



RESPIRATORY THERAPY

# Scope of Practice

SUMMIT

# executive SUMMARY

## What will be RTs' essential contribution to high quality patient care in 2031?

That was the question posed to 71 participants at the CROTO Scope of Practice Summit on May 2<sup>nd</sup>. Health care has never been more complex and more pressured than it is currently, and the future shape of our health system is unlikely to resemble its present form. With this in mind the CROTO held the one-day facilitated workshop to examine the current RT scope of practice and the future of the profession.

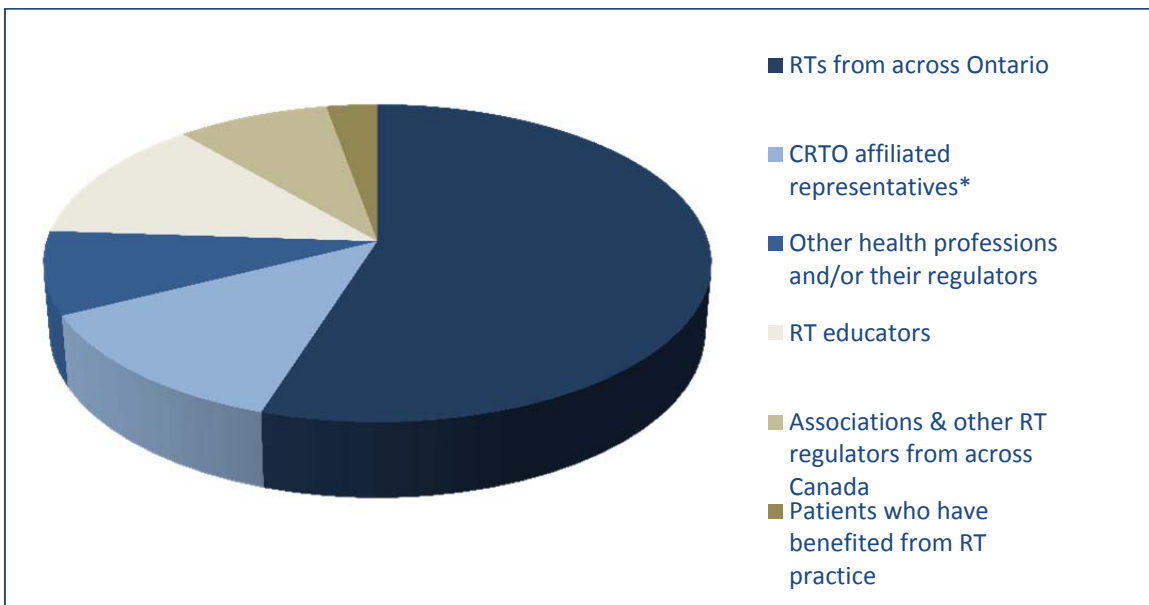
*The purpose of the Scope of Practice Summit was to lay the groundwork to identify what changes, if any, are required to the existing scope of RT practice to enable our Members to meet the needs of the Ontario public in the coming years.*

A major goal of the Summit was to include the views and opinions of a wide range of stakeholders. Nominations were received from across the province for RTs and other health care professional colleagues considered to be thought leaders in their fields, and who met the following criteria:

- have a thorough understanding of the RT profession,
- are innovative,
- are a source of inspiration to others,
- are forward looking, and
- are respected in their fields.

**One-hundred per cent** of those who attended said that they would be interested in participating again if the CROTO was to ever undertake a similar initiative.

Invitations were extended to specific external stakeholders, and as a result the individuals who participated in Summit included:



\* not including CROTO staff who acted as note takers

The Summit began with opening remarks from **Christine Robinson, Registrar** and **Kevin Taylor RRT, President** who welcomed everyone to an unprecedented day of discussion and discovery.

The keynote speaker **Kim Baker, CEO of the Central LHIN**, highlighted some of the challenges facing Respiratory Therapy in the coming decades including role clarity and expectations, role variation and the level of responsibility between organizations, overlap with other professionals, increasing complexity of the patients and the system, and the transitions of care. Kim encouraged participants to **challenge the status quo, overcome the barriers**, both tangible and artificial, and **map out a path** to the future.

Facilitator **Bryan Hayday<sup>†</sup>** invited participants to introduce themselves and then proceeded to describe the format of “scenario planning.” In the package of information given to each attendee was a document containing four Respiratory-related scenarios *set in 2031*. Each scenario described a very different educational, occupational, or therapeutic approach to Respiratory Therapy than exists today. These hypothetical situations became the catalysts for the days’ discussions. (See sidebar for additional information on the scenario planning process.)

