. Type of respiratory practice _____

14. How many respiratory therapists work with you in your office ?_____

15. How many support staff work on a full and part time basis in your office?
Full-Time _____
Part-Time_____

16. Number of years in practice _____yrs

17. Do you have any other comments?

_____

_____

_____

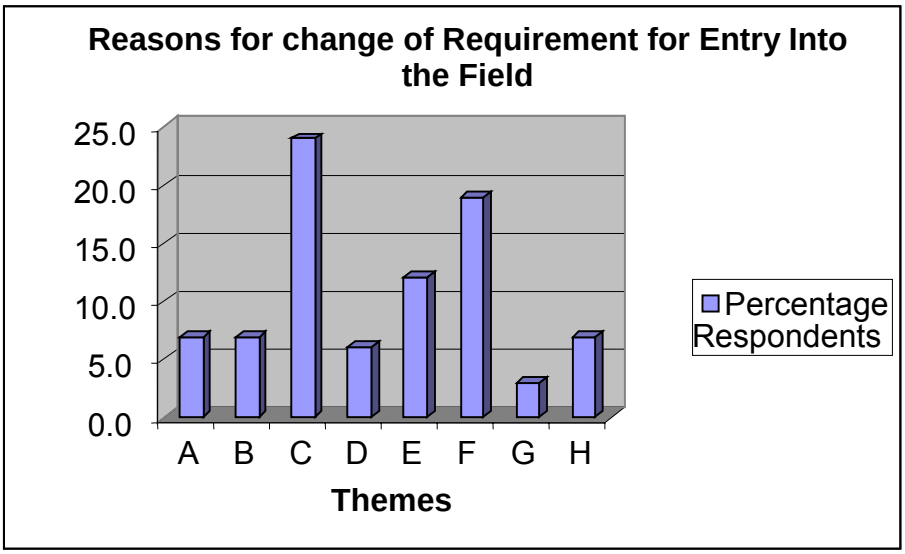
_____

Appendix F: Focus Group Questionnaire Responses

1. Should the requirement for entry into the field be changed to a degree from a diploma? Why or Why not?

Table 5 illustrates the eight most common themes stated by the 67 focus group questionnaire respondents. It should be noted that some of the 67 respondents made more than one comment.

Table 5: Reasons why the requirement for entry into the field should be changed to a degree from a diploma



A: RTs will have access to more academic knowledge
B: Profession to keep pace with RTs who already have a degree
C: Profession to keep pace with other health care professions
D: There is a need to expand the length of the program
E: Increase scope of practice
F: Career Growth
G: Prepare high school students
H: Increase respect

Raw Data Responses:

- As other healthcare professions have turned to degree requirements, we must make serious consideration for this to continue to allow opportunities for growth beyond clinical roles.
- Yes, it should. Students coming out from High School are not well prepared for RT program at the college level. The knowledge presented and required by CRTO is nowhere equal to university level.
- Yes, possession of a degree holds due to a higher esteem among our other health care professional peers because they know that entry to the

field must have been rigorous academically and that on possesses strong research and critical thinking.

- Yes - to facilitate ability to continue education at a master's level, this would be consistent with the nursing profession.
- Most of the students already have a university background - partial or full degree obtained prior to applying to the course - so I believe the requirement should be changed to degree.
- It definitely should - the depth and breadth of knowledge obtained during the current program is large and intense and worthy of "degree" status. In addition, making it into a "degree" would increase awareness and possibly increase scope of practice in future years.
- Degree to keep up with healthcare providers RTs interact with e.g.. PTs OTs, speech. Many programs in USA, some Canada already degree programs. RTS have the ability and drive.
- ? - Yes
- Degree - less time in school - more comprehensive understanding and curriculum to RT
- I do not believe this would be a good move for this profession. We are not like nursing and/or physiotherapy where many layers of management are needed. We could create a large shortage also in the field. I have reviewed the annual reports of the CRTO, there are annually very few therapist out of 2012 who have degrees currently.
- Yes, but only because the other disciplines around us are all degree programs - Physiotherapy, Nursing, Pharmacy, etc.
- Degree - changing scope of practice and requirement for appropriate clinical time lengths for proper exposure before being employed.
- Yes - to remain competitive in the future (economically, socially) - to allow career growth.
- Not necessarily for patient care. I don't think it would make a difference. But, for advancement into management / admin. Perhaps a degree would be advantageous.
- Opportunity for advancement ex: Management. Peer profession all have degrees.
- Yes : maturity, broader scope of practice, improved study skills.
- Yes : Most RTs have a degree already --> most profession are moving in that direction, we have been left behind. Makes for more mature RTs - life experience maturity, Increase critical thinking skills - Increased research capabilities - Increased statistical capabilities
- Yes - because nursing has gone that way. Attract more people since degree program.
- Yes - Our current curriculum does not give the profession anything we need to be competitive in the healthcare profession. We are also overlooked for certain opportunities because we don't have degrees. Also many RTs already have degrees and then go into respiratory. this would decrease the amount of time spent in school.
- Not sure, most people have degrees.

- Yes the entry in to the field of respiratory therapy should changed to a degree diploma. Nursing is now a degree program, they are our peers in delivering patient care.
- I believe it should be a degree program. Other groups have already changed to degree (i.e. nursing, x-ray, to, physio, med lab) It will strengthen the science background of all involved.
- Yes, the 2 year program packs too much info into too short a time frame -- need more time to absorb and apply info as a student. Other specialties have degrees - to keep up we need to as well.
- Yes, most RTs obtain a degree prior to attending school for the RT diploma. This would streamline this processes. Also, for the amount of knowledge and time the program takes it should be equal to a degree program.
- Yes, changing scope of practice - greater responsibilities.
- To substantiate the growth of the profession - Knowledge base and their skills
- Yes, Most regulated health professions are moving to a degree. No - current training is adequate
- Yes, we are involved in critical care thinking, most hospitals have a multi-disciplinary approach to care. The other professions we work with closely are all degree programs.
- I come from a border city and feel it would open the door to job in the states if it were a degree program.
- Yes, the level of education even for a diploma is more equivalent to a degree level. Patient care areas are similar to other professionals at university level i.e.. Nursing, physiotherapy, occupational therapy.
- Yes, the level of care we provide is at degree level right now.
- If go to degree - will there continue to be as much clinical time as present (big difference between degree/diplomas RN clinical skills). Will it facilitate getting a job in USA. For those RT wishing to relocate/ lay offs.
- Yes as this seems to be important to employers for 1. Advancement 2. Better pay.
- I think it would perhaps increase the opportunities for RTs in different job fields (areas of respiratory).
- Yes, because of creeping credentials. RN is a degree, x-ray a degree, physio a masters many already have a degree is 6-7 years of school.
- Yes, we are greatly relied upon in the clinical setting for both our knowledge and skill level a degree would represent both our responsibilities and skill we obtain as RTs.
- No, leaves opportunity to all groups to meet requirements. College graduates seem to have better technical / visual abilities to problem solving. Course with a more hands on approach.
- Yes, degrees come with a level of respect. RT is a diverse profession deserving of such also increased difficulty to obtain a degree will attract higher quality / mature individuals.

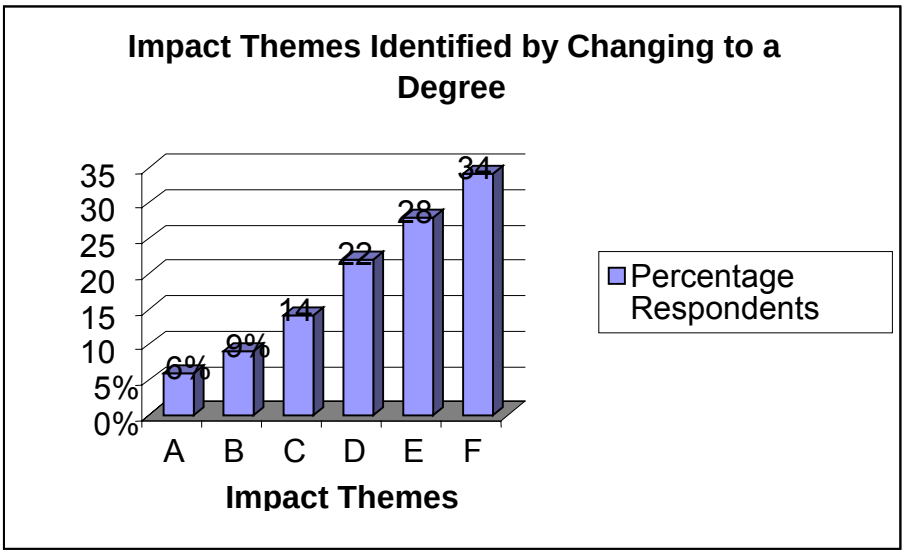
- Yes, with such a change there will hopefully be more respect, increased responsibilities and therefore advancement of the profession.
- Yes & No. Yes, to be more recognized and also keep up pay scale to RNs. No, it may cause people not to come into the program.
- Yes, development of field in knowledge, has changed from technical to diagnosis therapy.
- Yes, we consider ourselves "therapists" I believe most RT's feel they should be "on par" with nursing which has moved to a degree program. We must follow as to not become "techs" again.
- Yes it's a changing field need to keep up with other professions.
- Yes, there is a lot to learn and the 3year diploma program is definitely not long enough to cover all of the necessary information required for practice.
- Yes - increasing responsibilities requiring increasing knowledge base. Maintain comparison with RN program, No-exclusion of good candidates, Many candidates entering program have university degree.
- Short term no-it would decrees the number of RT's entering the field. However, I think the RT's would get more involved in research help progress our career and lead to a wage increase if a degree.
- Yes, the profession has changes from being a technical field to more patient care oriented, and because of this the requirement for entry should be raised as it has in the nursing field.
- Not necessarily, however it would be good to have albeit to move to a degree by taking additional years (courses) to attain a degree ie)3 years community college and 1-2 years and additional credits.
- Yes!! Personally I have been limited in higher education by not having a degree. The degree grads have greater "independent thinking" skills and will better meet continuing ed requirements.
- I have at present mixed feelings. On one level I feel that university based program may produce more higher level thinkers. However, the cost involved is higher.
- Yes, need to keep abreast with the other health professional groups for status purpose and salary negotiations. A degree program will get more pay than a diploma program. Our profession is so similar to nursing we need to follow their lead.
- Yes it should be changed. I think it would make the profession be taken more seriously. It would also provide a better (more in depth) learning experience and eliminate people taking the program who are not serious about it.
- Maybe, due to the changes in the secondary school system the people entering college can be very immature. Those entering university are more likely to be more mature and ready for the responsibilities of an RT.
- Yes, personally found that he program is somewhat difficult for the college level.
- Yes, the majority of students going into RT already have a degree of some sort be it BSc or Kin ect..

