



## Nova Scotia College of Respiratory Therapists

January 31, 2017

RE: NSCRT Position on Changing the Entry to Practice Credential Requirement

Dear Stakeholder,

The Nova Scotia College of Respiratory Therapists has collaborated with our regulatory colleagues across Canada and the Canadian Society of Respiratory Therapists to examine the credential requirement to enter practice.

A national working group prepared a body of evidence that indicates that requiring a degree to enter respiratory therapy practice would be in the public interest. The NSCRT Board of Directors reviewed the materials provided by the working group and concluded that we support the position of requiring a degree to enter respiratory therapy practice.

The attached Position Statement outlines why the NSCRT supports the change in credential requirement. The NSCRT is not actively pursuing a credential change requirement at this time. The purpose of this correspondence is merely to inform provincial stakeholders that a national initiative to change the entry to practice credential requirement is being explored and that we support this direction. We will provide updates whenever this file moves forward.

We welcome your feedback by email to [registrar@nscrt.com](mailto:registrar@nscrt.com) or by mail to 1959 Upper Water Street, Suite 1301, Halifax, NS, B3J 3N2.

Sincerely,

Debra Gillis  
President, NSCRT



# Nova Scotia College of Respiratory Therapists

## Position Statement on Degree as a Requirement for Entry to Practice

### **Nova Scotia College of Respiratory Therapists Position**

The Nova Scotia College of Respiratory Therapists (NSCRT) believes a Bachelor's Degree in Respiratory Therapy as a requirement for Entry to Practice is essential to ensure the Respiratory Therapy profession provides optimal patient care. The NSCRT will work with the provincial ministries of Health, Labour and Advanced Education, and other provincial and national stakeholders, to achieve this objective.

### **Rationale**

To improve patient outcomes, respiratory care services must go beyond the application of technical skills. A degree will lead to a higher level of critical thinking, driven by evidence literacy, and will optimize patient care and minimize adverse events and prevent their recurrence.

In a health care system, where change is a constant, a degree will develop clinicians who know how to think critically and analytically. These clinicians will have a broader perspective and a clearer understanding of developing situations. They will continue learning, drive innovation, and will develop strategies for understanding and accepting change, which will lead to a positive impact on patient care.

To improve patient care, the clinician must take greater responsibility in patient case management by providing targeted and appropriate interventions, access to programs, and advocacy. Respiratory Therapists are expected to work with relative independence and make decisions based on sound patient assessments. A degree will lead to improved assessment skills, enhanced clinical reasoning, and refined oral/written communication skills. This will assist the clinician in working more effectively within inter-professional teams.

To improve patient safety culture and willingness to report, clinicians need an appreciation of how their daily work affects the entire healthcare system. Respiratory Therapists need to have a systems perspective (root cause analysis, human factors). A degree will better prepare clinicians to propose meaningful, preventative solutions that address more than the current symptom and/or clinical situation.

To enhance clinical research and patient centered policy development capacity, a degree will provide the knowledge and skills necessary to be more professionally engaged and to competently participate in research and policy/procedure development.

The NSCRT considers all respiratory therapists currently in practice in Nova Scotia to be competent to practice. Therefore, all practicing respiratory therapists at the time of change would not be impacted by the degree as the entry to practice requirement, but instead would be subject to a grandfather clause. No additional educational requirements would be imposed.

## Background

In October 2014, the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB) established a Presidents' Committee with the mandate to review the issues surrounding degree as a requirement for entry-to-practice and to make recommendations to the NARTRB Board of Directors. Mark Herzog, who was President of the Saskatchewan College of Respiratory Therapists at that time, was selected as project lead. This was an initiative of the NARTRB President's Committee and the Canadian Society of Respiratory Therapists (CSRT).

The following strategies have been implemented to-date:

- Presentation to Government officials in Saskatchewan (Ministers of Health, Advanced Education and Economy) to seek their input
- Literature search to find evidence regarding a degree as a requirement for entry-to-practice
- National stakeholders' discussion on degree as a requirement for entry-to-practice for the RT profession
- Development of key messages

## Literature search

The CSRT commissioned Andrew West from the University of Manitoba to do a literature search to find evidence regarding a degree as a requirement for entry-to-practice. Andrew West looked at the best available research and found there was a significant body of literature that supported degree as a requirement for entry-to-practice. The literature can be broken down into four key areas, as follows: (1) systems function; (2) patient outcomes; (3) patient safety; (4) professional skills. The following is an overview of the findings in each area.

