

BCSRT Briefing Document

Barriers & Challenges to Providing Safe Patient Care



British Columbia Society Of
Respiratory Therapists

www.bcsrt.com

“Advocating for excellence in Respiratory Therapy”

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Expanding into Private Practice

Respiratory Therapists have been practicing in B.C for more than 25 years. The traditional practice setting of the RT has been rapidly evolving in the last 5 years as issues of access to healthcare services have been highlighted. A growing segment of RT professionals are employed by large, nationally established home care organizations and as such practice within an established institutional framework. However, there are a significant number of Respiratory Therapists that either have a private practice in the community (no employees, no referrals from physicians) or have health care businesses. In these latter situations there often is insufficient infrastructure to ensure that appropriate, safe care and service delivery is being provided; typically there generally is no supervision or delegation of authority from a regulated health profession or adherence to appropriate practice standards. This has led to incidents where acceptable practice and health care standards as well as current legislation designed to protect the public is not being followed.

Limits on Professional Associations

The Canadian Society of Respiratory Therapists (CSRT), the de facto regulatory authority for the Respiratory Therapy profession when provincial regulation is not in place, formally withdrew from overseeing and administering these activities in January 2008. This withdrawal of regulatory authority on behalf of the unregulated provinces was promoted by a BC Supreme Court decision (Chaudhary vs. CSRT, 2007) that restricts the ability of a professional association such as the CSRT to review the conduct of members; individuals must be currently registered with the association in order to be considered a member. Since membership is voluntary in professional associations, Respiratory Therapy practitioners that are not adequately maintaining their competency or, are exhibiting inappropriate conduct need only cease being a member of the association to avoid any review of their practice and subsequent discipline.

Labour Relations

The Health Sciences Association (HSA) recently put forth a policy grievance to the Health Employers Association of BC (HEABC) to remove any requirements in job descriptions for membership in a professional body unless it is required by legislation. It is the opinion of HEABC that titles protection as described under the society act does not constitute legislation.

This development has a significant impact on all of the non-regulated health professions whose members are represented by HSA in that it effectively removes any professional link with the associations responsible for certifying competencies and skills. It also has the strong potential of removing an employer-friendly mechanism for validating an individual's entry-to-practice credentials and ensuring appropriate conduct and competency. The British Columbia of Respiratory Therapists (BCSRT) continues to dialogue with HEABC to find a workable solution.

International & Intra-Provincial Recruitment

A key source for recruiting adequate numbers of skilled, qualified health professionals such as Respiratory Therapists continues to rely on both provincial and international migration to B.C. Currently employers depend on regulatory processes to adequately screen out-of-province qualifications and credentials to ensure entry-to-practice and competency requirements are equivalent. The BCSRT, as a voluntary professional association does not have the authority to provide this service even though a national process has been developed within the last year by the National Alliance, a national organization made up of all the existing provincial regulatory authorities for Respiratory Therapists. The BCSRT has received several inquiries this past year from organizations wishing to recruit internationally and from individuals from other countries wishing to immigrate. However, the BCSRT can only refer them to whatever policies and hiring standards the potential employers may have in place.

Currently BC is the only province east of New Brunswick without a standardized, objective, province-wide mechanism for reviewing credentials and ensuring entry-to-practice requirements (or their equivalent) are being met. There is considerable concern among employers and the profession itself that BC may become the dumping ground for unqualified individuals and/or those with conduct and competency shortcomings.

Employer-Driven Regulatory Processes

In the few cases where a Respiratory Therapists conduct and competency have been called into question in the public sector it has, of course, been dealt with in the labour relations arena. This mechanism for dealing with these issues is designed more for the protection of the employee than to protect the public and ensure safe patient care. Consequently there have

been decisions made and situations that exist that are not in the best interests of safe patient care.

Continuing competency for our aging work force also continues to be a challenge for all B.C health care employers and regulatory authorities. In the instance of an unregulated health profession only the employer can require (and therefore must pay for) such activities. Professional associations can and do provide continuing education and feedback on evolving practice, but currently there are no B.C legislative requirements for professional membership and as such, these associations such as the BCSRT have no authority to mandate skill development and maintenance.

Recent discussions with representatives from HEABC and Health Human Resources Ministry have been held to discuss the potential value of implementing an employer based registry for Respiratory Therapists. While the proposal has the potential for effectively dealing with some of the concerns expressed in this document it cannot be considered to be a comprehensive solution. There are gaps and therefore limits to the value of such a registry for a health profession such a Respiratory Therapy with a fairly complex scope of practice that extends across the continuum of care. However, the BCSRT is committed to actively working with all the agencies involved to the successful implementation of such a process if it were considered to be of value. The partial response to the BCSRT's concerns is that the proposed process may be better than what is currently in place.