- Yes, more credibility within the field, better knowledge base, broaden the field of studies, allow us to broaden our spectrum.
- No, I thinks it is ok as it is. I like having the option of continuing onto university for those who are in going further, but I don't think it should be mandatory.
- Yes, it should be changed to a degree program. It is a challenging course mostly requiring students in a position to enter university, placed in a role with a lot of responsibility and working with peoples lives.
- Yes, changed to a degree because I believe it to be a very intense course lots to understand in very critical areas of the hospital (especially)
- Yes, other colleges have changed/content of courses is a degree level; high school grads have a higher failure rate; enhance employability skills; strive for same credentials as all other peers in hospital.
- In parts. Respiratory therapy is more complex. However, making this a degree program will eliminate man students because of marks and because of cost.
- No-financial, needs of the hospital (academic), conversion with MD, CSRT
- No, because in the end the ability to perform your job doesn't rely on the fact that you have a degree or not. It is already hard enough to get people to take the RT program and I think this will deter people more.
- No, I have yet to hear a valid reason for this change. Never once has a patient been concerned with whether I have a degree or diploma, only that I can provide the care they need.
- Yes, many other similar disciplines are degree programs (ie. Nursing, nuclear medicine, radiation therapy)
- Yes, in my experience high school grads had much more difficulty in the program compared to other students with previous post - secondary education. RT's need to stay on par with other allied health professions and nursing for salary increases and status.

2. If there were to be a change, what potential impacts do you anticipate?

Table 6 illustrates the six most common impacts anticipated by the 67 focus group questionnaire respondents. It should be noted that some of the 67 respondents made more than one comment.

Table 6: Anticipated Impacts of the change to a degree program



A: Changes in the scope of practice/role of Respiratory Therapists
B: Increase in Research
C: Opportunities for Advancement
D: Respect/credibility of Profession
E: General Transition Issues
F: Staffing Issues

Raw Data Responses:

- RTs have historically been dynamic themselves. Creative individuals who have been able to adjust to changes re-focus and develop new avenues to expand roles and administer healthcare delivery. I believe only in positive outcomes as a result of this change.
- Most likely some number of existing RTs would have to upgrade, in order to keep their existing positions. On the other hand it would five us a better recognition in the healthcare field. Deep penetration of some subjects that are barely touch at the college level.
- Hiring of degreed RTs would supersede those with diplomas (all things considered equal) Advancement of profession through primary research. Elevated respect for the profession by physicians and nurses.
- How do you address the current professional population of RTs that are currently holding a diploma? Could this potentially create a division within the professional group. Will future training for degree completion be a requirement?

- Grandfathering all the RTs. Whether everyone will be willing to attend school for a longer period of time to obtain a degree.
- Increase awareness of what an RT is. Increase "respect" of RT role. Increase responsibility of RT role - development of scope of practice, evolve. Increase "onus" of educators to provide "university caliber" education. Increase salary range?
- More respect and knowledge of profession. Progression of RT into areas. Like collaborative research and evidence based practices. Increased drive to seek more knowledge. (the RTs)
- More. Academic inclined students.
- Increase in number of RTs therefore more competition in the profession. - less number of available jobs.
- As mentioned above; shortage of workers; overeducated management levels! Difficulty to recruit competing with other medical fields much more established in the field.
- Hopefully a larger role for RTs, more RT protocols more autonomy would be nice.
- Turnover year i.e.. Year with no grads due to switch. Greater recognition of the Role of Respiratory Therapist n healthcare. Opportunities for additional Career advancement.
- A decrease in focus on the patient. An increase in financial cost for the student.
- What happens to those of us that don't have a degree?
- Wage increase, more opportunities. Cost to new students. Increase respect among other professions.
- Perhaps less enrollment - Equal playing field - Increased respect for profession - Chance at research.
- Grandfathering in RTs already with degrees - Degrees regard for all Ed. Management positions. - Experienced RTs who only have diplomas. - Dismay that they aren't good enough.
- What does that mean for existing RT's?
- Respiratory Clinician
- It would have an impact on those who do no currently have degrees. It would also give us credibility to participate in other areas. Causes at a university level impact critical thinking skills this is key for all RTs success. May loose our technical skills, which is what helps make us unique.
- People in the profession who do not have degree. Time of course? How many schools offering course!
- A shortage of new graduates as the program changes from 3 to 4 years. More experienced graduate. Graduate with more certification.
- Fewer applicants because of increases in educational costs. Which institutions will provide the education. Conversely increases in applicants will there be jobs for these individuals.
- MDs would utilize RTs more. Greater scope of practice (ICU at bedside type role) A slow change.
- Increased enrollment?

- Grandfathering of existing RTs in the field. The majority of students coming through our site already have degrees.
- The existing body would be grandfathered as necessary information disseminated - to body membership - master of science? Similar background!
- ? Decrease in enrollment with length of program. ? Increase in enrollment with university advertisement.
- Lower the hospital stay time - Better communication amongst other disciplines. - Public awareness to our skills. Easier transition for patients entering the medical environment.
- Limit people going into the program (which might not be a bad thing seeing as how jobs are scarce)
- Course length. Cost of Course. What impact will it have on RTs who have a diploma level of education?
- Confusion about whether RTs will go back to school to advance to a degree from the diploma they've got years ago? Cost of course and length.
- RTs - if more expensive to get degree less people entering professions. Profession out - public more and more awareness.
- May warrant better pace. May increase awareness of profession. May help expand role. Would practical training remain as good would skills suffer in lieu of academics.
- Hopefully, no impact to those already in the profession and increase opportunities for those taking the degree program. Increased length of program would perhaps affect staffing of departments during implementation.
- Better able to maintain salary closer to RN. Colleges would need to increase relationship with universities. Better research by RTs. More credibility. RT college instructions may not have formal credential to teach a university level course.
- Increase tuition. Increase workload/studies. Justification in some of our responsibilities. Mutual recognition and respect from other healthcare professionals. Increase in pay.
- The cost for completion much higher. The wage structure for RTs would most likely fall behind RNs wage scale. Public & government perception of need and essentials to health care. Would this create more avenues for more responsibilities --> downloading that of physicians → raising accountability and leading to reliability.
- More mature groups. Increased respect from the public. Increased cost to the students. Increased awareness of the profession - most young adults don't look beyond degrees fresh out of high school.
- Personally, I would be curious to know what would happen to those of us who possess a diploma. What would we have to do to upgrade, how much would it cost and how would such an upgrade affect our current position within our work environment.
- Degree program might scare people away leading to less RTs.

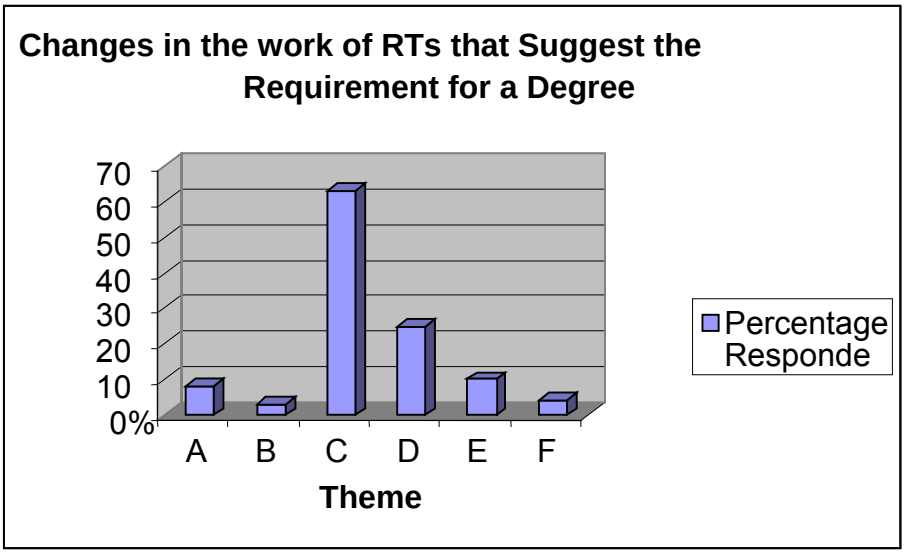
- Short run, nothing. Long run, improved respect in the medical fields.
- What would happen to those without degrees; need to ensure that there would not be a shortage of students graduating ; may be a decrease in amount of interested people into field because of length of program.
- People that only have a diploma may feel that they are left behind. Do hospitals have the budget to pay an increase in salary. Increased respect.
- The RT's that are currently working will not necessarily get to participate in a degree program. The lag of time between diploma finishing and degree starting- shortage of RT's? Salary?, Respect (no more techs!!!)
- Reduced workforce during changeover, grandfathering of college grads, potential increase in wages, greater respect, enhanced role of RT, possible 2 tier system, fewer entering students, cost.
- Con: decreased Rt's in the workplace, higher costs for university. Pro: more mature, different mindset in working with staff, offering improvements, higher wages, Rt's can pursue masters, scope can increase, higher awareness of program, more leeway to use our knowledge as opposed to waiting to get the ok from other professionals.
- The cost to the student would be higher, however the quality of the graduate would be much better. Respect among health care professionals would improve. Respiratory TX based research would improve.
- Negative: increased costs, two tiered payment system. Initially a 2 tiered system of health care. Potential for college graduates to be excluded perhaps in the hiring process, degree preferred over diploma. Positive: Increased respect for professional in hearth care delivery, environment, broader understanding of health care by therapists.
- Positive impact: higher academic standard, to get into degree program. Negative impact: grads may not be keen to do shift work and may go directly to graduate studies or medical school or other interests, I believe nursing is going through these stresses right now. What is the impact in other provinces
- Would RT's currently practicing be mandated to obtain their degree?
- Province of Ontario would not survive a cohort year of no RT's graduating if you suddenly changed from a 3 to 4 year program. Salary increase, increases respect.
- Being that the cost of university is more expensive, perhaps less people will want to apply. As our role expands, it will improve patient care to have more time to learn.
- Upgrading for all professionals who don't already have a degree. An increase in pay, less graduate RT's at the end of the program, more job opportunities in research.
- Existing RT's with diplomas; Which university will have this program; Enrollment
- Grandfather clause, increase in salary cap

- The development of resp. tech's at the college level to be involved in PFT's, maintancence ect..; Hopefuls with university could diversify our role in the hospital and community.
- People who would be good as an RT would not go to university because they are interested in something more "hands on" like courses offered in college. Potential students would be discouraged because the higher cost of education in university.
- Higher scope of employability, higher salary range, increased options for career changes, different group of people applying-those who wish to achieve degree status.
- Graduating students with more knowledge, intense course more time to absorb, easier employment
- Impact of higher enrollment-people who want a degree; polarization between people with degrees and diploma; job mobility; 1 year gap in graduates.
- If it was degree only there would be a lower number of respiratory therapists.
- Delay in workforce, Upgrade forcing for existing RT's, Better research
- I think there would be less people applying for the program as it works out to be more years of school and higher cost. So students come out of school with more of a debt. New grads may come out of school thinking they are better then the rest of us who only have a diploma.
- Polarization between degree and diploma grads; higher student debt for grads; will not in any way improve our ability to recruit to rural hospitals.; The switch from 3 year diploma to 4 year degree will man 1 year with NO grads in Ontario.
- May affect enrollment, people who already have degrees may ot want to spend 4 additional years at schoo. Also, many students want to be out of school in as short a time as possible ; may exclude respiratory therapy because of this.
- Not sure; possibly provide a platform for further specialized education programs ie. COPD & asthma educators, even masters programs - may increase our role in R & D.

