RESPIRATORY THERAPISTS

Raha Mirshahi, Myuri Manogaran & Brenda Gamble

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Respiratory Therapists

Introduction

Respiratory therapists (RTs) are healthcare professionals who assess, treat, manage, control, diagnose, educate and care for patients with acute or chronic cardiopulmonary (heart and lung) disabilities or illnesses (Canadian Society of Respiratory Therapists [CSRT], 2020b; Clark, 2012). In other words, RTs provide the care required to help keep patients of all ages breathing.

RTs often work in collaboration with other healthcare professionals and can be found in a variety of settings, including intensive care units, emergency departments, operating rooms, neonatal nurseries, general wards, outpatient clinics, specialized medical centres (e.g., sleep labs) and patients' homes (CSRT, 2020b). When necessary, RTs also provide advanced life support for extremely ill patients in institutional and community settings.

History of the Profession

Respiratory technologies and procedures were first introduced to Canada following the Second World War (West, 2013; Andrews, 2006). At the end of the war, numerous army-trained surgeons' assistants returned to Montreal's Queen Mary Veterans Hospital to practise. However, these men were not allowed to work as operating room nurses because, at the time, the province of Québec allowed only women to hold such positions (Andrews, 2006). As a result, they were assigned other more technical tasks, such as looking after oxygen tents, tank ventilators (iron lungs) and oxygen tanks, and maintaining the anesthetic equipment used in operating theatres (Andrews, 2006). Their work became known as inhalation therapy.

The need for trained individuals to support these new technologies and therapeutic procedures grew exponentially in the wake of multiple respiratory-related disease outbreaks (West, 2013). One such crisis was the polio epidemic in Canada. By 1953, during the most devastating wave of the epidemic, there was an unprecedented increase in respiratory paralysis, making it a critical time for respiratory therapy. By 1960, hospitals in Montreal, Toronto, Winnipeg, Calgary, Edmonton and Vancouver all had some form of inhalation therapy department, which provided on-the-job training augmented with lectures from anesthetists, nurses and technical staff (Andrews, 2006).

Physicians played an important role in the continued development of inhalation therapy. On June 22, 1961, the case for creating a Canadian society representing inhalation therapists was successfully argued to the Canadian Medical Association (CMA) (Andrews, 2006). In response, the CMA and the Canadian Anesthesiologists' Society formed the Joint Committee on Inhalation Therapy. It was tasked with studying the status of inhalation therapists, recommending educational qualifications for entry and establishing standards for training programs (Andrews, 2006). Shortly thereafter, in 1964, the Canadian Society of Inhalation Therapy Technicians was established.

Education and training proved to be key issues for the profession. A formal six-week course in inhalation therapy started at the Hospital for Sick Children in Toronto in 1962 and remained the only formal course in Ontario until 1967 (Andrews, 2006). The school at the Royal Victoria Hospital in Montreal offered the only two-year program in the country in the early 1960s (Andrews, 2006).

The results of the first set of examinations in 1964, which saw failure rates of approximately 20%, eventually led to the establishment of formal training programs affiliated with community colleges. The first was set up in 1967 between a training program in Edmonton and the Northern Alberta Institute of Technology.

The role of the inhalation therapist varied across the provinces throughout the 1960s (Andrews, 2006). In British Columbia, the role was limited to servicing anesthesia and related equipment and delivering oxygen tanks to the wards. In Edmonton, technicians could assist surgeons in performing bedside tracheotomies. By the 1970s, the role of the RT became more clinical and began to focus on providing therapeutic services to patients rather than providing technical support.

Canadian Society of Respiratory Therapists

Originally established in 1964 as the Canadian Society of Inhalation Therapy Technicians, the organization later changed its name to the Canadian Society of Respiratory Therapists (CSRT) (West, 2013; CSRT, 2020a). Since its founding, CSRT has worked to spread its vision of "empowering respiratory therapists to provide exemplary leadership and care" and to carry out its mission to provide "leadership that advances the profession, practise and understanding of respiratory therapy nationally and internationally by supporting environments that foster innovation and knowledge translation, and by promoting excellence in evidence-based care" (CSRT, 2020a). Its work includes:

- Representing the profession on medical, government, education and advisory bodies
- Maintaining a national professional standard of practise
- Supporting and empowering RTs (personally, professionally and academically) in Canada and around the world
- Working with a variety of health organizations dealing with asthma, emphysema, smoking and more
- Awarding the international recognized credential of Registered Respiratory Therapist (RRT) in non-regulated Canadian jurisdictions
- Publishing the *Canadian Journal of Respiratory Therapy*, a peer-reviewed academic journal

The CSRT received the 2019 Award of Excellence from the Canadian Society of Association Executives (CSAE) (Figure 1) for demonstrating "outstanding achievement in association leadership, structure and governance; and/or the planning and execution of internal, external and integrated programs that serve your members and/or engage external stakeholders and volunteers" (CSAE, 2019).

