

College and Association of Respiratory Therapists of Alberta (CARTA) Respiratory Care Practitioner in Anesthesia (RCP-A) Proposal

Issue

The current shortage of anesthesiologists poses a challenge for timely access to surgical procedures and safe provision of procedural sedation outside of the operating room. Efforts to decrease wait times will potentially be affected by the situation.

Background

The Canadian Anesthesiologists Society (CAS) *Guidelines to the Practice of Anesthesia* (2008) indicates increasing surgical loads are imposing severe strains on the ability of anesthesiologists to meet their clinical and academic obligations. CAS welcomes the addition of competent, well-trained health care professionals to assist in the delivery of anesthetic care in the operating room.¹

Basic anesthesia curriculum is currently taught in all respiratory therapy programs across Canada. Schools in Québec routinely provide particularly heavy emphasis for anesthesia practice within their respiratory therapy programs. To build on the core anesthesia training provided to all respiratory therapists, six schools* are currently developing/providing advanced, post-diploma training in anesthesia for respiratory therapists. The Canadian Society of Respiratory Therapists (CSRT) has proposed a common accreditation mechanism for these anesthesia programs via the Council on Accreditation for Respiratory Therapy Education (CoARTE).

More recently the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB) met with the CAS and there was general agreement that a common competency profile serving as the basis for a standard curriculum was desirable (February 2009).

Literature Review

Supporting evidence for utilization of non-physician providers in the operating room is available in the literature. Non-physician providers working with anesthesiologists have been associated with fewer errors and may help to minimize harm.² When non-physician providers practice in collaboration with anesthesiologists as part of an anesthesia care team there is potential to lower risk adjusted mortality rate.³

Procedural sedation is used for interventional procedures in the ER to minimize pain and anxiety^{4,5} and is increasingly utilized in other non-OR settings to help patients tolerate unpleasant procedures while maintaining cardio-respiratory function (e.g. cardioversions⁶ and procedures in endoscopy & radiology suites). Procedures previously performed only in the operating room under general anesthesia are now safely performed in alternate settings utilizing procedural sedation (e.g. implanting defibrillators⁷, surgical procedures on the eye⁸, plastic surgery procedures⁹).

Increased utilization of moderate and deep sedation for non-OR procedures poses particular challenges for safe patient care. Individuals performing procedural sedation require specific competency for the pharmacology of sedative agents, airway management, hemodynamic monitoring and ability to perform timely intervention to maintain cardiopulmonary stability throughout the procedure^{10,11}. Alberta Health Services sites in Calgary, Edmonton and Red Deer have experienced challenges identifying a readily available health care provider able to provide a safe option for procedural sedation service outside of the operating room.

CARTA Anesthesia Sub-committee

In 2007, CARTA Council commissioned an anesthesia working group to develop a competency profile for respiratory care practitioners in anesthesia (RCP-A). Several key themes were identified during the process:

- both general anesthesia and procedural sedation pose a high degree of risk and are best performed by regulated health professionals with specific competencies in anesthesia practice. Children, individuals with multiple co-morbidities and the geriatric population all provide increased complexity to these procedures.
- entry to practice competency for respiratory therapists provides a sound foundational basis for post graduate training and practice in the area of anesthesia. There is a significant amount of overlap between the baseline competencies for a respiratory therapist and the competencies required to practice as an RCP-A.
- adequate pre-procedure assessment to identify risk factors, ability to recognize potentially serious changes in patient status and appropriate, timely identification of emergency situations requiring a higher level of expertise are paramount.
- a collaborative practice model with anesthesiologists ensures safe, appropriate practice and is in the best interests of the public.
- there must be accountability for all RCP-A's through appropriate standards of practice, increased amounts of liability insurance and regulatory body oversight

Definition of Role

A draft RCP-A competency profile has been developed (attached). A validation process with consultation and input from internal and external stakeholders is underway. CARTA members, the NARTRB, anesthesia members of the College of Physicians and Surgeons of Alberta (CPSA), the CSRT and CAS will be included. RCP-A's will provide care with anesthesiologists in the operating room and will provide service for procedural sedations outside of the OR, in collaboration and partnership with anesthesiologists who are available to provide backup in the event assistance is required.

Collaborative practice model

CARTA supports a collaborative practice model with collectively shared responsibility for outcomes. The Canadian Medical Protective Association provides sound advice for the development of a successful collaborative practice model by outlining key

requirements to minimize clinical risk to the patient and reduce exposure to medico-legal risk for the individual providers.¹² These include:

- clearly defined roles and responsibilities of each team member based on scope of practice and individual's competency
- clarity on how decisions will be made and the responsibility and accountability for such decisions
- policy and procedure frameworks to define and support team functions
- identifying who will coordinate care and manage the team to ensure efficient, effective communication amongst team members

To this end CARTA proposes collaboration with physicians and employers to ensure safe, quality, patient centered care is provided.

Regulatory perspective

Direct supervision by a physician who is physically present alongside the respiratory therapist was previously required by regulation under the Health Disciplines Act. This requirement has been relaxed with the proclamation of the new Respiratory Therapist regulation under the Health Professions Act of Alberta. The practice of "assisting in anesthesia" is permitted provided that a physician is on site and directing the procedure being performed.

A recent amendment to the Health Professions Act of Alberta protects the title of Respiratory Care Practitioner (RCP). CARTA anticipates that Respiratory Care Practitioners will practice in specialty areas, the first of which will be in Anesthesia (RCP-A).

These regulatory changes are enabling and permit employers to implement RCP-A roles as appropriate and in consideration of local conditions. Employers may set specific boundaries around practice based on the competencies and experience of the RCP-A and in consultation with CARTA.

Educational Requirements

A new training program will require approval from Alberta Advanced Education and Technology. Curriculum and course modules to be developed in consultation with anesthesia advisers and will build upon baseline respiratory therapy competency to ensure advanced knowledge in anesthesia practice. Theoretical knowledge will translate to clinical competency through supervised clinical practicum, preceded by simulation labs where possible.

CARTA is hopeful that post diploma education from an approved program will fulfill the requirements for a baccalaureate in respiratory therapy. Further discussion with Alberta Advanced Education and Technology is required. It is anticipated that this will be an attractive option for retention of currently practicing respiratory therapists.

Next Steps

- Consultation with stakeholders for competency profile validation.
- Analysis of current clinical practice and determination of competency gap
- Development of interim plan to ensure standard level of competency for CARTA members already involved in procedural sedation
- Identify anesthesia advisors for curriculum development
- Develop recommendations for training program, including pre-requisites for acceptance into RCP-A training program
- Pilot course modules utilizing CARTA members currently practicing in OR settings
- revise Standards of Practice and develop other guiding statements for RCP-A practice
- Collaborate with other partners (e.g. NARTRB and CSRT) to adopt a common competency profile and to develop common competency evaluation and program accreditation mechanisms
- Engage in public campaign to introduce new role of the RCP-A to employers and the public
- develop mandatory online educational module for all respiratory therapists to ensure appropriate understanding of Standards of Practice, Code of Ethics, collaborative practice statements and requirements to practice in expanded roles

Conclusion

Released in 2007, Alberta's Health Workforce Action plan¹³ advocates for the introduction of new and expanded provider roles, allowing health professionals to practice to their maximum potential by fully utilizing all of their competencies to enable more effective use of the existing workforce. Implementation of a Respiratory Care Practitioner in Anesthesia role within a collaborative practice model ensures Albertans will benefit from safe and timely access to surgical and other procedures with a patient centered focus.

References

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