3. What changes are taking place in the work of RTs that suggest the requirement for a degree would be advantageous? (i.e., expansion of the scope of practice; change in the competencies for the profession)

Table 7 illustrates the six most common changes identified in the work of RTs by the 67 focus group questionnaire respondents. It should be noted that some of the 67 respondents made more than one comment.

Table 7: Changes in the work of RTs that suggest the requirement for a degree



A: Career growth
B: Increase academic background
C: Increase scope of practice
D: Increased Accountability
E: Keep up with other professions
F: No changes taking place

Raw Data Responses:

- Clinical autonomy has allowed RTs to be independent decision makers, as roles expand broader education may assert profession growth clinically. However, a greater hindrance to move beyond the clinical role can be attributed to the lack of a degree.
- More administrative roes, where university degree is required.
- RTs with degrees have the possibility to move into areas traditionally occupied by RN managers. With expansion of scope of practice degreed RT would have the skills in better manage acquisition of new knowledge - packages create new knowledge.
- Ability to take on/qualify for a management position within a hospital. There is a greater demand for accountability among health care professionals and increase potential to increase scope of practice.
- More emphasis on individual self-education and increased scope of practice (i.e.. More involvement in or) more medical directives and increased involvement with PTs.

- Responsibility of RTs in most institutions is increasing annually but our compensation and recognition isn't really following on-par. Our role over the past 25 years has changed dramatically!.
- Yes. Changes in professions/disciplines that interact with RTs i.e. PTs, Ots are MSc (up from BSc) Expectation in health care for higher education.
- Very complex involvement.
- More specialization for RTs (anesthesia, sleep, etc)
- I do not know if expansion into diversified areas in scope means another level of educational requirement is a demand.
- RTs seem to be taking more of a leadership/admin role . Our scope of practice is becoming more broad. Our patients are also becoming sicker and several systems will be involved, not just pulmonary.
- Expansion and increased responsibilities in role of RT. Opportunities for RTs to advance with healthcare systems (i.e. Research, administration)
- Management positions are requiring degrees therefore many of these positions are closed to us.
- Basic patient care shouldn't change; based on a degree or diploma. If you have the "skills" to practice you've learned those on the job.
- Changing medical world able to increase our role and skills. - Research. - Professional opportunities increased and are more diverse.
- Education requirements; expanding to specially psas. Research - Statistical Analysis - Management, Infection Control, Quality Management.
- Research, career laddering (management), Many already have degrees so it would take less time to have RTs enter the workforce. More advanced skills.
- Possible expansion of scope of practice. Increased complexity of equipment.
- Expansion of the scope of practice --> Demand from physicians to perform more skilled task and independent decision making in PT. care.
- Greater MD and RN reliance on RRTs skills/knowledge (consultant role) expansion in scope of practice and effect which our practice/procedures have on PTs. Movements to portable ICU Style care in hospital.
- More complicated treatment regimes - ICU delivery of NO, oscillation, more advanced ventilation techniques. Increased involvement in patient care.
- Greater scope of practice e.g.: Arterial Line Induction. Greater involvement with patient care.
- Anesthesia in critical care - Neonatal - YES
- Change in responsibilities / scope of practice advancing with new procedures.
- Anesthesia assistant. Pulmonary rehabilitation, therapist driven protocols.
- I work in home care so a degree program will not affect my field but RTs are competing with RRNs for jobs.
- Expansion of roles and responsibilities.

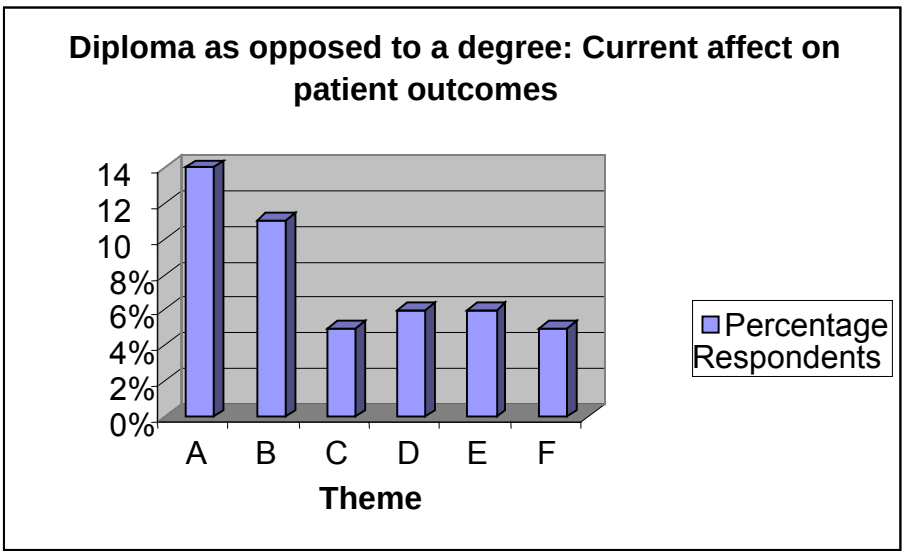
- Expansion of the scope of practice and knowledge. Most of the other professions in the hospital are already at degree level.
- RN became degree - to keep pace with other professions - Progressive centers - More intensive work / anesthesia.
- Peers in hospital are all becoming degree program i.e. Nursing and must keep pace. Expanded role of RT could be intensified by degree.
- Increased responsibilities despite lower wages in comparison to nursing.
- Less task oriented. Need for creation of knowledge not just applying knowledge increase scope of practice. Knowledge. Based economy/industry.
- Scope of practice as well as healthcare knowledge always increasing. Greater responsibilities in PT care setting. More relied upon.
- Responsibilities are increasing without remuneration and increase in liability and health risks. Both categories are equally able to cope with change and responsibility.
- Often competencies of the profession is rapidly expanding. Serious and responsible individual are required to keep up therefore since the aren't at Grade 13 students are younger both physically and emotionally.
- The profession seems to be broader in that we help in nearly all areas of the health care; from the OR to the (ICU, PCCU, etc)
- Expansion of scope, with new technologies and greater needs for us to help (especially in the OR)
- The RT is the communication of the patient status to the MD in the ongoing therapy of the patient.
- More independent practice (anesthesia assistance running or cases); medical teams for early critical response incubating, starting reutilation.
- It is a growing field, our scope is expanding new graduates need the ability to stay up to date as well as any other member of the college; research.
- Scope of practice is expanding as new practices develop. Larger institutions have a broader scope of practice. Therefore, longer program is required to obtain the necessary skills and knowledge. Higher responsibility.
- Increasing scope of practice, more involvement in research, more RT driven protocols, physician shortages rely on RTTS more.
- More technical equipment, higher weight on Rt's for assessment, more research, more Rt driven protocols.
- No longer do we fix machinery and equipment. The profession is solely patient care. Often acute care involving life and death situations. We have a high level of contact with Dr's and other specialists.
- Research, evidence based, outcome measurements, more sophisticated expectations from heath care providers.
- Continued proof of competencies in a rapidly changing profession, especially where RT's are in remote or small departments/institutions.
- At present I feel that university grads may produce more critical thinkers?
- Higher RT protocols, more physician duties delegated to RT's, higher market for RT employment.

- Several advanced procedures (i.e. artline insertion) are not taught currently in the RT program. With the expectation to be that we should advance our skills, a degree program would help.
- I think a degree would be good in terms of copd and athesma research as well as research in new medications
- Moving up into management positions (i.e. no other post secondary education)
- More involvement with management issues.
- Sign of the times, hospital budgets (who is the most important), need more types of career choices.
- New technology in medicine.
- There has been a significant increase in the scope of practice. Keeping up with our colleagues in other health care professions that are moving to degree programs.
- Definitely expansion of the scope of practice, new technology
- Evidence based medicine, practice based or research studies; greater research; greater scope of practice; greater technology
- In my place not much, In general need more specialized program - studies, research, psychology, administration
- Research, management, advance care or higher scope of practice
- I don't think there are any changes taking place that suggest the requirement for a degree. Even though the scope of practice changes doesn't mean we need a degree. The CRTO is here to make sure that we meet expectations for everything.
- None. Any changes in our scope of practice can be dealt with by the CRTO ensuring RT's have the skills required (i.e.: Advance Procedure approval)
- Increased role and scope. (ie more education of clients and other professionals). More emphasis on research.
- Increased scope of practice, taking place of physicians due to doctor shortages.

4. Do you think the RT requirement for a diploma as opposed to a degree currently affects the delivery of health services or patient outcomes? How?

Table 8 illustrates the six most common themes identified by the 67 focus group questionnaire respondents related to whether a diploma as opposed to a degree affects patient outcomes. It should be noted that some of the 67 respondents made more than one comment.

Table 8: Themes related to whether a diploma as opposed to degree affects patient outcomes



A: Diploma is comprehensive, does not affect patient outcomes
B: Higher quality/more mature graduate from a degree
C: Increase in critical thinking skills from a degree
D: Increased role in the workplace with a degree
E: Current CE and day-to-day experience are sufficient learning opportunities
F: Specified RT research

Raw Data Responses

- On a clinical basis, I do not believe that there is an impact, however, the movement of RTs into administrative roles are being limited by a diploma vs. degree credential.
- maybe with wider scope at the degree level --> health care services would be more versatile, even more involved in a patient's care.
- Yes. Anecdotally degreed RTs tend to possess leadership positions (coordinator?PPI) that influences how respiratory care is practiced.
- No
- No, as many RTs are more mature, having some university experience, clinical placement help RT students adapt to different environment and situations
- Yes. A degree program would potentially be more recognized and people would be more aware or RTS and what they do… This would help make us more utilized to our full scope of practice.