Figure 1: CSRT 2019 Award of Excellence from CSAE

Source: CSRT, 2020a

As of March 31, 2020, the CSRT had 4,862 members across Canada, including 93 international members, 642 student members and 489 members who are also certified clinical anesthesia assistants (CSRT, 2020a).

Education and Training

The majority of RTs in Canada have graduated from recognized educational programs specializing in the profession. Colleges and institutes of technology usually offer diplomas or advanced diplomas after three years of study, while university programs are typically four years long. To be recognized for entry-to-practise, respiratory therapy educational programs must be certified by an approved accreditation body (CSRT, 2020c). Until 2019, the Council on Accreditation for Respiratory Therapy (CoARTE), a CSRT committee, was responsible for assessing all entry-level programs for national accreditation (CoARTE, 2015). Beginning in 2019, that role was assumed by Accreditation Canada, Canada's leading healthcare accreditation body (Health Standards Organization, 2020).

In respiratory therapy programs, students learn theoretical subjects and undergo extensive clinical training in hospital and other practise settings (e.g., community and primary care settings). All programs emphasize clinical education, as it is recognized as essential in enabling students to "gain the competencies required to provide sage, ethical

and effective care in the wide variety of practise settings in which RTs are employed" (Blais, 2008). To ensure practise readiness across a range of settings, schools typically require students to undertake clinical rotations in the following areas:

- Neonatal care
- Paediatric critical care
- Adult critical care
- General respiratory therapeutics
- Cardiopulmonary diagnostics
- Sleep diagnostics
- Anaesthesia
- Community and primary care
- Chronic/long-term care
- Intensive care

There are currently 24 approved respiratory therapy programs in Canada and one program in Qatar (a campus of a Canadian college) that has received Canadian accreditation. Table 1 lists the institutions that offer respiratory therapy programs, their departments and their durations.

