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Dear Click to insert name of local MLA

Respiratory Therapists (RTs) have been in the news recently because of the high risks they face and the critical roles they play in the fight against COVID-19. I want to take this opportunity to explain our roles further and highlight the significant recruitment and retention problem that our profession faces.

Respiratory therapists work in all the high-profile critical care areas, including every type of adult ICU, pediatric ICUs, neonatal ICUs, delivery rooms, operating rooms, emergency departments and external hospital transports. RTs in these areas work with patients that have experienced cardiac arrests, severe trauma, organ transplants, respiratory failure, deadly infections, cesarean sections and high-risk neonatal deliveries. RTs provide essential care in client homes, asthma/COPD clinics, pulmonary diagnostic labs, urgent primary care clinics and long-term care facilities. RTs are active in providing palliative care, pulmonary rehabilitation, sleep medicine, education, bronchoscopies, pulmonary function testing, non-invasive cardiac testing, and arterial and venous blood collection and analysis.

Respiratory therapists conduct a significant number of restricted activities daily. Restricted activities (formerly called reserved acts) are a narrowly defined list of invasive, higher-risk activities that few health care professionals have the expertise to perform. RTs routinely perform numerous restricted activities, including managing ventilators, inserting tracheostomy and endotracheal tubes, and administering multiple types of medical gases and inhaled medications. Additional restricted activities that RTs perform include using ultrasound for lung assessments and vascular procedures, and inserting esophageal catheters, nasogastric tubes, arterial lines, and central and peripheral intravenous lines. Respiratory therapists may perform these restricted activities when physicians are close by and may also perform them on weekends and in the middle of the night when physicians are not present. Success can mean the difference between a healthy life and significant brain injury or even death. Retaining skilled, experienced respiratory therapists is crucial to providing safe, exceptional care for British Columbians.

Salaries are higher for respiratory therapists in Ontario, Manitoba, Saskatchewan, and Alberta. In other words, every province that we compete with for recruitment and retention pays higher salaries than British Columbia. In addition, RT departments are experiencing a steady exodus of RTs to Anesthesia Assistant (AA) departments after a 2014 grievance awarded AAs around $5 more per hour than RTs. AAs usually are RTs who have completed a certification that focuses on working in operating rooms. The AA job description in the grievance lists only four tasks that BC RTs do not learn or perform as students and employees.

RTs are required to perform restricted activities while assisting a physician, and in some cases, without a physician present. No other allied health profession performs as many high-risk restricted activities in critical care as respiratory therapists. Yet, RTs are one of the lowest paid of all allied health professionals.

I am urging you to support a moderate salary increase to help improve the recruitment and retention of respiratory therapists in British Columbia. Even with a reasonable salary increase, respiratory therapists will be producing high-quality assessments, therapies, diagnostic tests and complicated restricted activities at a reduced cost. To help us please email HSA President Kane Tse at webpres@hsabc.org, HEABC at contact@heabc.bc.ca and the Honorable Adrian Dix at HLTH.Minister@gov.bc.ca

Sincerely ,

Your Name