

# 2017 Interim Report

October 21, 2017

## Registration

There were 15 new members licensed since registration renewal, bringing our membership to 310.

## 2017 Operations Transition

Concluding 18 months of training, Tara Planetta has assumed the role of Registrar and Shannon McDonald has transitioned to her role as Deputy Registrar. The Board has approved a combined workload of 30 hours per week to perform the necessary regulatory and operations functions of the College. Shannon will continue to support Tara as she develops in her role as Registrar.

Upgrades made to our on-line registration renewal along with an earlier closing date for renewal created a smoother renewal process overall. Shannon and Tara met with website administrators in the spring to address some minor technical issues and upgrades to the online renewal platform.

#### **Board Nominations**

The Nominations Committee presented this list of members for nomination to the Board of Directors in 2017. The list has been approved by the Board.

Treasurer	Corry Fitzgerald	QEII, Anesthesia, Staff RRT-AA
Treasurer	Monique Richard	IWK, Respiratory Therapy, Staff RRT

#### Statutory Committees

In the 2017 fiscal year the NSCRT has had two vacancies in the statutory committees due to recent resignations. Adam Gillis resigned from the Professional Practice Committee as he assumed the role of President and member of the National Alliance of Respiratory Therapy Regulatory Bodies. Denise MacDonald-Billiard, a public Board member, resigned due to conflicts with a new position and in doing so removed herself as the public member on the Complaints Committee. The bylaws require a public member be appointed to this Statutory Committee to meet minimum requirements. At the November meeting the Board will appoint one of the public members to this committee.

## **Operations Update**

**Telepractice**: Our national organization, the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB), is collaborating on a Memorandum of Understanding among provinces on the practice of telehealth by RTs. Telehealth is the practice of providing electronic healthcare services or advice across jurisdictions. These services may be provided via telephone, fax, email, etc. It is an opportunity to enhance care to people who would otherwise have limited access. It must be supported with appropriate regulatory oversight to ensure protection of the public. This document is currently in the preliminary stages of development.

**Accreditation:** The accreditation status of the College of the North Atlantic (CNA) in St. John's, NL was revoked following a scheduled site visit in June of this year. CNA held probationary accreditation status for the year proceeding the revocation, pending conformity to standards. Students who graduated during the probationary year were eligible for licensure but there was uncertainty on the future of students who had completed 1<sup>st</sup> and 2<sup>nd</sup> year. CNA and the Southern Alberta Institute of Technology (SAIT) have finalized a Memorandum of Understanding. SAIT is a fully accredited college with a long-standing history. 1<sup>st</sup> and 2<sup>nd</sup> year students have been accepted into a SAIT satellite program, being offered at CNA. Students will study SAIT curriculum taught by SAIT faculty members. This agreement will provide students with a cost affective solution and minimal interruption in the successful completion of their studies.

**CBRC exam results:** In July, the Canadian Board of Respiratory Care (CBRC) administered the respiratory therapy credentialing examination. An independent psychometrician was contracted to complete the exam review and statistical analysis. The psychometrician presented the exam results to CBRC at the end of July. The final analysis revealed a 44% failure rate. Based on the high rate of failure, CBRC delayed notification to candidates while the independent national examination administration service, Yardstick, more closely examined the results. The data was found to be accurate in this review and candidates were notified of their results. Regrettably, after several candidates were notified, an error on behalf of the psychometrician was discovered. This error affected the final scoring results of several candidates. The national outcome data for the CBRC examination was updated and revised to reflect the corrected 86% pass rate. All affected candidates were notified and the CBRC released an explanatory statement.

**Degree as Entry to Practice:** In January 2017, the NSCRT Board of Directors distributed a position statement to provincial stakeholders to inform them of a national initiative to change the entry to practice credential requirement to degree as entry to practice. The NSCRT is not actively pursuing a credential change at this time. This

position statement was meant to inform provincial stakeholders that this initiative is being explored and that the NSCRT is supportive of this change. The NSCRT will work with the provincial ministries of Health, Labour, and Advanced Education, and other provincial and national stakeholders to achieve this objective.

**Revision of Provincial Dental Board Standards on sedation guidelines:** Feedback was requested by the Provincial Dental Board on revisions to guidelines pertaining to Procedural Sedation and General Anesthesia. The NSCRT convened an ad hoc committee to review the guidelines and provide feedback. This committee was comprised of three experienced RRT/AAs and Shannon McDonald, Registrar of the NSCRT. Along with general recommendations related to language and terminology, the committee made recommendations surrounding RRT and RRT/AA participation on the sedation care team. RRT/AAs have extensive post entry education and clinical training and regularly administer parenteral sedation and anesthetic medications and do not perform parenteral sedation. The NSCRT recommends that general practice RRTs have additional education in the administration and management of parenteral sedation if working in this area of practice. Additional professional liability insurance would be required for RRTs wishing to pursue this avenue of employment.

**Internationally Educated Applicant:** The NSCRT has been involved in an ongoing assessment of an internationally educated applicant. In June 2017, as the initial step in a competency assessment, the applicant participated in a behavioural descriptive interview. The interview is designed to focus on real life experiences that are relevant to the practice of respiratory therapy. The interview was conducted by Tara Planetta and Barbara MacDonald. A face to face meeting with Shannon McDonald was scheduled for July and an interim report was provided to the applicant. The interview report details the results of the interview and next steps in the application process. At this time, the applicant has decided not to continue with the assessment process.

**IWK request for interjurisdictional agreement:** The IWK has identified some challenges to providing service, by way of clinics, to cross jurisdictional patients. In a letter to the Department of Health and Wellness (DHW), the IWK identified concerns with the regulatory policies of six NS regulated health professions. The NSCRT was identified as one of the regulators. The issue was brought forward for discussion at a Nova Scotia Regulated Health Professions Network meeting in September, which includes representation from the DHW. All regulators named in the IWK correspondence provided a summary of their position on multi-jurisdictional practice. A group consisting of the named professions and government representatives will convene

to continue discussions on interjurisdictional practice and develop a plan to address any barriers identified.

# **Credentials Committee**

The credentials committee has completed a final draft Orientation Guideline for employers in NS. The purpose of the guideline is to assist employers in creating a structured orientation process across the province that is customized to their facility. Employers in NS need assurance that RTs entering practice within their facilities have the specific competencies required to safely practice to the full scope of employment that is defined by the employer. The guideline had previously been circulated to six managers across the province for feedback. The final document will be presented to the NSCRT Board of Directors in November for approval.

The committee is in the preliminary phase of developing a revised continuing competency program. The intention is to develop an online platform where members can log their continuing education and professional development credits. The committee intends to seek out external expertise on the structure and credit requirements of the program.

# **Professional Practice**

The NSCRT Professional Practice Committee is engaged in developing several guidelines for our members. A Social Media Guideline will go before the Board of Directors for approval in November. This guideline will educate members on professional responsibilities and appropriate use of social media platforms.

The committee is currently seeking some external advice on an Assignment and Delegation Policy which will guide RTs in their practice when assigning or delegating tasks to unregulated care professionals.

The committee is also reviewing an early draft of a Professional Practice Guideline. RTs providing direct service to clients need to be aware of additional responsibilities and accountabilities related to private practice. Members will be notified as guidelines and polices are made available on the NSCRT website.