TABLE 1: Canadian respiratory therapy programs

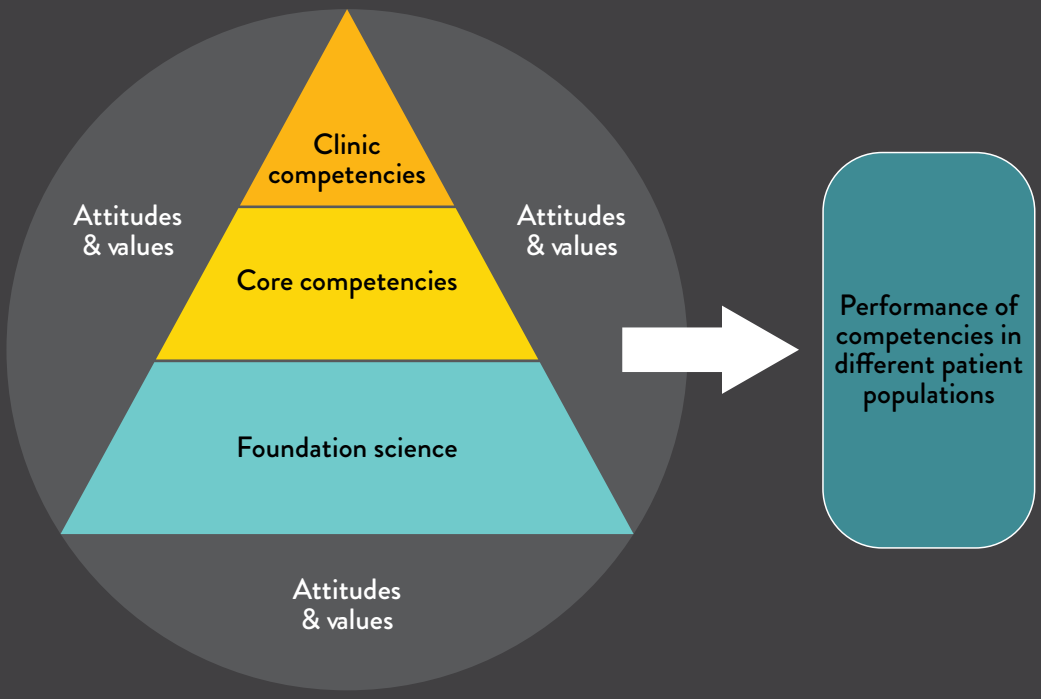
Location	Educational institution	Program(s)	Program duration
British Columbia	Thompson Rivers University tru.ca	• Fast-track stream (for those who already have a Bachelor of Science)	2 years
		• Respiratory Therapy Diploma	3 years
		• Dual-credential: Respiratory Therapy Diploma and Bachelor of Health Science	4 years
Alberta	Northern Alberta Institute of Technology nait.ca	• Respiratory Therapy Diploma	3 years
	Southern Alberta Institute of Technology sait.ca	• Respiratory Therapy Diploma	3 years
Manitoba	University of Manitoba umanitoba.ca	• Bachelor of Respiratory Therapy	4 years
Ontario	Michener Institute of Education at UHN michener.ca	• Respiratory Therapy Program – Advanced Diploma	3 years
	St. Clair College of Applied Arts and Technology stclaircollege.ca	• Respiratory Therapy Program – Advanced Diploma	3 years
	Algonquin College of Applied Arts and Technology algonquincollege.com	• Advanced Diploma in Respiratory Therapy	3 years
	Canadore College of Applied Arts and Technology canadorecollege.ca	• Advanced Diploma in Respiratory Therapy	3 years
	La Cité collégiale – Collège d'arts appliqués et de technologie collegelacite.ca	• Thérapie respiratoire	3 years
	Fanshawe College of Applied Arts and Technology fanshawec.ca	• Advanced Diploma in Respiratory Therapy	100 weeks
	Conestoga College Institute of Technology and Advanced Learning conestogac.on.ca	• Advanced Diploma in Respiratory Therapy	3 years

Location	Educational institution	Program(s)	Program duration
Québec	Vanier College vaniercollege.qc.ca	• Diploma in Respiratory & Anaesthesia Technology	3 years
	CEGEP de Ste-Foy cegep-ste-foy.qc.ca	• Techniques d'inhalothérapie	3 years
	CEGEP de Sherbrooke cegepsherbrooke.qc.ca	• Techniques d'inhalothérapie	3 years
	Collège de Rosemont crosemont.qc.ca	• Techniques d'inhalothérapie	3 years
	CEGEP de Chicoutimi cchic.ca	• Techniques d'inhalothérapie	3 years
	Collège Ellis – Campus de Trois-Rivières ellis.qc.ca	• Techniques d'inhalothérapie et anesthésie	3 years
	Collège Ellis – Campus de Longueuil ellis.qc.ca	• Techniques d'inhalothérapie et anesthésie	3 years
	CEGEP de l'Outaouais cegepoutaouais.qc.ca	• Techniques d'inhalothérapie	3 years
	Collège de Valleyfield colval.qc.ca	• Techniques d'inhalothérapie	3 years
New Brunswick	New Brunswick Community College – Saint John nbcc.ca	• Respiratory Therapy Diploma	3 years
	Collège communautaire du Nouveau-Brunswick ccnb.ca	• Thérapie respiratoire	120 weeks
Nova Scotia	QEII/Dalhousie University dal.ca	• Diploma in Respiratory Therapy	3 years
		• Bachelor of Health Science with a specialization in Respiratory Therapy	4 years
Newfoundland and Labrador	College of the North Atlantic cna.nl.ca	• Respiratory Therapy Diploma	3 years
International	College of the North Atlantic (Qatar) cna-qatar.com	• Respiratory Therapy Diploma	3 years

To complete a respiratory therapy program, students must meet the requirements of the National Competency Framework for the Profession of Respiratory Therapy (2016–2021). This framework outlines the required competencies for RTs looking to enter practise, which will be required throughout their career.

The components of the framework are summarized in Table 2.

