

EXECUTIVE SUMMARY

The CRTO has embarked upon a study to examine the issues associated with moving from a diploma to a degree requirement for entry-to practice. In the fall of 2005 the CRTO conducted a study into the issue of a baccalaureate degree level entry-to-practice for Respiratory Therapy. The purpose of the study was to identify the issues and gain participants' initial perspectives on any move from a diploma to a degree for entry-to-practice in Respiratory Therapy. The firm of Harry Cummings and Associates (HCA) was engaged to conduct focus groups and key informant interviews with Respiratory Therapy stakeholders. In addition, CRTO staff implemented the second stage of Phase 1, which involved consulting with additional stakeholder groups namely, Respiratory Therapy education programs, non-Respiratory Therapy employers (including the OHA), National Respiratory Therapy Regulators and the professional associations. The findings of this second stage are the subject of this report.

While some of the respondents provided examples of how university preparation would benefit patient care, (e.g., enhancing the RT's decision-making skills and capability to deal with complex health issues) there was no clear consensus that a change to degree entry-to-practice would improve patient outcomes or significantly change the provision of health services delivery.

A number of respondents felt that recent changes in Respiratory Therapy suggest the requirement for a degree would be advantageous. Such changes included increased acuity of patients, technological advances, RT expanding roles in such areas as anesthesia, research, health administration, patient education, community care and technical development/research. Likewise, a frequent comment from respondents was that university preparation might better prepare RT graduates to deal with increased complexity of health care in general.

The results show some agreement among respondents with respect to the impact of a degree entry-to-practice credential on the professional itself, for example, increase in respect and credibility of the RT profession, increase in opportunities for advancement and accessibility to continuing education. As with the RT focus groups, respondents raised a concern that degree-entry-to practice credentials might create a conflict between diploma and degree prepared RTs.

Concerning recruitment and retention there were mixed responses. There was debate as to whether a move to a degree would discourage students from pursuing the profession and whether Respiratory Therapists are leaving the field because of lack of advancement opportunities. Cost was an issue identified by many, both with respect to increased tuition costs and increased costs to the health care system associated with higher salary expectations.

A number of major themes were identified by the respondents related to additional impacts of a change in the entry-to-practice credential including impact on patient care; employment; educational issues; financial issues and transitional issues. Regarding transitional issues respondents asked whether diploma-holding RTs would be able to upgrade their credentials and how the potential gap created during the transition might lead to a shortage of RTs.

With respect to education, a number of respondents cautioned against changing the existing strong clinical/technical component. Some respondents thought that a degree entry might cause a change in the applicant pool and the impact this would have on the profession was discussed.

