



British Columbia Society of Respiratory Therapists
P.O. Box 4760, Vancouver, BC, V6B 4A4
www.bcsrt.com
Society Registration Number: S-0013142

November 3rd, 2021

Dear BCSRT members

Re: Recruitment and retention of Respiratory Therapists in BC

British Columbia is currently experiencing a significant shortage of respiratory therapists (RTs) that will continue to worsen unless changes are made to the retention and recruitment of respiratory therapists. RTs perform a large number of high risk, restricted activities but their salaries have not kept up with other health professions performing similar restricted activities. In addition, salaries for RTs in other provinces are higher.

In April 2022 the number of BC respiratory therapy students graduating will be around 85. With more jobs than graduates, these students will have plenty of job opportunities. Most graduating RTs will choose between home care companies, Health Authorities, or moving to higher paying provinces. On October 1st 2021, the Health Authorities alone had 104 vacant RT positions. In March 2022, the respiratory therapy leaders of BC will hold their annual student hiring collaborative, a lot more RT positions will be posted at that time further highlighting the shortage of respiratory therapists in BC. British Columbia needs to recruit respiratory therapists from other provinces this year in order to meet the current demand.

By April 2025, four respiratory therapy classes will have graduated but Health Authorities are expected to have posted over 600 respiratory therapy positions. These positions will come from retirements, changing to other healthcare positions, department growth, and hospital expansions. Between now and April 2025 we are also anticipating just over 100 maternity leaves for 12 – 18 months each. This increases the total anticipated postings for Health Authorities to 719 by April 2025. Over the next few years, British Columbia is looking at having to recruit a couple hundred respiratory therapists from other provinces.

Recruiting staff from other provinces is difficult because every province west of Quebec offers higher salaries than BC. To exacerbate an already difficult situation, Quebec has now offered their respiratory therapists a \$15,000 retention bonus. We normally hope to recruit respiratory therapists from Alberta to Quebec. With high cost of housing and low salaries, British Columbia could be losing more respiratory therapists to other provinces than they recruit.

Retention of respiratory therapists in BC is difficult because anesthesia assistants (AAs) are now making five dollars more per hour and registered nurses (RN) are making five to eight dollars more per



British Columbia Society of Respiratory Therapists
P.O. Box 4760, Vancouver, BC, V6B 4A4
www.bcsrt.com
Society Registration Number: S-0013142

hour. Nurses and RTs work side by side in intensive care units, emergency departments, nurseries, and wards. RTs and RNs share some roles and are specialists in other procedures, both nurses and RTs perform high risk restricted activities. Most anesthesia assistants were RTs that became AAs especially after a 2014 grievance increasing the AAs pay grade to 4 levels higher than the RTs. The grievance listed many procedures and roles of both professions, there were only four functions on the grievance that AAs performed which RTs do not perform. The grievance did not recognize any unique roles that the RTs perform, nor did the grievance address that RTs often work night shifts and weekends without physicians in the ICU. RT and RN teams also go on long transports to remote hospitals where they are performing high risk restricted activities without critical care physicians nearby to help them.

Respiratory therapists are an essential part of healthcare working primarily with people that have oxygenation, ventilation, cardiac, and airway problems. Departments where RTs are commonly found include pediatric intensive care units (ICU), adult ICUs, neonatal ICUs, delivery rooms, operating rooms, and emergency departments. RTs in these areas work with patients that have experienced cardiac arrests, severe trauma, organ transplants, respiratory failure, deadly infections, caesarean sections and high-risk neonatal deliveries. RTs also provide essential care in client homes, asthma/COPD clinics, pulmonary diagnostic labs, urgent primary care clinics, and long-term care facilities. RTs are also active in providing palliative care, pulmonary rehabilitation, sleep medicine, education, bronchoscopies, pulmonary function testing, non-invasive cardiac testing, plus arterial blood collection and analysis.

Many provinces are experiencing shortages of respiratory therapists, BC's shortage is especially dire because of low salaries and expectations that the RTs perform high risk restricted activities. The COVID-19 pandemic has physically and mentally drained our critical care therapists. Retaining these therapists and recruiting new respiratory therapists helps ensure safe, evidence based, high quality care for patients in British Columbia. The British Columbia Society of Respiratory Therapist's recommendation to improve recruitment and retention is to increase the RT pay grade to level 11, the same as anesthesia assistants.

Sincerely,

British Columbia Society of Respiratory Therapists Board of Directors

Mike MacAulay, President

Hardip Kolar, President Elect & Director of Finance

Amar Kaila, Director of Education

Alexa McMillan, Director of Student Relations

Vicky Parhar, Director of Member Relations

Shayla Sallis, Director of Community