Figure 2: National competency framework for the profession of respiratory therapy



Source: National Alliance of Respiratory Therapy Regulatory Bodies [NARTRB], 2016

TABLE 2: National competency framework for the profession of respiratory therapy

Attitudes and values	• Duty to patients • Duty to others • Performance within competence • Confidentiality • Participation in continuous professional development • Independence and impartiality • Honesty and integrity • Supervision of others • Compliance with codes of conduct and practise • Professional liability insurance • Conflicts with moral or religious beliefs • Environment and sustainability • Obligation to report unsafe or inappropriate practises • Behaviour
Foundation science	• Apply knowledge of anatomy and physiology • Apply knowledge of chemistry and biochemistry • Apply knowledge of physics • Apply knowledge of pharmacological principles • Apply knowledge of microbiology • Apply knowledge of pulmonary pathophysiology • Apply knowledge of cardiovascular pathophysiology • Apply knowledge of other diseases and disorders
Core competencies	• Provide evidence-informed, patient-centred respiratory care • Demonstrate professional behaviour • Communicate effectively • Collaborate in the interdisciplinary healthcare team • Optimize cardio-respiratory health and wellness of the community • Demonstrate critical thinking and reasoning skills • Perform administrative duties • Implement preventative measures to ensure health and safety • Demonstrate accountability appropriate to role in the healthcare team
Clinical competencies	• Assess patient cardiorespiratory status • Optimize patient safety • Administer medication and substances • Manage airway • Perform anaesthesia assistance • Provide optimal ventilation assistance • Execute resuscitation • Administer cardio-pulmonary diagnostic tests • Perform adjunct therapies • Perform invasive vascular procedures

Detailed descriptions of each of the featured competencies, as well as the expectations to meet these requirements according to career stage (entry-to-practise, experienced professional, senior professional, expert), can be found on the CSRT website.

Certification

Upon graduating from an accredited respiratory therapy program, graduates are eligible to write the national registration examination, administered by the Canadian Board for Respiratory Care (CBRC). The CBRC is a third-party, not-for-profit organization that produces and administers examinations that evaluate candidates "for defined [RT] competencies that are aligned with professional competency frameworks" (CBRC, 2020). The CBRC National Respiratory Therapy Examination consists of approximately 200 multiple-choice questions divided into knowledge-based and case-based questions, which are regularly updated to reflect the latest professional competency frameworks (CBRC, 2020).

To register for the exam, a candidate must have their educational background and credentials approved by the regulatory authority in their jurisdiction (CBRC, 2020). This process is more straightforward for those who have graduated from and intend to practise within the same regulated jurisdiction; however, those educated or aspiring to practise in non-regulated jurisdictions can also qualify for the CBRC exam. The CSRT acts as the credentialing body for RTs in non-regulated jurisdictions, which means anyone who has received an education in respiratory therapy in Canada or elsewhere is eligible to present their candidacy to the CSRT to qualify for the exam.

Unsuccessful candidates and those still waiting to write the exam hold Graduate Respiratory Therapist (GRT) status and are limited in the ways they can practise. For example, they may not be permitted to consult patients privately or independently, initiate certain practises (e.g., oxygen therapy) or administer certain substances (College of Respiratory Therapists of Ontario [CRTO], 2020). GRT status also typically expires within two years. The specifics of GRT status can vary by jurisdiction, so it is highly advised to research the regulatory authority in the jurisdiction of practise.

Upon successful completion of the CBRC exam, candidates are granted the restricted title of Registered Respiratory Therapist (RRT) and are eligible for CSRT membership (CSRT, 2020c). An additional benefit of certification is that the common entry-to-practise standards across Canada ensure RTs can work across the country in a relatively seamless manner. The Government of Canada has also been actively working to remove barriers that would otherwise prevent certified RTs from practising in other regions of the country. As of July 1, 2017, the Canadian Free Trade Agreement enables certified RTs "to work anywhere in Canada without having to undergo significant additional training, experience, examinations or assessment" (Labour Mobility, 2020).

Internationally educated respiratory therapists

Most of the accredited schools in Canada take individual requests from internationally educated respiratory therapists (IERTs) or regulators to provide these applicants with credentials or prior learning assessment of the respiratory therapy education programs they have completed. This process is an attempt to determine how applicants' education compares to the competencies required in Canada, as well as what additional education they may require or how they may be integrated into existing RT positions or education programs (Blais, 2008). For example, Thompson Rivers University in British Columbia reports receiving several applications every year from IERTs to enter its respiratory therapy program. The university assesses each applicant's credentials, knowledge and skills to integrate them into the appropriate level of the program.