- Yes - I believe degree requirement would allow for greater interaction with healthcare team therefore more RT input therefore better delivery of health care.
- ?-
- No.
- No, I don't feel it does currently.
- No. the RT schools do a good job of introducing the concepts and equipment of RT. You clinical year teacher you to look at the patient. Then you continue learning your field for the next 3 or 4 years. I don't think a degree would necessarily change this.
- No, because diploma graduates have hopefully continued to expand knowledge and skill base as per required in work environment.
- No
- No - not for bedside patient care.
- Yes - More analytical approach - More critical thinking skills,
- No
- Yes, we are suppose to use evidence to guide our practice and RTs don't routinely participate in research or know how to read it.
- No. Everyone passes same course in future?
- The limits are in management positions and in making policies. Limits in the roles of the RT with doctors i.e.: A role more like the nurse clinician in diagnosis.
- No
- Yes RTs are not allowed to have as great a role as they could have therefore PTs are not able to take advantage of RTs skills. No effect on current scope of practice.
- I think you may increase the quality of RTs applying to a degree program.
- Yes - students who have degrees are able to cope better in stressful situations.
- Fundamentally yes
- No - Current training is adequate in most facilities --> much on the job training.
- Sociology, Psychology and patient interaction are not emphasized therefore it is negatively affected.
- I feel it would not affect RTs at all - if anything - would be gaining students serious about the field and weed out those not interested.
- Not particularly.
- No. More in depth knowledge and clinical practice can only improve the core delivered to the patients. With all the advances happening in medical science today, we need to learn to keep up with it.
- No diploma grads attain clinical experience and are able to perform as a working RT.
- No - Diploma offers excellent practical training very diversified. Degree may.
- No, I don't feel that current services are inadequate because the RT program is diploma.

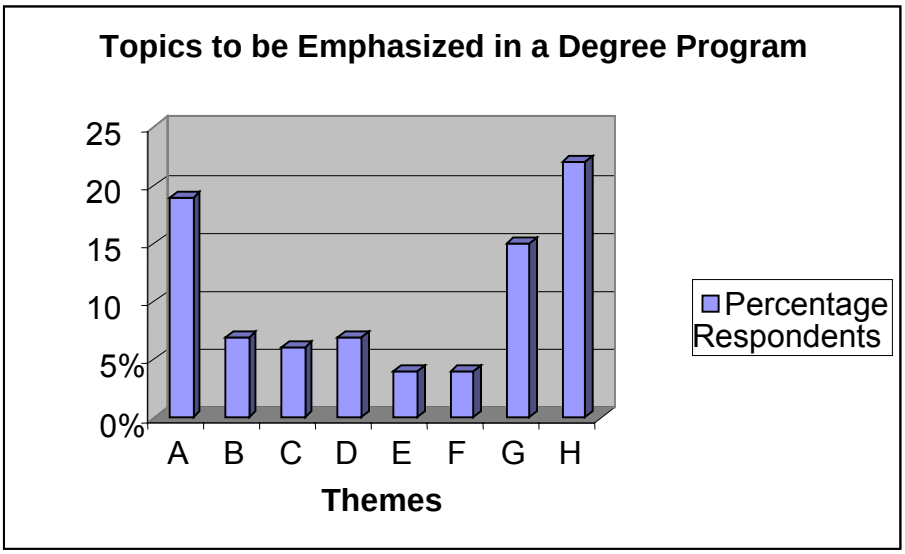
- Could have better outcomes with RTs more involved in research.
- No. We are taught well in this field as a diploma program. A degree would give us more
- respect and consideration with our opinions and suggestions in the clinical setting.
- No. In some cases are more capable of delivering better care than degree.
- I do for the reason above (younger less mature grads)
- No, I think the RTs today are, for the most part extremely well trained in what they do. However, I do believe that with a degree and increased respect, our opinions and "diagnosis" will be more readily accepted.
- No, all fairly knowledgeable people now.
- No, but will in the near future.
- No, I don't think a diploma is of determent to patient outcomes. However the more education we as therapists the better for the patient.
- Sometimes the knowledge is not there and you are trying to keep/catch up when the info should be readily available for practice.
- No, lack of funding for RT's affects healthier and patient outcome.
- Advancement of role is not progressing as fast as it could. We have specific niche & specialties.
- There is a great amount of disparity among RT's regarding their knowledge level. A degree program would insure those who do not measure up would not make it into the field.
- Probably no. Application of technology and therapy to clients very specific , it a niche where many HCP do not have as great a degree or technology and equipment strength.
- Yes I believe that university education provides more "crititical thinking" skills. It should be a 4yr honors program. It will allow us to better justify existence and expand roles.
- I feel that the diploma program currently supplies excellent health care delivery the colleges have kept in line with the practical requirements.
- No
- Unsure. I think if the program provided more detailed information it could improve the skills and knowledge of RT's.
- No, not currently. If a person is able to properly treat a patient and have the knowledge of just a diploma I don't think changing the name of a piece of paper will make a difference.
- No, does not affect or it should not, the delivery of health services so as long as the RT is registered and competent.
- In some aspects yes…degree could involve more psychiatric issues i.e.: grieving, death
- Not sure, just graduated summer of 2005, however 4 years at university may allow some students to mature more.
- No, an RT with a diploma is trained for their job.
- I think having an extra year can make a big difference with respect to maturity and confidence in the workplace for a 4 year degree program.

- How can we know for sure, I don't currently work with anyone that has a degree. However, degree-absorb more knowledge, longer time span-more confident.
- No, content of course level is already degree level.
- Not in everyday. However, it might change in administration or specialized areas.
- No
- No, I don't think this affects the delivery of heath services or patient outcomes. The ability to perform your job doesn't depend on whether you have a degree or not.
- No
- NO
- No.

5. What should be emphasized in a degree program?

Table 9 illustrates the eight most common topics that the 67 focus group questionnaire respondents want to be emphasized in a degree program. It should be noted that some of the 67 respondents made more than one comment.

Table 9: Topics to be emphasized in a degree program



A: Clinical Skills
B: Communication/Patient Education
C: Critical Thinking Skills
D: Ethics/Legal
E: Healthcare
F: Patient Care
G: Research Skills
H: Sciences

Raw Data Responses:

- As our profession continues to be working, a diverse education that encompasses clerical practice, research, and health are administration is necessary.
- Besides clinical issues, legal and ethical as well (labour law for example), psychology (dealing with death e.g..)
- Basic medical sciences. Research skills / critical thinking skills. Intensive clerkship period.
- Trends in health care delivery. Issues in Health care. Ethics, Research, health law.
- More clinical placement, emphasizes on PT care.
- Qualified (at least masters - level) educators with RT and educator experience. Co-op program would be beneficial!
- Evidence based practices - high level science. Independent study. Courses call on critical thinking.

- Social aspects of health care. Total prevention.
- Clinical skills. Broad knowledge base. Work ethic and professionalism/maturity.
- More patient interaction.
- The clinical aspect of our job should not be minimized. Our profession is the most technically oriented one in the whole health care team and this should not be forgotten.
- Clinical skillet is something a student ahs to have a strong foundation in.
- Increase of bedside (clinical) hours.
- Recording statistics. Adult Education, critical thinking - physics, pharmacology
- Clinical training, Keep focus on respiratory and build on that / perhaps into more depth and offer others areas of interest i.e.: research.
- Patient relations, communications, leading effective teams, research.
- Communication with other professions? Technical skills.
- Increased skills in ventilation, research.
- Science, patho-physiology, physiology.
- Advanced skills cross training (with RNs, MDs). More general medical knowledge (some of RNs education - maybe 2 years of RN studies) Grandfather in current RTs.
- More skill/technical associated with more advanced techniques.
- Medical and scientific background.
- Sciences (biochemistry, biology, physiology, histology, cytology, pathophysiology) Internal
- Medicine diseases.
- Communication - verbal - non-verbal - written Research evaluation.
- Social skills, critical analysis, psychology. Respiratory, anesthesia and physiology.
- All aspects of the program now but more time taken for each subject.
- Perhaps some programs should be more in depth ex: Microbiology - more clinical.
- Clinical specialties more in depth
- Maintain same clinical time as diploma.
- Practical Skills. Diverse training.
- Respiratory research. Study of and application of theories such as patient education, research projects.
- PT assessment /pt care. Hemodynamics/cardio care. Pathology.
- Practical. Portion. To pt. care.
- Increased Internship, standardization across the province for education.
- Theory component should be updated to incorporate current practices in the field (leave out "old" outdate material) Also there should be increased clinical experience.
- More pharmacology and physiology. Also more hands-on experience with patients and equipment.
- A & P with learning and Diagnosis of patients respiratory conditions.

- Problem solving, critical thinking, research methods. Physiology of all body systems, ensure hands on clinical .
- Help people develop the ability of critical thinking in a high stress situation, more outreach base study.
- More cardio/pulmonary pathophysiology in adults/peds and neonatal and pharmacology. Mechanical ventilation strategies , ect. I can keep going.
- clinical skills, technical skills, pathophysiology, general health sciences.
- Confirmed learning, independent thinking, research, overall physiology.
- Anatomy, physiology, pathophysiology, with a strong emphasis on the respiratory system.
- Heath sciences, admin, quality, personnel management, outcomes, indicators, pharmacology, politics of healthcare, program management.
- Evidence based practice, critical thinking, independent learning skills.
- Critical thinking, big picture thinker?
- First year-sciences and math university; Second and Third college (technical equipment Ect..) like at the college; forth year-intern year throughout hospital.
- Patient interaction, equipment, more in depth understanding of respiratory related disease processes, research, RT focus, and all other courses.
- Statistics, pharmacology research, don't have the clinical experience gained at the diploma level, management and marketing.
- Patient care, clinical
- Psychiatry, human kinetics
- Expand the knowledge of certain courses, develop new studies (research, stats), focus on respiratory therapy.
- Have clinical rotation earlier in the program.
- Patient contact and care (physiology ect…), with emphasis on disease education and process, respiratory based core knowledge, also introducing clinical experience earlier.
- More emphasis on disease processes and related fields of work in the hospital i.e.: basic understanding of x-rays/ultrasound/nursing/psychology to deal with death
- Statistics, research, ethics, legal issues in health care; should be RT focused.
- Administration, specialty area (neonatal)
- Research, management
- I don't think anything should be emphasized at all. I don't think there should be a degree program.
- Ensuring that a respiratory focus is maintained. General A&P, physiology and pharmacology is nice, but we need to beep our specialized focus.
- Research methodologies; economics of health system; ethics of health care (ie end of life issues) More anesthesia theory.
- More clinical exposure before the last clinical year to allow students to become accustomed to hospital setting and RT role and also apply knowledge.