Legislative Limitations

Section 51 of the Evidence Act provides protection for health professionals to participate in the quality assurance reviews of critical incidents. To that end it also permits the practice of individual health professionals to be reviewed and discussed with a view to improving practice and reducing the incidence of any re-occurrence of the event that is under review. The legislation specifically states that the protection provided under section 51 applies only to the regulated health professional.

Although no incident to date has occurred as a result of a non-regulated health profession participating in a Section 51 review, there is an acute awareness of a double standard that is being applied. Respiratory Therapists have major roles in intensive care, neonatal care, emergency services, patient transport and cardiac arrest teams where patient acuity and

complexity of care is high. It is unfortunate that as members of the health care team many Respiratory Therapists feel hesitant to participate in such reviews, particularly in the current climate of disclosure in health care.

The Health Care (Consent) and Care Facilities (Admission) Act provides detailed requirements for obtaining consent for health care. This Act applies to “Health Care Providers” directly involved in the care of patients. The Act defines “Health Care Providers” to be any regulated health professional. This of course presents some significant concerns for Respiratory Therapists, particularly ones practicing privately in the community. We continue to work with practitioners in the community and our legal counsel for an appropriate interpretation of the Act and the role an unregulated health professional plays in the Consent process. We are of course particularly concerned that this may either unduly restrict the practice of some Respiratory Therapists in the community or result in inappropriate Consent practices.

The professional association for Respiratory Therapists in the province (the BCSRT) currently operates under the Society Act, including the section on Titles Protection. Due to the significant limitations that the society act has upon any kind of regulatory activities, the BCSRT will be re-drafting its bylaws over the coming year to remove any responsibility it has for regulating the profession under this Act. This will effectively remove the ability of the BCSRT to manage public complaints regarding the conduct of a Respiratory Therapist in the province; members of the public wishing to follow up on conduct issues will be referred to the individual’s employer.

Out of Province Influences

The National Alliance has assumed the responsibility for many key activities pertaining to the training, credentialing and ongoing competency of Respiratory Therapists. Unfortunately membership in this organization is restricted to regulated provinces and this has peripheralized British Columbia’s participation and contributions and left us without adequate representation. If this situation continues it is highly probable that the Respiratory Therapy profession in BC and its training program will only become more distant from the national process rather than a part of it. It is also highly likely that decisions of the National Alliance on such critical provincial positions such as “credential creep” and entry-level standards will

not be able to be appropriately influenced, the result being that other provinces will be making these decisions for B.C. The most recent example of how BC is peripheralized from participating in decisions that will ultimately and profoundly impact education and practice, is the national competency profile review that is currently being undertaken by the National Alliance. While B.C will contribute evidence of what our necessary competencies to practice are, our contributions will likely not carry as much weight or receive the necessary emphasis in the national competency profile given that we will not be part of the dialogue nor participate in the decision making processes.

In the long term, scope of practice in BC may not be adequately reflected in the national examining/credentialing processes and this likely will have a negative effect on the portability of practitioners and our ability in the future to attract Respiratory Therapists from out-of-province. This may already be the case being that since 2001, BC no longer is the target province for Respiratory Therapy migration (CIHI 2007; Pitblado 2007). Further, if the professions entry-to-practice exam eventually ceases to accurately reflect practice in the province there is at present, no agency or mechanism that could access or develop another more appropriate exam and have it nationally recognized.

The Labour Mobility Agreement allows for the free movement of labour between provinces (removal of any artificial barriers) and includes health care providers such as Respiratory Therapists. Unfortunately, Respiratory Therapy regulatory authorities in other provinces such as Alberta see the lack of a regulatory process (or some other equivalent mechanism) in BC as a barrier to the free movement of practitioners. There are instances where Respiratory Therapists considering employment in BC are being cautioned about such a move, suggesting that if they were to stay too long in BC their practice might not be recognized across the country, thereby affecting their portability.

The more recent Trade Investment & Labour Mobility Agreement with Alberta also has agreed to extend TILMA to include “health and social service providers”. Similar to the above national Labour Mobility Agreement, TILMA strives to eliminate barriers to the free movement of workers between BC and Alberta. However, CARTA, the regulatory body for Respiratory Therapists in Alberta has no counterpart in BC to negotiate with. Consequently, key elements of the labour mobility section of TILMA are not being addressed and this raises concerns in both provinces. As a neighboring province with two schools for Respiratory

Therapists, Alberta has in the past, been a key source for recruitment for BC health care facilities. The absence of an equivalent process in BC is creating a significant barrier to the free movement of Respiratory Therapists between the two provinces.

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