



February 23, 2010

Dr. Keith Rose  
Executive Vice-President and CMO  
Sunnybrook Health Sciences Centre  
2075 Bayview Ave  
Toronto, ON M4N 3M5

Dear Dr. Rose:

Thank you for providing the opportunity to meet with you and share with us the *Report of the ACT Implementation Advisory Committee* on January 21<sup>st</sup>. The College of Respiratory Therapists of Ontario appreciates being consulted on this important initiative and now that we have had an opportunity to share the Report with our Council and Registration and Executive Committees, thought it might be useful to submit our thoughts in writing.

The CRTO's position with respect to the contents of the Report is as follows;

- The CRTO supports the recommendation that the Anesthesia Care Team be permanently established in Ontario as an Anesthesiologist-led anesthesia care model that includes Respiratory Therapist Anesthesia Assistants (RRT-AAs) (recommendations #1 and #2<sup>1</sup>).
- The CRTO is supportive of a standardized scope of practice across the province and welcomes the opportunity to work with the CAS, both individually and through the National Alliance of Respiratory Therapy Regulatory Bodies (recommendation #4). The CRTO also recognizes the benefit of working toward developing documents that standardize the roles and responsibilities of AAs, subject to the needs of individual practice settings (recommendation #3).
- The CRTO recognizes the need for the continued development of appropriate and consistent authorizing mechanisms (direct orders, medical directives and delegation) (recommendation #3).
- The CRTO supports the use of the Anesthesia Assistant title and AA designation as long as it also contains the registered respiratory therapist title and designation; RRT-AA (recommendation 4i and page 23).
- The CRTO would consider the issue of a protected title but notes that this would require a change in statute and in-depth consultation (recommendation 4ii). It should also be noted that

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<sup>1</sup> References refer to recommendations listed on pages 8-11 of the Report.

the CRTO would only be able to protect the title and designation “respiratory therapist anesthesia assistant; RRT-AA”.

- The CRTO strongly supports the recommendation that the AA be a member of a regulated health profession and regulatory body such as the CRTO or CNO (recommendation 4iii and page 22). The CRTO acknowledges that some have advocated for a distinct regulatory body for AAs (page 23), but given the numbers of AAs, the CRTO cautions against taking this approach at the present time given the challenges associated with establishing and maintaining a self-regulation profession.
- The CRTO supports the role of the Chief of Anesthesia with respect to AAs (recommendation #5).
- The CRTO is of the view that it is very reasonable to require completion of a standardized educational program with a didactic, clinical and evaluation components. In general, the CRTO supports the curriculum as outlined in *National Guidelines for Anesthesia Assistant’s Education* document developed by the CAS and Canadian Society of Respiratory Therapists (CSRT) (page 27), but recommends moving toward a competency-based document in future.
- The CRTO supports minimum criteria for entry into an AA educational program.
- In the CRTO’s view, the recommendation that the CAS provide guidance for mandatory continuing education is reasonable (recommendation #11).
- The current CRTO Position Statement (<http://www.crto.on.ca/pdf/Positions/RT-Anesthesia-Assistant.pdf>) states that the role of the AA falls within the scope of practice of respiratory therapy. However, in acknowledgement of the evolving role of the AA, the CRTO is currently conducting a study into the role of RRT-Anesthesia Assistants in the health care team, including examining issues such as education, scope of practice and regulation. One sub-element of the study is to investigate how “advanced/expanded practice” categories are defined and the implications of adding an advanced/expanded class of registration. The CRTO will be in a better position to comment on the full scope and role of the AA, compared to that of an RRT (page 20), once the study is complete and Council has had an opportunity to review the findings.
- Regarding the comment that consideration should be given to “designating a *special AA category* to foster collaboration in the parallel development of this role between both colleges” (CNO and CRTO), once again, the CRTO is hoping that future Council discussions and decisions related to Anesthesia Assistants will be informed by the current study and situational analysis. It should be noted however, that in order to establish of a distinct/special category of registration, the CRTO will need to demonstrate that this is both in the public interest and distinct from other areas of RT practice. Such a process involves extensive consultation.

The CRTO appreciates being part of the consultation process and we welcome the opportunity to be engaged in subsequent discussions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Christine Robinson', followed by a period.

Christine Robinson  
Registrar

c. Dr. Gerry O'Leary  
Patrick Nellis RRT-AA