This assessment and integration process is particularly important because not every country recognizes respiratory therapy as its own specialization or profession. In fact, only a handful of countries consider the role of RTs as a full-time commitment. According to the Global Knowledge Exchange Network (GKEN), respiratory care, in most countries, is provided by physiotherapists, nurses and physicians that have chosen to specialize this area (GKEN, 2009). The choice of practitioners to specialize in cardiopulmonary function and care results in "significant crossover in curriculum" that necessitates the assessment and integration process (GKEN, 2009).

Scope of practise

From newborns to the elderly, any person can find themselves in need of respiratory therapy, which is why RTs are trained to address all manners of acute and chronic cardiopulmonary issues in a variety of settings. Table 3 highlights some examples of the conditions RTs treat, the common responsibilities of RTs and the settings in which they often work.

TABLE 3: Respiratory therapist scope, responsibilities and practise settings

Conditions treated	Responsibilities	Practise settings
• Asthma • Heart failure • Chronic obstructive pulmonary disease • Chronic bronchitis and emphysema • Underdeveloped lungs (in premature infants) • Drowning • Pneumonia • Car accidents • Respiratory distress • Spinal cord injured individuals • Croup • Strokes • Chest trauma (e.g., broken ribs) • Head injuries	• Critical care (including emergency, intensive care and trauma services) • Intubation and mechanical ventilation • Anesthesia support • Non-critical patient assessment and treatments • In-home patient or client support • Diagnostic testing services including: – Analysis of blood for oxygen and carbon dioxide levels (arterial blood gas analysis) and various other blood values – Analysis of pulmonary function (volumes in/out of lungs, amount of oxygen and carbon dioxide moving between the lungs and the blood, ability to quickly move volumes in/out of lungs) – Analysis of the body's response to stress (exercise) – Cardiac electrical activity (electrocardiogram) – Sleep studies (polysomnography) • Patient transportation to hospital or between hospitals • Cardiopulmonary resuscitation (CPR) • Control and supply of medical gases • Patient/family/caregiver education • Health promotion Within any of the above areas, some of the procedures an RT may perform include: • Intubation (creating artificial airways by putting a tube through the mouth or nose into the trachea) • Suctioning (applying suction to keep the trachea or lungs clear of mucous) • Mechanical ventilation (life support system monitoring, and assessing and caring for patients who need assistance with breathing) • Medication delivery (using a mask and nebulizer or a "puffer") • Ensuring a warm environment for a newborn who is unable to maintain their own temperature.	• Hospitals • Neonatal intensive care units • Operating rooms • Intensive care units • General wards • Coronary care units • Emergency departments • Continuing care facilities • Community health clinics • Pulmonary function laboratories • Diagnostic clinics • Sleep disorder laboratories • Asthma, emphysema, cystic fibrosis and other specialized respiratory clinics • Home care • Teaching facilities • Research units • Rehabilitation units • Hyperbaric oxygen treatment centres • Medical equipment sales and service

Source: HealthForce Ontario's Health Human Resources Toolkit (2007)

Regulation of the Profession

In 1981, Manitoba became the first province in Canada to form a regulatory authority for the RT profession (Blais, 2008). Since then, eight more provincial regulatory authorities have emerged in Alberta, British Columbia, Ontario, Nova Scotia, New Brunswick, Newfoundland and Labrador, Saskatchewan, and Québec (National Alliance of Respiratory Therapy Regulatory Bodies [NARTRB], 2019). Table 4 lists the regulatory authority for each jurisdiction.

TABLE 4: Respiratory therapy regulatory authorities for each jurisdiction in Canada

Jurisdiction	Regulatory Authority
REGULATED	
Alberta	College and Association of Respiratory Therapists of Alberta
Saskatchewan	Saskatchewan College of Respiratory Therapists
Manitoba	Manitoba Association of Registered Respiratory Therapists
Ontario	College of Respiratory Therapists of Ontario
Québec	Ordre professionnel des inhalothéraoeutes du Québec
New Brunswick	New Brunswick Association of Respiratory Therapists
Nova Scotia	Nova Scotia College of Respiratory Therapists
Newfoundland and Labrador	Newfoundland and Labrador College of Respiratory Therapists
NON REGULATED	
British Columbia	Canadian Society of Respiratory Therapists (credentialling body)
Prince Edward Island	
Yukon	
Northwest Territories	
Nunavut	

For more information, visit nartrb.ca (regulated) or csrt.com (non-regulated).