6. What general advice do you have for the College on this issue?

Raw Data Responses:

- If this requirement goes forth, allow some opportunity for diploma credentialed RTs to be "grandfathered" to a degree.
- Let the university to take over, please! I believe, most RTs are very glad that this initiative took place. RTs with college level should be accommodated to take advantage of this new opportunity.
- Facilitate currently practicing RTs to acquire a degree in a reasonable amount of time.
- Think best interest of public and professional growth. Need ability to phase in requirement.
- Obtain the opinion of all members.
- If it goes ahead, make sure it's in an organized and responsible way, not haphazardly!
- See if the current schools can work together with universities at first - this could be facilitated by a person intimate with both worlds. (RT and university) But it should eventually be exclusively University Set.
- Lobby on behalf of increased salary; recognition and authority towards pt. care.
- Let's not be reminiscent of days gone by with change.
- This has to be Canada-wide so include everyone in your research.
- Don't make restrictions. What about those of us that don't have a degree.
- Slow integration, grandfathering, Minimum requirement for entrance.
- Maintain a focus on respiratory and expand on it.
- Please do it, but make sure we don't lose our technical skills. Diploma's don't give us the opportunities other HCP get.
- RT's should not lose all their technical skills.
- Longer apprentice time in hospital.
- We are behind other groups in this process. We need to be more proactive.
- Consider the future of the profession and potential position availability / clinical placement opportunities.
- Implement this ASAP
- Look at the big picture in the hospital/medical field.
- Recognize practical skills / experience not just academics.
- To be one of the only colleges not to have a degree on entry to practice decreases credibility.
- Push hard it.
- Emphasis that capable & very diverse people can deliver excellent healthcare and multitask & plan
- Include options for those who hold a diploma to upgrade. Possibly continue with diploma with a consolidation post to earn a degree.
- I think it is a great idea, as long as those therapist who currently possess a diploma are accounted for and not placed aside.
- Be enthusiastic, emphasize the good, phase it in

- Make it easy for the members who only have a diploma to obtain a degree if they want.
- Keep the currently working RT's with diploma status in mid if/when degree comes. What will become of them?
- Graduates still need to be clinically smart not just book smart., consider having RRT able to bill for services to MOH e.g.: PFT lab run by RR, could save MOH.
- Phase in a degree program with college transfers. Keep clinical skills.
- Do not graduate students who are failing. In my work I have a lot of students shadowing me. Their knowledge will vary from very little to a lot.
- Ensuring bridging capacities for diploma grads., grandfathering issues.
- Consider a degree program. Co-op would be advantageous to both the student and hospital/institution. Linking with medical schools would be advantageous.
- Proceed with caution
- Follow the nurses model of Batchelor of nursing and model RT's the same. This is the health professional group we most identify with. Also, consider linking with medical schools, grandfather all us old RT's
- Consider it carefully and consider grandfathering in those RT's with a diploma to a degree status if the outcome requires RT's to have a degree.
- I feel that moving towards a degree is the best direction for the RT profession. Need to keep our identity as RT's.
- I think the RT program is already set up ok and don't think we need to move the program to the university level.
- Making change to degree program would have to be strongly respiratory based, not merging us with nurses and other professions.
- For resp. therapy to remain viable in hospital setting it must move forward towards a degree program.
- A degree program may be good for specialized area or administration but may eliminate good RT;s better at technical aspect. Also this would cost more. Suggestion: Keep it a diploma but add one year for people who wish a degree.
- Don't change, improve it. Take 3 years education (2 theory, 1 clinical) and add to 4 years (3 theory, 1clinical)
- I don't think this is a good idea. I think there are more negatives than positives for this issue and in the end we got no further ahead. I think this is only happening because nursing went to a degree program and that there is nothing that indicates why this change should occur.
- If it is to change to a degree program, then make it a degree program i.e.: all university not half college half university with a degree at the end it seems like this is about being able to say it is a degree program so make it one if you have to .
- None.

Appendix G: Focus Group Guide

CRTO Focus Group Guide

(About half an hour / question)

1. Should the requirement for entry into the field be changed to a degree from a diploma? Why or why not?
(Brainstorm and list, discuss)

2. If there were to be a change, what potential impacts do you anticipate? (answers will be categorized into 3 different sections after the focus groups. Positive, Negative, and Financial)
(Develop a list and prioritize)

3. What changes are taking place in the work of RTs that suggest the requirement for a degree? (i.e., expansion of the scope of practice; change in the competencies for the profession)
(Each person writes three changes on a yellow sticky, collect, group by theme, list, discuss)

4. Do you think the RT requirement for a diploma as opposed to a degree currently affects the delivery of health services or patient outcomes? How?
(List and discuss)

5. What should be emphasized in a degree program?
(List and discuss)

6. What general advice do you have for the College on this issue?

Appendix H: Focus Group Responses

The following raw data was recorded from the 18 respiratory therapists who took part in the Toronto focus group discussion.

Toronto Focus Group Discussion Responses:

1. Should the requirement for entry into the field be changed to a degree from a diploma? Why or why not?

- We should still have degree before entering into an RT dept. Those that came straight from high school had a fair amount of difficulty while in the RT diploma program.
- It would be advantageous for the profession to have it as a degree. It would help our esteem with other health professionals. As far as further advancement into management, the diploma prevents them from attaining management status. As far as patient care, I do not know if a degree RT is any better from a diploma RT.
- A degree for entry to practice is a positive. In comparison to American counterparts who have a strong research academic component in their profession, gaining respect from other healthcare professionals. This would help to provide new knowledge to have a degree. It could only positive for our patients as an outcome. If the RT profession is highly educated, they will continue learning and developing new knowledge. The opportunities they receive through their education are significantly greater then diploma and would advance that much more. We could interact more with everybody else and absorb their knowledge both ways.
- Creates respect for the profession.
- Yes, because the other professions are degree based.
- It would help to filter students as to where they want to end up. It would better educate a student to realize what the profession entails.
- It is a great opportunity for professional and personal growth. Students would have a different level expectation if it were in a degree program. As it is now in the diploma program some students are surprised by the workload.
- With a diploma program there are less opportunities for exchange between other professions.
- Skills develop after you graduate.
- The RT profession may lose a number of professionals if they need a degree to function at entry level.
- The bar has been raised across the board in the health education.
- You are going to have to attain your degree either now or later.
- With the degree program, our economic situation might be able to keep up with the other professions financially.
- To go to University would require a lot of money for a lot of people.

- A change would put us on par with other professions such as physiotherapy.
- It would take a while to change the image regardless of the status of entrance requirement. It should be discussed with the Canadian Society of Respiratory Therapists.
- Could there be either a degree and diploma program existing at the same time, depending on if you enjoy research or if you want practice clinically?
- It would be interesting statiscally, to know how many people that are coming to RT with a university background, "Is that number increasing?"

2. Has their been a change in the profile of RTs with respect to degrees over time. If there were to be a change, what potential impacts do you anticipate?

- Increase in RT wage.
- At least keeping up with nurses.
- Patient care would decrease if a degree was introduced.
- Increased cost to enter the profession for students
- More RT would receive management positions.
- Increased respect from peer professions.
- See more RTs getting into various aspects of the health industries to bring the RT perspective into view.
- Shortage of RT practicing.
- The more renown professions may want to slide in and take over that RT role.
- High turnover in the clinical aspect. A lot more younger RT and newer staff working together. It has helped to have mature RTs working together.
- Patient care might increase. Just because it has become a degree program does not necessarily mean they will leave the clinical world. Could use more research to commit to proper health care.
- Higher level positions.
- Competition might increase within the RT profession. More people wanting the higher management positions.
- People are in pursuit for self as oppose to being at the bedside.
- May improve the profile and attract high school students to the profession, and thereby increasing the numbers of RTs in the profession.
- With regard to people that are coming into the profession that have the degree, would there be any animosity between those with degrees and those without. There could be possible animosity in the transition period.

Merged Impacts

- Increase in wages for RT professionals 2
- Increase in cost to enter profession 1
- Patient care decrease 2
- Patient care increase 6

- More RTs end up in management or advancement in diverse healthcare positions 12
- Increased respect from other professions 15. (A respect in the understanding that we are able to do the other aspects of healthcare. There is an educational background that allows you the opportunity to make that background. To maintain our respect we would want to advance our capabilities. Interaction with other professions. Might increase respect from the public. Being referred to as a tech at one point. Emphasis on increase. See also what an RT could perform. What's going to be happening in the near future. We need to keep up or get left behind. Gives air to our voice in the healthcare system, allowing us to speak and be heard and valued for our opinions.)
- Shortage of RTs practicing 3
- Increase appeal to high school students applying to profession. (being referred to as a nurse)
- Concerns of transition issues 11
- (would create a division within the profession for those who do not want to switch their degree. Slow on impact. Competition between those with degrees and those without.)

3.What changes are taking place in the work of RTs that suggest the requirement for a degree? (i.e. expansion of the scope of practice; change in the competencies for the profession)

- **Changing scope of practice** – increased specialization in the field. Advanced practice in RTs neonatal. Advanced equipment. More involvement with advance level of healthcare. RTs are becoming more therapy oriented. Moving from tech to therapist Licensing college criteria and direction. (7)
- **Peer professions have degrees** – Perceived peer pressure to advance. Progression of other disciplines (5)
- **Changes in health care environment.** Evidence based health care **–** transformation of health care industry. Increasingly complex. Patients are becoming sicker and have multiple problems. More is expected in health care environment. Health care profession is changing. More expectations and greater accountability required from professionals. More research being done by RTs (8)
- **Increase in responsibility** (accountability)X 2. role within healthcare teams becoming increasingly multidisciplinary. RT taking on more levels of care. Increase requirements by employers(5) The profession has increasing autonomy.
- **Desire to Advancement outside of the clinical role** – Inability or hindrance to advance, program management outside of the RT department. (3)
- **The college giving direction with respect to criteria or licensing** - Educators required to have upgrading of requirements for instructors. Trainers of RTS have a more advanced level of knowledge.(2)

4. Do you think the RT requirement for a diploma as opposed to a degree currently affects the delivery of health services or patient outcomes? How?

- All participants are saying this does not affect patient care. 1 out of 18 participants was undecided.
- The biggest issue is about competency. Degree will not make you more competent. You are governed by your standards of practice not by a degree. It may effect the professions future growth, but not currently. Education is not a concern compared to previous care provided. You need to be an academic in order to create research and to provide evidence for efficacy of practice and establish standards of care. To be able to collect effective research evidence you need a degree. The university basis for research would be expanded if the program were put into a degree program. Participants are concerned about generation of loss of good care by creation of degree by forcing senior staff members to retire.

5.What should be emphasized in a degree program?

- Allow more opportunity to spend more time in the education part such as x-rays. (ie RTs can be good at reading x-rays)
- Their hours in hospital practice increase. ***
- Rehab medicine
- The technical aspect, trouble shooting equipment.*
- Educators in the degree program have teaching qualifications and RT experience. *
- Evidence based healthcare *
- Clinical experience needs to be applied throughout the degree.
- On a broader basis, encompass administration, healthcare, research, Canadian healthcare system.*
- Well rounded including humanities
- Health ethics
- Opportunity to take advantage of more time with each of the points
- More in-depth of all areas
- Legalities involved. What is required of RTs and what is considered to be misconduct.
- Cultural diversities
- Sleep medicine
- Keep curriculum specific to RT.
- Where are perspective degree students coming from.?
- RTs interacting with similar health professions during degree program.
- Credits for work experience

Merged emphasis:

- Spend more time in specific practice areas.
- Increase in hospital practice hours. 11
- Teach aspect/troupble shoting increase 3

- Educators need rt and education experience. 4
- Course in evidence based healthcare.
- Clinical/theoretical mixed through out the curriculum3
- More indept in all areas.
- Keep curriculum specific and relevant to rt (no unnecessary courses) 1
- Entry requirements – can get in from high school.
- Interdisciplinary? – mixing with other degree programs.
- Well rounded curriculum (Admin, research, rehab, psych relevant, law/ethics, health ethics, sleep med, cultural diversity, humanities, understanding of roles). 16
- Credit for work experience 3

6. What general advice do you have for the College on this issue?

- Need an opportunity to create a grandfather for old RTs to a degree. Degree completion program should be setup with help.
- Transparency needs to evident.
- Would be interesting to know if there is any background coming from the regulated health professions act.

