

Registered Respiratory Therapist (RRT)

A Classification Review of the Role of the Registered Respiratory Therapist

Association of Ontario Health Centres (AOHC)

Association of Family Health Teams of Ontario (AFHTO)

Respiratory Therapy Society of Ontario (RTSO)

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Executive Search | HayGroup | Futurestep

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1. Introduction

Hay Group is pleased to respond to a request from the Association of Ontario Health Centres (AOHC), Association of Family Health Teams of Ontario (AFHTO) and the Respiratory Therapy Society of Ontario (RTSO) to provide technical support in the review and evaluation of the Registered Respiratory Therapist role.

AOHC and AFHTO are long standing clients of the firm – Hay Group worked with the Associations and various stakeholders in the late 1990s and early 2000s to develop a provincial framework to facilitate the ongoing evaluation and classification of positions within the Ontario primary health care sector.

Hay Group continues to work with the Associations on a regular basis, and with individual primary health care centres to provide support on a range of job evaluation and classification questions that are often unique to the centre at hand. We understand the evolving landscape of organization and work design and the challenges that are unique to the primary health care community.

This report focuses on a review and evaluation of the role of the Registered Respiratory Therapist (RRT) – a benchmark position in the provincial grading structure. Our report and recommendation is based on our review of related background documentation; discussions with RRTs (facilitated by AOHC, AFHTO and RTSO); and our understanding of the established grading structure.



2. Background and context

Through various discussions, Hay Group has become aware that a level of concern exists regarding the placement of the RRT on the provincial grading structure. Our understanding of the concerns is summarized as follows:

- The RRT was placed on the established grading structure in 2012 (Level 7), at a time when the role was evolving considerably. While the role will continue to evolve (much like other healthcare professional roles), there is a sense that the position is more established and better understood in the context of the healthcare system today relative to 2013. There is a sense that it is now an appropriate time to review and validate the placement of this position on the established provincial grading structure.
- There is a view on the part of the Respiratory Therapy Society of Ontario (RTSO) that the role of the RRT and the nature of its work is increasingly similar to other professional therapist roles, such as Occupational Therapists and Physiotherapists. There has been an interest to have the role reviewed independently.

In the summer 2016, Hay Group was to submit a formal proposal and work plan to review and evaluate this position in the context of other benchmark positions that form part of the provincial grading structure. We were asked to consider the current context of the role – and how the RRT is typically required to operate in the primary care setting. We developed a work plan and process in collaboration with the AOHC, AFHTO and RTSO, which provided for a number of steps to be undertaken as part of the agreed process. More specifically, Hay Group:

- Reviewed the updated position description for the RRT, as developed and finalized by the RTSO, AOHC and AFHTO working group.
- Prepared for a series of interviews with representative RRTs operating in the primary care environment. As part of the preparation, Hay Group developed an interview protocol to guide the planned discussions, which was shared with the designated RRTs in advance of the scheduled interviews.



2. Background and context (cont'd)

- Conducted a series of interviews to better understand the role of the RRT, the nature of the RRTs' work in the context of the primary care setting, the challenges associated with the role and the way it is intended to operate in Ontario's health care setting.
- Evaluated the role of the RRT using Hay Group's job evaluation methodology, and reviewed the proposed evaluation outcome relative to the established benchmarks and their respective evaluations/classification levels.
- Recommended a placement of the RRT role on the provincial grading structure for RTSO, AFHTO and AOHC's review and consideration.

There are a number of key insights related to the role of the RRT that were provided through the job analysis process, and we highlight them for your review in the following chapter.



3. Observations from our interviews

Interviews conducted by Hay Group provided insight as to how the role of the RRT is currently required to operate in the context of a primary care setting. We summarize the following characteristics we believe are central to this review:

- The RRT is a regulated health professional, and in this context, shares some commonalities with other healthcare professionals and therapists, such as Occupational Therapists and Physiotherapists.
- The RRT is required to exercise specialized and relatively deep expertise in a designated domain. Like many other professional therapists, the RRT is called upon to assess the patient's condition; and develop a management plan tailored to the needs of the individual patient – there is a case management focus associated with this role.
- The RRT administers a variety of tests and diagnostics to help assess a patient's condition and to document case findings. Often part of an interdisciplinary health team, the RRT assists other health care professionals, such as Nurse Practitioners and Physicians, with diagnosing respiratory illnesses and conditions.
- The RRT today is typically involved with the design and delivery of education programming, and is required to obtain an additional designation in order to fulfill this requirement – the Certified Respiratory Educator (CRE).
- In many community health centres (CHCs) and other primary care settings, the RRT is required to operate quite independently in assessing patient's condition, and in determining the appropriate level of care or intervention needed. Here, the RRT may have fewer available resources on which to rely for problem solving efforts. In this context, the RRT is often required to rely considerably heavily on the skill sets developed, learned experiences, ability to effectively case find, and develop appropriate measures for patient care.
- RRTs in the primary care setting are typically called upon to develop appropriate care/programs for the patient; and coordinate/recommend services outside the RT domain which will support the patient's healthcare objectives. Like other healthcare practitioners, the RRT also makes use of medical directives while developing a patient care plan.
- In recent years, the role of RT has expanded from a focus on patient evaluation to full case management.



4. Proposed evaluation

Factor	Comments	Proposed Evaluation	Points
Know How	<ul style="list-style-type: none"> Represents a healthcare professional requiring formal education, either an undergraduate degree from a recognized university; or combination of diploma and relevant courses, including certification as a CRE. Member in good standing with the College of Respiratory Therapists of Ontario Three to five years experience in respiratory therapy in community health, hospital setting or public health setting. Knowledge of a variety of techniques and practices used to treat cardio pulmonary disorders, including treatment alternatives, drug properties and interactions and preventative care measures. 	E I 2	200
Problem Solving	<ul style="list-style-type: none"> Required to work with multiple an different procedures, standards and practices in order to carry out case findings and to implement or recommend appropriate and beneficial health treatment plans, which are customized to the patient's needs and condition. In a primary care setting, the RRT will often be required to problem solve quite independently. 	D+ 3 (33%)	66
Accountability	<ul style="list-style-type: none"> The RRT makes decisions and takes action based on professional practice and standards of care, as well as through a variety of policies, procedures, regulations and guidelines that create the framework within which the RRT operates. 	D 2 C	66
Working Conditions	<ul style="list-style-type: none"> Working Conditions evaluated as being similar to other therapists and health professionals. 	8/8/12/10	38
		Level 8	370



5. Conclusion and recommendation

Based on the review and evaluation conducted by Hay Group, we recommend that the RRT be placed in the provincial grading structure at Level 8, which is comparable to other regulated health professionals and therapists.

These comparators on the provincial grading structure appear to be more appropriate and meaningful comparators for the RRT, given the need to assess patient conditions, provide related management plans and strategies which are designed to optimize well being and quality of life in contexts where there are chronic illnesses.

We believe the role of RRT and our understanding of the position today can support the recommended evaluation.

This exercise has focussed on a review and evaluation of the nature of the current work associated with the role of the RRT. We recognize there may be cost implications associated with adopting or implementing this recommendation. However, we believe this recommendation will continue to maintain appropriate internal relativities between and among the various health therapists included in the list of benchmark positions.



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Thank you



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