Provincial statutes delegated authority to the above entities to regulate the profession and protect the public. This authority includes setting registration requirements for the profession, setting and enforcing practise standards and competency requirements, and undertaking disciplinary action if members fail to maintain the RT standards of practise (Blais, 2008). The restricted professional title of RRT is protected by each jurisdiction through its own regulatory authority. For example, Ontario protects the RRT title under Section 9 ("Restricted Titles") of the *Respiratory Therapy Act* (CRTO, 2020).

To ensure that the requirements to become an RRT are up to standard across the country, entities such as the CSRT and NARTRB (an organization that brings together the nine regulatory authorities) work very closely with each other. Through collaboration and consultation, the CSRT and NARTRB are able to publish and update a well-informed National Competency Framework for RTs in Canada. As a result, while there are some minor context-based differences from province to province, most requirements are extremely similar. Table 5 highlights the basic requirements for provincial registration as an RRT. (For more information on national entry-to-practise requirements and restricted titles, see *Education and Training*.)

TABLE 5: Requirements for provincial registration as a registered respiratory therapist

Requirement	Details
Education	Must have completed an approved respiratory therapy program, an equivalent or comparable respiratory therapy program, or demonstrate competencies equivalent to those acquired in such a program.
Examination	Must have completed an approved respiratory therapy licensure/registration examination.
Eligibility for registration	Must be registered in good standing or eligible for registration as an RT in another Canadian jurisdiction or country.
Language proficiency	Must provide evidence of fluency in English and/or French.
Currency	Must have graduated recently from an approved respiratory therapy program or worked as an RRT recently.
Eligibility to work in Canada	Must have legal authorization to work in Canada.
Good conduct/suitability to practise	Must provide evidence of good conduct and suitability to practise the profession.

Source: NARTRB, Access issues regarding internationally educated health professionals and the respiratory therapy profession in Canada (2017)

Demographics of Respiratory Therapists

The Canadian Institute for Health Information (CIHI) published numerous reports showing an increasing number of RTs in Canada since it first began collecting data on the profession in 1988 (CIHI, 2020b). These reports share demographic data that share the total number of respiratory therapists, the total number of respiratory therapists per 100,000 population, the percentage of female respiratory therapists, and their chronological age distribution.

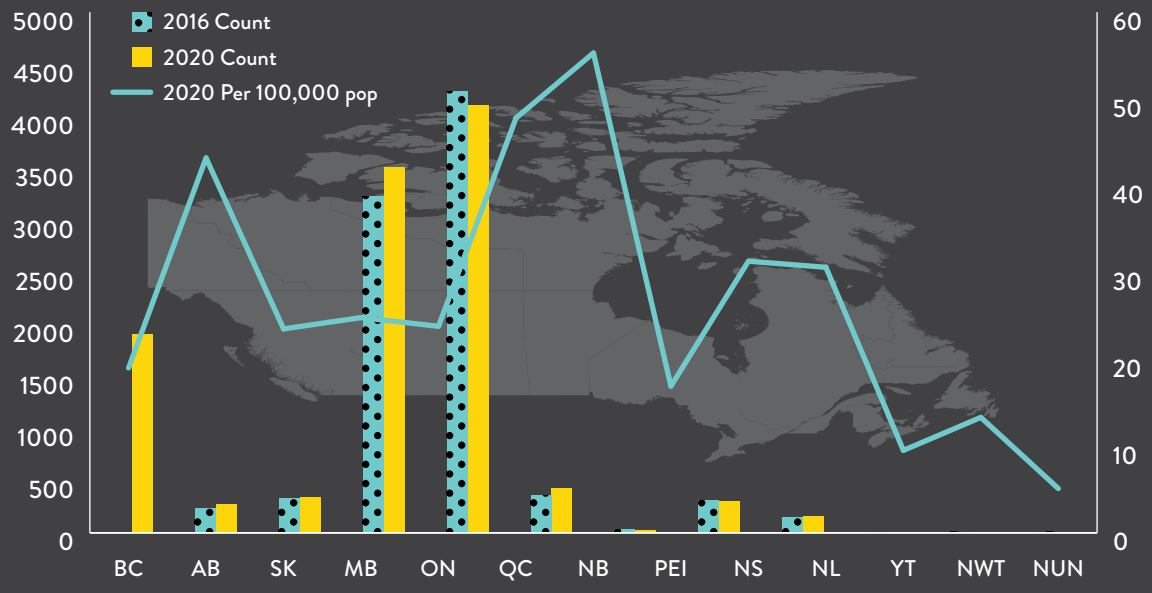
As indicated in Figure 3, the number of practising RTs, on average, has been growing in every province and territory within the most recent reporting period (2016-2020). Exceptions to this, experiencing a slight decrease in 2019-2020 are Québec and Nova Scotia. Regions with the highest number of respiratory therapists are Ontario (20,079), Québec (15,264), and Alberta (7,704). As distribution is an extremely important factor in the health workforce, the report's section dedicated to the number of healthcare workers per 100,000 population presents a more meaningful statistic that takes into account RT supply and the varying populations in each province and territory. With the exception of 2019-2020, the number of respiratory therapists per 100,000 population also rose in nearly every region during the reporting period.