### (1) Systems Function

A substantial number of the citations included in the review findings addressed how levels of education may relate to health system performance and accountability. There is an appetite for employing degree prepared health professionals in the health care system. The perspectives of organizations and employers are clear, they prefer to hire both respiratory therapists and nurses who have degrees (e.g. Becker, 2003; Goode et al. 2001). Additionally, there is empiric evidence to support that employing degree prepared nurses makes positive system wide impact (e.g. Bruyneel et al., 2015).

### (2) Patient Outcomes

The cornerstone of the literature described the relationship between level of education and patient outcomes with respect to nursing education and mortality. Beginning in 2003, a substantial body of literature quantified how much the percentage of RNs in a hospital with baccalaureate degrees decreased patient mortality (primarily measured by in-hospital 30-day mortality, failure to rescue). For example, it has been demonstrated that for each 10% increase in the proportion of nurses with BSN or higher degrees decreased the risk of mortality and of failure to rescue by 5% (e.g. Aiken et al., 2003). Initially studied in US contexts, these associations have now also been demonstrated in Canada, Europe, and Asia.

### **(3) Patient Safety**

Notably, the notion of the impact of education level on mortality and failure to rescue relate closely to patient safety. This theme has been separated from these two often cited concepts in order to highlight the limited yet important literature that relates to other aspects of patient safety. An emerging body of knowledge is making an important connection between the level of education and rates of adverse events, but also to organizational cultures which support reporting of adverse events (e.g. Carleton & Blegen, 2016; Kirwin et al., 2006).

### **(4) Professional Skills**

Studies have also found that nurses prepared at the baccalaureate level have stronger communication and problem solving skills (e.g. Johnson, 1988) and a higher proficiency in their ability to make nursing diagnoses and evaluate nursing interventions (e.g. Giger & Davidhizar, 1990). Similar associations are suggested in the Respiratory Therapy literature (Martins & Kenaszchuk).

## **National stakeholders' discussion**

While there have been informal discussions over the years, there has never been a national stakeholders' discussion on degree as a requirement for entry-to-practice. It was therefore essential to see the level of support and commitment from various stakeholders in the Respiratory Therapy profession for this initiative.

On May 25<sup>th</sup>, 2016, the CSRT hosted a national stakeholders' workshop that included representatives from regulators, educators, accreditation and certification agencies as well as respiratory therapists from various areas of practice and from each region of Canada.

A total of 70 individuals, from various areas of the Respiratory Therapy profession, were asked to discuss the advantages and disadvantages of degree as a requirement for entry-to-practice, all this in an effort to respond to the following fundamental question: *Is Degree as a requirement for Entry to Practice the Right Thing to Ensure the Respiratory Therapy Profession Provides Optimal Patient Care?*

## **Development of key messages**

The national stakeholders' workshop concluded that degree as a requirement for entry to practice was the correct initiative to ensure the Respiratory Therapy profession provides optimal patient care. From this workshop, the following main message and statements were developed:

### **Main message**

- Degree as a requirement for Entry to Practice is required to ensure the Respiratory Therapy profession provides optimal patient care.

## Key messages

- To improve patient outcomes, respiratory care services must go beyond the application of technical skills. A degree will lead to a higher level of critical thinking driven by evidence based literacy, and optimized patient care with minimized adverse events and prevention of recurrence.
- In the health care system, where change is a constant, a degree will develop clinicians who know how to think critically and analytically. These clinicians will have a broader perspective and a clearer understanding of developing situations. They will continue learning, drive innovation, and will develop strategies for understanding and accepting change, which will lead to a positive impact on patient care.
- To improve patient care, the clinician must take greater responsibility in patient case management by providing targeted and appropriate interventions, access to programs, and advocacy. Respiratory Therapists are expected to work with relative independence and make decisions based on sound patient assessments. A degree will lead to improved assessment skills, enhanced clinical reasoning, and refined oral/written communication skills. This will assist the clinician in working more effectively within inter-professional teams.
- To improve patient safety culture and willingness to report, clinicians need an appreciation of how their daily work affects the entire healthcare system. Respiratory therapists need to have a systems perspective (root cause analysis, human factors). A degree will prepare clinicians to propose meaningful, preventative solutions that address more than the current symptom and/or clinical situation.
- To enhance clinical research and patient centered policy development capacity, a degree will provide the knowledge and skills necessary to be more professionally engaged and to competently participate in research and policy/procedure development

## About NSCRT

NSCRT (*Nova Scotia College of Respiratory Therapists*) is the provincial college regulating the practice of respiratory therapists by setting the standards for the profession and ensuring compliance with these standards, provincial acts, and related laws. All respiratory therapists practicing in Nova Scotia must be licenced by the Nova Scotia College of Respiratory Therapists.

**Approved by the Board of Directors of the Nova Scotia College of Respiratory Therapists**