The following raw data was recorded from the 15 respiratory therapists who took part in the Hamilton focus group discussion.

Hamilton Focus Group Responses:

1. Should the requirement for entry into the field be changed to a degree from a diploma? Why or why not?

- Yes, the majority of people already have degrees, but not sure of the advantages
- Yes, many professions already gone in that direction. RT's falling behind.
- 4 years vs seven years of getting a diploma and degree*
- Leads to a more mature employee **
- Life skills greater for degree people
- Opportunities have been missed when competing with other home care professionals because there is a perception that diploma is not as good**
- Need to keep up with other professions – equal skill level required – substantiates the profession*
- Issue of maturity level – having had the 7 years of schooling actually helped with the maturity level. Has seen high school students go straight into RT training and they were overwhelmed by the material
- Specialized profession – degree will provide greater skills and create a more certified graduate. Research, stats and labs used in degrees. In depth training from university
- Other medical bodies have the expectation for degree in employees and broader knowledge, skills, etc.
- Nothing wrong with the current system, but other health care professionals have degree
- Maturity is on an individual basis, doesn't depend on age
- RT's are behind
- Maintain respect of other professions
- Will attract new people to the profession who are looking for programs with degrees
- Nursing has gone to degree and there are many managers now… move to upper management once have a degree. Not enough nurses to deliver care a problem. Could happen to RT's
- Broader scope of practice and can get a better job with degree
- If you have not done practice and gone straight to degree, you may lack the hands on skills
- have to keep up with the times. Need to go to a degree. The nurses have, need to keep up.
- What value would the extra year be?
- Helped with understanding and skills, maturity level higher, able to cope better with learning. Should have a degree.

2. Has their been a change in the profile of RTs with respect to degrees over time. If there were to be a change, what potential impacts do you anticipate?

- Decline in the amount of people applying for the program
- Would not make much of a difference. Many students doing RT program now already have degrees
- Increase the number of applicants, because people want degrees
- More respect
- A year without hire because there are no new grads*
- Impact on budget – salary will have to raise for degree. Could be a two year impact, not just one year
- People coming out of degree might be more "choosy" about where they work depending on salaries available
- What will the impact be for existing RT's?
- This will fill current shortages. There are opportunities for RT's and these will be filled if people are attracted to the profession
- Graduate may or may not come out with more experience depending on what the course offers
- If it increases number of applicants, are there enough jobs available? Increase competition within the profession
- If there is a decrease in the number of applicants, there will be a shortage
- Will level the playing field across professions (e.g. with nurses)
- May have skills that will be transferable to other countries if have a degree
- "The seven year cycle" too many then too few. What happens if the low point in number of jobs at the same time as the grads are coming out. Need to consider Timing with implementing the degree program
- Health care environment changing – care provision changing – RT's becoming physician assistances – there may be a change in role of RT's. Could have the degree allow for cross training. Fill more than one role RT's or physicians assistants, etc.*
- More of a role in research if have degrees. Substantiates the professions existence
- There is a high level of respect already for RT's, but will give a higher level of respect (particularly with physicians)
- More well-rounded RT. Currently very focused in three year program.
- May lose technical skills because focusing on other things. Need to figure a way to make the two types of skills work together
- What will happen to schools? Queens and Waterloo gone. Michener can't be a degree program (they don't run that way). How will it run? How many students can schools take? *
- Degree programs inform people about the opportunities that are out there. Not just management.
- Current working diploma RT's will feel dismayed and worried. Wondering about their future. Grandfathered in or forced to take degree? There are some nurses with diplomas and are now trying to get their degree and work at the same time

- Change title to “clinician”
- Placements for students. Where will they go?
- Who will teach them, level of educators
- Should be more input from professionals

Merged Impacts

1. Possible decline in the amount of people applying for the program (1)
2. Possible increase the number of applicants, because people want degrees (2)
3. Possible shortages in the profession
4. Possibly a flood of RT’s into the profession (1)
5. Would not make much of a difference. Many students doing RT program now already have degrees
6. More respect for the profession. It has to be earned by individuals. Recognition. Substantiation (14)
7. Transition period issues (4)
8. Budgets at all levels (2)
9. May have skills that will be transferable to other countries (4)
10. More research will be done by RT’s (1)
11. May lose technical skills because focusing on other things (4)
12. School issues (including how it will run and how many students will be accepted and where placements will be, who will teachers be) (11)
13. RT’s more informed about a variety of professional opportunities (2)
14. Current RT’s who only have diplomas will feel worried and wonder about their future

3. What changes are taking place in the work of RTs that suggest the requirement for a degree? (i.e. expansion of the scope of practice; change in the competencies for the profession)

- Increase in research needs (4)
- Increased and different expectations and needs (5)
- Change in health care system (7)
- Change in role of RT’s (4)
- Change in scope of practice (10)
- Technical skills required (6)
- Team approach to working (2)

Note: answer to more than just the physician. Need to be versatile as an RT because answer to a lot of people. The role has really expanded. Overall theme that RT’s are relied on to do more. Change in scope and change in role could be combined as similar themes.

4. Do you think the RT requirement for a diploma as opposed to a degree currently affects the delivery of health services or patient outcomes? How?

- Yes, RT’s do not know how to analyze research. Supposed to incorporate best practice, but can’t do so if don’t know how to analyze. Would be able

to do the research for best practices. Does not currently have access to research. Interested in it however. Need to provide these essential skills.
- Does not hinder patient now, but could increase quality of patient care and health services and ability of RT's
- Would have more of an impact on the collaborative team if had degree. Would have that training. Would lead to better patient care. Have been labeled as "knob turners" and not communicated well to team justify what doing. Increase knowledge and communication skills will benefit
- Not currently recognized as part of the community care access team. Hopefully a degree would provide this recognition.
- Research evaluation skills needed to determine validity.
- Do hospitals require "marketing" and "buy-in" to accept the degrees. Financial aspect for hospital, not just for students.
- College should review the nursing example. How did that work? Are more people in management and less in clinical settings for example?
- A degree would make for a "more articulate RT"
- More well rounded you are the more patients benefit. More patients would benefit at the same time with more RT's. RT's would be like "in hospital paramedics" because they would be cross trained. Critical care specialists who can do many transferable skills. Impact on how to sell this to hospitals (good for the hospital budget).
- Do you have to have a degree to have these skills? Some are currently lacking the necessary skills, which a degree could give.
- "In house marketing" needed. Promote the profession could be another way rather than having a degree. Having a degree or a diploma does not make a difference. Changing to a degree program though would change this marketing.
- Currently RT's are not in management positions. Nurses are, because they have the education. Many don't have a management background however. Managers need to have a health background and a degree.
- Patient care not suffering currently, but could do better.

5. What should be emphasized in a degree program?

- Adult learning skills (and children) need to be taught to RT's *** (3)
- Effective communication course * (1)
- Research/statistical analysis * (2)
- Pathology and physiology for the rest of the body, exercise physiology, disease processes, bio chemistry, pharmacology, etc. heavily weighted to sciences ***** (8)
- Infection control
- Non-respiratory patho physiology (2)
- Keep the program the same, but do it more in depth. Keep focus on respiratory component. Don't want to lose the focus.
- Home care skills and information
- Humanities (psych and sociology) so are able to deal with death, coping, patient attachment, etc.

- Clinical hands on training and residency. More time training with physicians and others as an apprenticeship/residency. Don't want to lose the year long rotation and clinical training ***** (12)
- More up to date learning, current technologies, practice guidelines (1)
- Critical thinking and troubleshooting (1)
- Holistic/Team approach, ability to work with other professions
- Introduction to the Canadian health care sector (e.g. RHPA, Ontario environment, etc.) (1)
- Administration and management

6. What general advice do you have for the College on this issue?

- Canadian society for respiratory therapists. Have they been consulted? Should be.

The following raw data was recorded from the 14 respiratory therapists who took part in the London focus group discussion.

London Focus Group Responses:

1. Should the requirement for entry into the field be changed to a degree from a diploma? Why or why not?

- Yes, because it will lead to the development of the field. Developing into a diagnosis field.
- Yes, lives in a border city. Jobs are scarce in Windsor and this will open the door to more jobs in the States. *
- Yes, Multi-disciplinary approach to healthcare. Everyone has degrees except RT's. Getting more involved in critical care thinking, patient outcome and planning – need degrees. **
- Yes, increased responsibility*
- Yes, diploma level education is on par with a degree level of education. Will open the doors. Yes, already work at degree level. So should have degree. *
- No, closes the door of opportunity who don't have the ability to do a degree program. E.g. versatility. More responsibility for RT's over the years. Competing with nurses, having a degree wont change perception of government or the public of what RT's role and responsibility is. Wont ever be on equal footing with nurses. Are responsible to improve abilities, but do not degrees to do this. A residency program would be a way to do this instead of a degree. Would be on par with residents. The role has already been cultivated for residency to be pursued
- Yes, are asked for their opinion more often.
- Will help with keeping up with level of pay of other professions
- Yes, can see both sides though. Already close to the degree level in skills. Currently the profession lacks in the development and creation of knowledge by doing more research. University degree program would help facilitate that. Research is not a mainstay of RT now. Need to keep up for credibility with other degree programs "creeping credentialism". A large number of people already take a degree and then a diploma. Those people will be able to do their schooling in 4 years rather than 7.
- No, because degree programs needed for entry to practice a certain population is limited from the profession. Some people don't want to do a degree, but can't get in to health care.
- Young people out of highschool looking toward university, not to diplomas. Going to a degree will increase awareness of the profession among younger people.
- Maturity level of those going in to College is low. Going to a degree program, will attract higher quality people to the profession.
- Yes, will provide more respect and more authority and credibility. Power at the bargaining table. *

- Nurses have a degree. They get specialty in Resp. care, O.R. Nurse, etc., etc. If RT did that, they could also have paths of specialization. Helps with shortages as well. Versatility. Not perfect for everyone, and does exclude some, but have to evolve. Education also has to evolve. *

2. Has there been a change in the profile of RTs with respect to degrees over time. If there were to be a change, what potential impacts do you anticipate?