In 2020, those with the highest amounts were Newfoundland & Labrador (307.8/100,000 population), New Brunswick (271.2/100,000 population), and Nova Scotia (244.4/100,000 population).

Figure 4 reveals how those who identify as women predominate in respiratory therapy. Across Canada, the proportion of female RTs in 2020 is 74.3% with a low of 65.2% in Manitoba and a high of 84% in Québec.

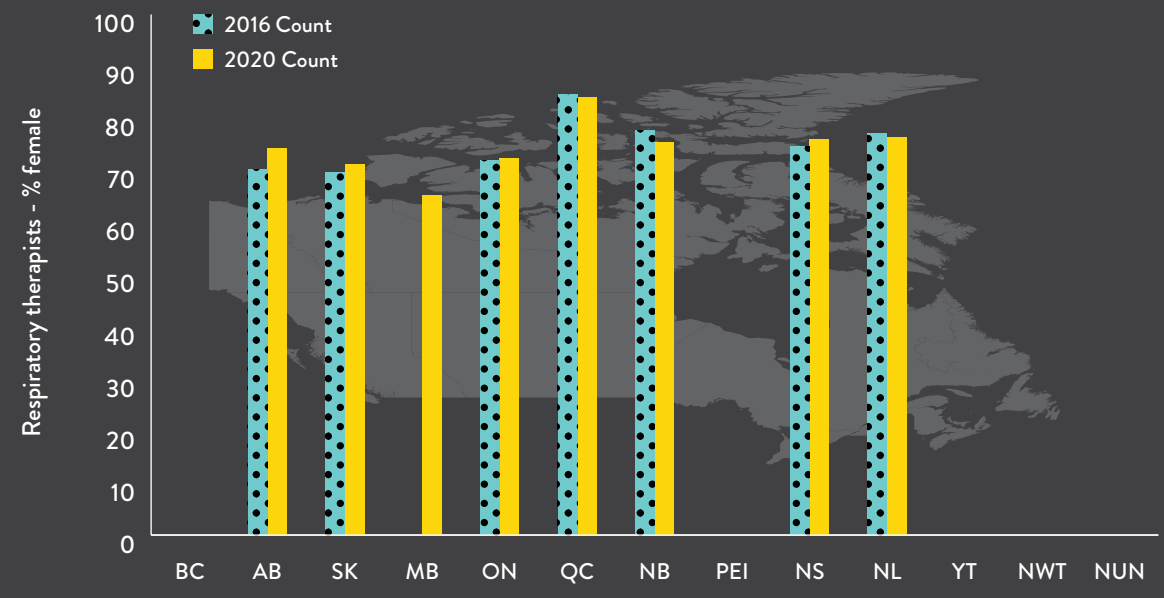
Figure 5 shares demographic data on the chronological age distribution of respiratory therapists in 2020. Here we see an average of 20.6% under the age of 30, 74.7% between the ages of 30-59, and 4.7% over the age of 60.