Summit participants were enthusiastic and forthcoming with their thoughts and opinions on the scenarios and the future of the profession. Their impressions and reactions to the scenarios were explored in group conversation; challenges and solutions were identified and captured by note-takers at each table. At the conclusion of the Summit-day, participants working in groups were asked to discuss and recommend summative themes that they believed resulted from the day’s conversation and recommendations.

Bryan Hayday’s team at *Change-Ability* compiled and analyzed the notes from each table and categorized them into key themes as outlined below. The resulting list, which will help inform a larger scope of practice review, will be used by CRTO Council in its strategic planning session this September.

### What are ‘scenarios’ and why use them in planning?

- ✓ Scenarios are stories about how the future *might* unfold for our organizations, our issues, our nations, and even our world.
- ✓ Importantly, scenarios are *not predictions*. Rather, they are provocative and plausible stories about diverse ways in which relevant issues outside our organization might evolve, such as the future political environment, social attitudes, regulation, and the strength of the economy.
- ✓ The CRTO scenarios looked at *possible* changes in our publicly funded health system, changes in scopes of practice, changes in the composition of allied health teams, changes in the health needs of Ontario’s residents, and emerging technologies in our healthcare system.
- ✓ Because *scenarios are hypotheses*, not predictions, they are created and used in sets of multiple stories, usually four, that capture a range of future possibilities, good and bad, expected and surprising.
- ✓ And finally, scenarios are designed to stretch our thinking about the *opportunities and threats that the future might hold*, and to weigh those opportunities and threats carefully when making both short-term and long-term strategic decisions.

<sup>†</sup> The College is saddened to report that Bryan Hayday who facilitated the Scope of Practice Summit passed away suddenly on May 26<sup>th</sup>. Members who were present at the Summit can attest to Bryan’s innovative scenario planning process that was received with great enthusiasm. The College conveys its condolences to Bryan’s family, friends and colleagues.

## Key Themes resulting from the Summit

It should be noted that the following list of themes outlines the thoughts and opinions of the RT Scope of Practice Summit participants and does not necessarily represent the intentions or direction of the CRTO. Any and all initiatives that the CRTO undertakes must fall within its public protection mandate as outlined in the College Objects under the *Health Professions Procedural Code*. CRTO Council will consider the themes emerging from the Summit as one component of its overall scope of practice review, and welcomes your comments as the consultation process unfolds.

### 1. Build a Research Agenda

The efficacy, efficiency, and quality of RTs' work is neither well documented nor adequately investigated. The changing needs of the patient population, both in Ontario and Canada, and the growing concern with COPD in terms of morbidity and mortality are strong justifications for a dedicated area of funded inquiry, and the recruitment of a cohort of qualified researchers for this work. It is plausible that patients' groups, specific disease charities and other community groups may be interested in sharing in the cost of a research initiative. However, without the careful quantitative and qualitative measurement of RTs' impact as a profession, few positives will result.

### 2. Develop the Business Case for Expanded RT Scopes

When patient safety, infection control, some hospitals' clinical practices, and the economies of community care are all on the same side of the ledger, it is past time to build the business case for an expanded scope of practice for RTs. There is also considerable unevenness in the interpretation of current scopes, influenced by evolved relationships with physicians and other health professionals; team and clinical capacity pressures; RTs' experience; and administrative and clinical policies in some hospitals. These latter factors must be factored into a clear statement of assumptions in the articulation of any current and future business case.

### 3. Articulate Respiratory Patients' Interests with Government

The changing needs in the patient community require our leadership to remove the four walls around the RT profession. There are compelling reasons to grow RTs' role outside of the hospital setting, and this will require: serious review of controlled acts; consideration of changes in requirements for entry to the RT profession; and the articulation of standards which are tied to accredited continuing medical and technological education.

### 4. Strengthen our Community Story

The broader public does not have an awareness of RTs' competencies and the contributions they make to "at home" care, to decreased risk of infection, to shorter hospital stays, and to our ability to be strong team members in primary care, workplace health, preventative education and home care settings.

### 5. Develop Expertise as Communicators and Trainers

As RTs enter new venues with an authoritative voice as the local expert in their domain, they will need a clear and strong "voice". It is one thing to say we need to be listened to, respected more, to receive more credit and more attention. It is another to be able to "hold the floor" (or "the head of the bed"), to speak from evidence, and to represent the profession at its strongest. The skills which are embodied in this kind of presentation will not automatically be conferred with a degree, although a degree is often associated with a greater degree of personal confidence. There is a role for the College in developing a cadre of RTs who can be allied health professional team leaders and ambassadors of their RT profession.

**If you have any comments regarding this document or the Summit please send them to: Christine Robinson, Registrar [robinson@crto.on.ca](mailto:robinson@crto.on.ca)**