- More respect for the profession in the medical field*****
- More respect for the profession from the community **
- Expanded role *
- Increase in pay
- Expectations of the College in line with credentials
- Keep up with other professions in standard of care (will give patients confidence in level of care. Curriculum is already university level, so why not call it that). *
- Increase awareness of the profession to young people *
- Current RT's may have to upgrade diploma to a degree. Will they be competitive with the new degree RT's if only have diplomas. Financial and time stressors. Make it easy for them to be "grandfathered"
- Will feel more a part of the health care team
- Will make RT's more competent
- Higher quality students
- Staffing issues – possible shortages – decrease numbers for a year
- Self-respect of RT's
- Increase level of professionalism
- RT's are already doing a good job. These points are making it seem like the degree will make RT's more competent. Prefers to work with a non-degree nurse. They are more practical and down to earth.
- If we do go to a degree program will the role of an RT change?
- Having a degree will put on par with nurses, but wont change the opinion of the public.

Merged Impacts

1. More respect for the profession in the medical field (10)
2. More respect for the profession from the community (6)
3. Patients confidence with the RT profession increase (8)
4. Self-respect of RT's will increase (1)
5. Expanded role for RT's (2)
6. Increase in pay (4)
7. Expectations of the College in line with credentials
8. Keep up with other professions in standard of care and competency (4)
9. Increase awareness of the profession
10. Possible financial and time stress for current RT's who may have to upgrade diploma to a degree
11. Possibly current diploma RT's will be "grandfathered"

12. Will feel more a part of the health care team
13. Higher quality, more professional new RT's (6)
14. Staffing issues (1)

3. What changes are taking place in the work of RTs that suggest the requirement for a degree? (i.e. expansion of the scope of practice; change in the competencies for the profession)

- Role and/or scope of RT's expanding (7)
- Increased responsibilities (8)
- Shortage of jobs (2)
- Other professions have degrees or expect knowledge to be at certain level (11)
- Increase need for tech skills and knowledge (5)
- Increase need for research (2)
- Increase in health risks (1)
- Increase in community awareness and communication needed (4)
- Schooling already 3 years (1)
- Students are younger, less mature so the extra year of school might be good (1)

4. Do you think the RT requirement for a diploma as opposed to a degree currently affects the delivery of health services or patient outcomes? How?

- No, they do keep up with knowledge and skills already without a degree ***
- It affects perceptions of services, but not actual services
- Yes, a degree program would provide better patient outcomes. Patient programs could be set up. Current practices not incorrect but could be better. Therapist driven protocol. Would be quicker and smoother for patient. Skill level wouldn't change but ability to be able to deliver certain services would change ***
- Agrees with both sides
- Respect for whole field will increase with degree. Currently people have respect based on an individual basis
- level of education would greatly increase than what you can get at the Fanshawe now. Better therapies, patient care, would lead to quicker patient recovery.
- Agrees with both sides. Yes, more funding for research if have a degree and more technologies. Maturity levels will increase. No, RT's are currently very experienced and knowledgeable from having a diploma
- Agrees with both sides. Keep up now. But to grow need a degree. More funding and more involved in research will bring credibility and increase in patient outcomes.
- No it does not make a difference. But roles will change and expand if there is a degree.
- No, the role will not change and the effect of delivery of services will not change because of a degree. Already structure in place for RT's to expand

their roles under CRTO Acts… are free to expand role already. Having a degree will not increase respect levels. Too many other front line health professionals in higher places. Research can only happen for more mature RT's anyway. Differing roles in teaching vs. community hospital. Structure of the hospital has a role on the RT's level of respect and their opportunities for advancement. Credentials don't matter. Those in management do. Local Health Integrated Networks (LHIN's) will change the RT's role. External government bodies and funding will be a pressure as well

- Agrees with both sides. Wont change at her hospital. But will there still be a practical year like the College diploma.
- Yes, the College program does do a great job, but it is a matter of perception. More doors will open to help set up programs, expand role to deliver services.
- People with degrees are on the same par. Gives a theoretical basis

5. What should be emphasized in a degree program?

- Critical thinking toward respiratory physiology and pathology ****
- Sociology
- Combine classes with other professions so can better understand eachother
- Clinical and practical experience. A residency. *****
- Communication, decision making, patient exposure
- Up-to-date material
- Standardization across degree schools in province
- Therapy, critical care, technical skills, patient care
- Research skills

The following raw data was recorded from the 13 respiratory therapists who took part in the Ottawa focus group discussion.

Ottawa Focus Group Responses:

1. Should the requirement for entry into the field be changed to a degree from a diploma? Why or why not?

- Yes a degree would be beneficial
- Maybe – need to progress to keep current with other professions (e.g. speech language pathology, x-ray, physio, etc.). Those professions have an impact on RT's pay*. Salary negotiations are often based on degree vs. diploma. Has a large effect on pay scale. Also helps attract newcomers to profession when current with pay scale or else people will go in to other professions. The downside is the dwindling number of people in school. Could be a deficit to RT, numbers are hard to get in the profession. Like nursing. You can take RT in College and then do 4th year toward RT. The sudden change would be detrimental to hospitals, but do need to push toward it.
- Yes, people who have a degree have more critical thinking skills**/approach to profession. A degree would provide a broader education. Should be phased in however, there are issues with it
- Yes, university grads are independent learners and RTs need to be independent learners to keep current* in the field and issues with the regulated health professions
- Maybe, No because could miss quality candidates that might not choose university.
- Maybe, yes want it similar to nursing with a year or two in the uni setting to complete degree. Increase opportunity for employment across the profession (home care, government, etc.) also for other professions to be held by RT's. E.g. physio needs a masters level for entry to practice. Need to keep up. Everyone is moving in that direction. Will be able to look at other non-health issues (psycho social for example) another direction could move in*
- Yes or at least uni optional. Uni grads more a global outlook. College grads more hands-on. Would hate to see clinical skills lost. College with option of uni degree. Advancement opportunities – for mangagement positions need a degree. RT's out of the running and can't advance career right now because of that.
- Yes, comes from a country (Costa Rica) where it is already a degree program. Opportunities currently limited to a very basic level. Can go in to something else without having to re-train completely.
- Yes, need to keep up with other professions
- Yes, medicine is expanding so quickly. Diploma program insufficient knowledge. Too much to learn in a short period of time. Unprepared and behind when started in the work force.

- Yes, “an arms race” physio, nurses, need to keep up with them. Hospital can be elitist. If you have a diploma there is an attitude toward you. Would create a better work and team atmosphere if everyone was on the same level. Students who graduate out of a diploma program – some are great and some aren’t so great… degree program would help to weed out the not so great
- Yes, though it will limit the number of RTs over the next few years. Will provide more awareness for RT. Way can interact with other professionals who have degrees.
- Yes, fight to be called therapists instead of techs. This will fade with a degree program. Prefer to be consulted, not just an individual to complete a task. Will be consulted more and use critical thinking and problem solving skills. Ability to prioritize work loads, in 4 years can expand what have learned over 2 years. More time to focus. Body as a whole system rather than a whole system
- Times have changed, more students choose university option. Many people already take a degree and then go and do the RT diploma

2. If there were to be a change, what potential impacts do you anticipate?

- Increase salary for RT’s
- Respect increase
- Enhanced role and team approach for problem solving with other professions *
- Opportunity for advancement into management, committees, etc *
- Possible two-tier system with university vs. college grads. May be a problem
- Raises the quality and maturity level of students **
- Absence of grads for a year would be devastating
- Increase cost to the student
- Less students in a degree program, which will cause a shortage in the profession ***
- More students might enter the field, more job opportunities, more attractive to people
- Participation in decision-making regarding patient care will increase - empowerment
- Transfers in from other provinces coming to take the degree program *
- Increase expectations in quality of life (wont do shift work for example)
- Reduce retention of RT’s – fewer care givers, all moving on to something else or moving up – bureaucrats (happening in other professions as well) *
- Benefit to patient at bedside because increase in knowledge
- Older RT’s may eventually become motivated to increase level of education as well because they see others getting degrees
- Older, diploma RT’s – what to do about it?

Notes:

- Would be good if there was a general science first year.

- Degree students are not better than diploma. Book smarts does not always mean hands-on smarts. It is the individual
- some disagreement regarding the less students comment
- There will be some who just have diplomas and not degrees in the profession
- There are already three degree programs

MERGED PRIORITY LIST

1. Increase salary (6)
2. Increase respect and decision-making role (8)
3. Increase opportunity for advancement (8)
4. Possible two-tier system (2)
5. Raises the quality and maturity of students (4)
6. Increase cost to the student
7. Possibly fewer students and possible shortage in the profession, one year gap, transfers in limited (3)
8. Possibly more students entering
9. Increase expectations in quality of life (wont do shift work for example)
10. Fewer care givers/techs and more bureaucrats (3)
11. Patient care increase because more knowledgeable RT (5)

NOTES:

- Older RT's may eventually become motivated to increase level of education as well because they see others getting degrees
- - Older, diploma RT's – what to do about it?

3. What changes are taking place in the work of RT's that suggest the requirement for a degree?

- Increase research on RT issues
- More protocols for RTs developed
- New role as anaesthesia assistants, physician delegated responsibilities. Increase risks to RTs. Degree would be helpful
- Scope of practice broadening and increase responsibilities. **
- Constant requirement of continuing education in general terms
- Being left behind. Other professions moving forward. RT's stagnant and not upgrading
- Increase market for RTs, more opportunities in non-traditional areas. Recognition in the industry that employees with university degrees have a variety of skills beyond RT experience that allows them to be trained within an organization. *
- Used to be purely techs and no decision-making authority. That is changing. Writing orders and making crucial life saving decisions
- Information assimilation. Disease management, patient information, etc is increasing in availability. A degree allows RTs to be critical thinkers and deal with this and advocate for patients. Knowing which information is

good information. Being able to sort through the information to know what is valid and meaningful
- Need for RTs to see the global picture
- When Respiratory technologists changed to Respiratory therapists, should have moved to a degree then. The name therapist – should have a degree
- Evidence, science based health care and decision-making is the trend. Need the skill to track indicators and outcomes of patient care. Planning for future care better
- Cross training is being done now. Example, transport RTs. The fact that RTs are taking a large amount of responsibility with just hands on hospital based education, a degree would provide more weight to how things are done.

MERGED PRIORITY LIST

1. Increase Research on RT issues (3)
2. More RT Protocols developed
3. Physician delegated responsibility (5)
4. Scope of Practice broadening (17)
5. Constant requirement to upgrade education (4)
6. Stagnant compared to other professions (1)
7. Increasing market for RTs (2)
8. Information assimilation (2)
9. Evidence based health care (5)
10. Cross training being done

4. Do you think the RT requirement for a diploma as opposed to a degree currently affects the delivery of health services or patient outcomes?

13 voted, no it's not affecting health services and patient outcomes

- However, there may be an improvement in RT services, but not necessarily changing patient outcomes.
- There could be a lot of things taught in a degree program that are not in diploma. However, there is a lot going on in Canada where only diplomas are required
- Apply technology and therapy that is very specific and qualifications that other health care professionals do not have, so are giving niche care to patients. Funding has a bigger outcome on patient care, not degree or diploma
- RTs are taught to problem solve. They already have good problem solving skills
- The role has already expanded without the degree. Need the "back up education" to prove that RTs are as good as they are. The degree is for recognition and proof.
- RTs are treated differently than other professions. Not consulted for patient care, just on the vents. Often ignored because not seen as equals. A different title will increase level of respect and lead to an active role in

team decision-making. When it happens currently it is because of personality, not because they are allowed to give their opinion.

5. What should be emphasized in a degree program?

1. Health management and admin (3)
2. Problem solving and critical thinking (5)
3. Technical skills – respiratory technology (3)
4. Physiology and pathophysiology (6)
5. Clinical Experience (1 full year or some each year) (10)
6. Research skills (including stats) (9)
7. General sciences (2)
8. Health sciences (1)
9. Working directly for two years on RT issues (1)

Some programs which are three year already teach courses like psychology and communication courses

6. General Comments/Advice

- New students are probably thinking about salary. It costs a lot to go to university, there needs to be potential for RTs to make enough money to make it worth while. Why would a student choose RT over physio which makes more?
- Classified or declassified program will affect tuition fees.
- A 3 year college course with a 1 year add on university course would be a good option
- There could be a number of schools that offer different programs depending on your needs and desire for focus. Some hands-on people and some management focused, research people.
- Who will be the teachers? There aren't many PhDs in RT
- Graduates still need to be clinical smart and not just book smart
- People with three year college diploma courses need a program to make them on par. Wont be left behind because have diploma – integration needed. Whether take courses to keep up or clinical experience counts.
- Phasing in of the degree program
- Consult other provinces and professions that have degree program
- Marketing, marketing, marketing! Make this an attractive profession for people to get in to. Exposure will help people know it exists and people wanting to spend money to get in to the profession. Marketing leads to patient safety. If you don't get good people in to the profession there will be a gap for patients (e.g. if a pandemic like sars returns)
- Model after the nurse profession because the professions are close. RT's identify with nurses.
- Consider a co-op model where people can get clinical, earn money while going to school. Benefit for university is that they are in the loop in responding to training needs for students. Also then there is no shortage in the profession. How does it work without licensing?

- Other ideas, in the U.S. you take the program, then work for a year, then write licensing exam. Had to find own placement.
- Make it easy for existing RTs to get a degree. Can't work full time and get a degree.
- College and Ministry of Health dialogue could take place for RTs to bill directly
- Proceed with caution and let members know what is happening before it is happening. Communicate, communicate, communicate!
- Also appreciate that focus groups are being held to gather opinions of the members
- Link with medical schools that already have physiology and anatomy labs. There are some schools that are based on medical schools (e.g. Costa Rica). It makes sense logistics wise
- Grandfathering/grandmothering clause!

The following raw data was recorded from the 17 respiratory therapists who took part in the Sudbury focus group discussion. In the Sudbury focus group 6 of the 17 participants joined via web and teleconferencing.

Sudbury Focus Group Responses:

1. Should the requirement for entry into the field be changed to a degree from a diploma? Why or why not?

- Yes, many other professions have already switched – nursing, radiation therapy
- Yes, high school students who go into the profession have a higher failure rate
- No, never had a patient ask either way. Just want to meet patient needs and that hasn't been a problem
- Neutral, benefits both way. Diploma same calibre worker
- No, she did not have any problems going straight from high school into diploma and then. Degree leads to increased debt. Will be harder to recruit people.
- Yes, need degree for management
- Mixed, high school grads are younger – maturity level concern. More clinical experience at College level
- No, will be eliminating student who are not able to achieve the needed grades. Disagree, can get in to management with extra courses, not a university degree.
- Yes, important to maintain same credentials as peers and same recognition as those who have degree programs. It also enhances employability skills
- No, works in ICU, can work with physicians with techniques that RTs can understand. Treatments that even degree nurses don't know about. Do just fine way are now.
- Mixed, college program right now okay. Able to do job currently and are able to further self. Maturity level does not depend on diploma or university. Will still be same age of high school grads going in to either.
- Yes, it is a challenging course currently. One person who came from high school succeeded. Most other had already taken post secondary. Will be able to maintain status with peers. Employability – a degree gives upper hand. It ups a persons status. Makes a big difference.
- Yes, the course is currently very intense. Scope of practice and new technology require a degree.
- Yes, college very intense. Many things not covered well enough. Degree will allow for depth of knowledge
- Yes, should be more time for the program and should be more courses such as psychology. Degree courses would be valuable
- Yes, should be. If same level as RN – want to make same amount of money, need a degree or else difficult to justify why should make more money. Also, in university if taking RT, can transfer credits to take

something else if decide it isn't for you after year one. Other health sciences degree programs have the option of selecting students more closely – e.g. interview process or entrance exam to see if they are compatible with RT program

- Mixed feelings – may discourage some participants from entering because it is a 4 year program. But do need to keep on par. Post diploma degree program would be good. Have a diploma. Get some work experience. Then go to do a degree if you want. Financially nurses have the largest profile*
- Need to keep up with the status quo. Need to substantiate level of education
- Admission criteria for college courses similar to degrees. So should be a degree program. Another point – does it matter then if it is a degree or a diploma? *
- Wont change a lot in the RTs role, more in respect to course content.
- The course needs to be spread out. It does matter if it is diploma or degree. And want to be in line with peers. Plus, get in to work force and then wont go back.
- A degree needs to prepare a person better.
- Degree leads to option of being involved in research rather than just learning the technical on the job skills. Diploma is limited time wise. Degree would allow you to explore what RT is about theoretically. Canada would be a global player in RT practices.
- Problem with people having to go back to do a degree after diploma. There would be competition between the diploma and degree people, might force people to get a degree anyway.
- Maturity issues wont change if switch to a degree program. People will still be coming out of high school *
- Will be learning what other health sciences groups will be learning – wont be targeted toward RTs in particular, so stay with diploma

2. If there were to be a change, what potential impacts do you anticipate?

- Enrolment will be impacted negatively. *****May not be many post degree students if it is a course that has to be taken after already having a degree. High cost to students. Tuition is over double and wont be a difference in education. Studying same material. Though will have a degree, will be doing same job. More debt and little increase in pay. May impact enrolment at first, but it pays more money
- Initially nothing, but it will be better in the long run as we will be better represented. As other disciplines move to the degree requirement we should keep pace.
- Positive impact on enrolment* Will be many other students who want degree status and challenge. Money not an issue if you want to be an RT. Will allow those grads to further themselves to get a masters or doctorate.* Greater allure to some high school graduates

- Polarization between those who graduated with diploma and those with degree.* Two pay scales and problems. Those with experience might have a salary cap because they have only a diploma. Not fair that those who have degrees will get more
- RTs role will be equal across hospitals. Some hospitals allow for more credibility and more decision making opportunities. Will equalize.
- Salary increase and better jobs in the long run**
- Might lose those with hands-on skills
- A lot of additional time needed for current RTs who might feel they have to upgrade to a degree
- Employability skills will increase also across countries
- Shortage of RTs. Could be one year gap. Good or bad thing?
- Research and stats courses might allow RTs to be involved in research
- Could have respiratory technicians and respiratory therapists – diploma AND degree – two job streams, just like in the U.S.

MERGED PRIORITY LIST

1. Negative Impact on enrolment (3)
2. Shortage of RTs
3. Better represented for RT (3)
4. Polarization between degree and non-degree grads (1)
5. Positive impact on enrolment (5)
6. Impact on cost of education (3)
7. RTs across Canada more credible in all hospital environment (6)
8. Diploma salaries capped (1)
9. RTs get better jobs (4)
10. Might lose people with hands on skills (3)
11. Diploma RTs might be forced to upgrade (3)
12. Increased employability skills (6)

3. What changes are taking place in the work of RTs that suggest the requirement for a degree?

1. Increase demand for research (9)
2. Increase scope of practice (12)
3. Increase qualifications of other professions (7)
4. Increase evidence based medicine (2)
5. Increase RTs in management (1)
6. New technology (7)
7. Increase in complexity (1)
8. Hospital budget cuts, therefore less RTs

4. Do you think the RT requirement for a diploma as opposed to a degree currently affects the delivery of health services or patient outcomes? How?

4 neutrals
12 no’s

- Just because you have a degree doesn't mean you are going to be a better RT in the field. Many of the skills can be learned on the job
- Difficult to compare co-workers who have degrees vs. diplomas. No great difference.
- Bed side manners can't be taught, you have to learn them hands on.
- It won't change that, but you absorb more information with a degree – more comfortable and better knowledge. Maybe not bed side manners, but you will be more comfortable with your knowledge. On the other hand, can have all of the knowledge possible and may not know how to deal with patients. It has to do with personality – it wont make a difference.
- In university could take psych and other courses and may help you deal better with patients.
- Importance of experience
- Not currently affecting the level of health care
- Not sure whether it would have an impact because no degree to compare it to. Having a degree may improve health care outcomes. Cannot honestly answer the question. Meet current national students. Wont get worse with a degree program and it may get better.
- May not make a difference if they only increase book smarts and not clinical, hands on patient care
- The course is already difficult and teaches a high level of patient care. Many people say that the RT diploma is already harder than degrees.

5. What should be emphasized in a degree program?

- A degree should be respiratory focused. Not in a class with other professions training. ******* must remain on core info to do jobs well.
- More clinical time before last year**** helps focus on RT and weed out students earlier! MOST IMPORTANT – apply what you learn. Degree theory still needs to be applied. Add more clinical
- More subjects such as research, stats,
- Ethics**, legal issues in health care,
- General courses about health system, health care economics, admin. Well rounded, overall education
- Psychology/Patient care
- Oscillation and cutting edge ventilation techniques
- More in depth in everything
- Electives involving management* and marketing/sales, budget skills, CQI

MERGED PRIORITIES

1. RT focused (9)
2. Clinical (11)
3. Other courses (7)
4. Cutting edge tech (0)
5. More in depth (5)

6. General advice

- Core courses in RT, electives in other courses. Masters and marketing could be taken as a masters degree. It is a given for it to be RT focused.
- Will it be offered online or by correspondence? Not a lot of options in the North for schooling. Issues with upgrading. Similar to what they are doing with nurses. It will affect new people who are entering the profession and older RTs wont be forced. Opportunities for existing diploma RTs to upgrade.
- It all depends on the model. Diploma vs. degree issues – if diplomas have a salary cap, people will be forced to take the degree.
- Grandfathering for current RTs recommended. Careful with transition strategy. Has to be flexible for existing RTs. Many wont leave their jobs or move.
- Make sure it is a true university program – not a little diploma and a little degree mix. The only way for following the other professions. Some disagreement with this point.