Figure 3: Age distribution of respiratory therapists, by Canadian provinces and territories, 2016 and 2020



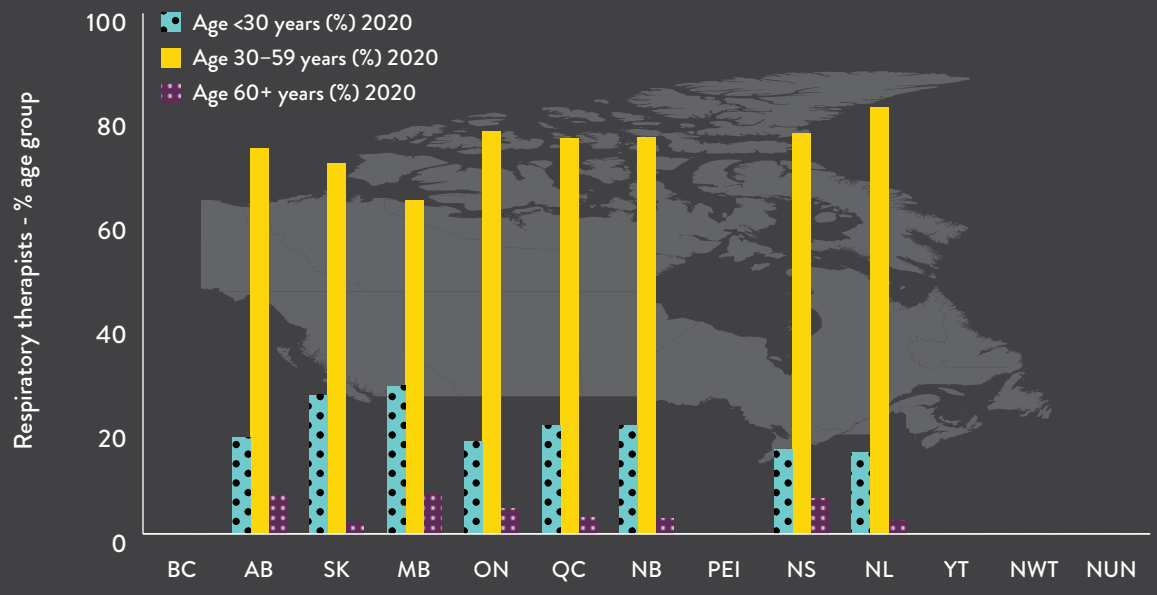
Source: Canadian Institute for Health Information, 2022, Health Workforce Database.

Figure 4: Percentage of female respiratory therapists per province/territory (2016 and 2020)



Source: Canadian Institute for Health Information, 2022, Health Workforce Database.

Figure 5: Chronological age distribution of respiratory therapists, by Canadian provinces/territories (2020)



Source: Canadian Institute for Health Information, 2022, Health Workforce Database.

Remuneration

Most RTs earn between $23.13 and $47.00 per hour, with the median wage at $34.95 per hour (Government of Canada, 2020). RT salaries are usually determined by factors such as experience, education, credentials, employer and geographic location. For example, RTs who work at large hospitals in major cities are more likely to earn higher wages than those who work at smaller facilities in less populated areas. In addition to a salary, full-time RTs usually receive benefits such as paid vacations, dental coverage, and contributions to insurance and pension plans. More information on RT wages in each province and territory can be found in the Respiratory Therapist in Canada section of the Government of Canada's Job Bank website.

Topical Issues for Respiratory Therapists

Respiratory therapy capacity and accessibility concerns

Respiratory illness is one of the primary causes of death in Canada and is the leading "cause of repeat hospitalization in all age groups" (West, 2013). Even prior to the COVID-19 pandemic, there were RT capacity concerns in some parts of the country, and the Government of Canada was predicting a nation-wide shortage from 2019 to 2028 (Brohman 2020; Government of Canada, 2019). As their role and responsibilities continue to evolve, RTs are increasingly present at patients' bedsides working in their communities, and depended on for patient and/or disease management (Fascia & Pedley, 2018, p. 75; Nelson, 2016, p. 74). Shortages and accessibility concerns are particularly prevalent in rural settings where Canadians need to

Respiratory Therapists and the COVID-19 Pandemic

Dubbed the "best kept secret in the fight against the pandemic", respiratory therapists have been an essential – and often overlooked – key to helping the population fight COVID-19 (Collie, 2020). Surviving serious cases of COVID-19, similar to other major diseases targeting the hosts' cardiopulmonary health (e.g., SARS, Influenza), has much to do with respiratory therapists' area of expertise – the lungs (Baker, 2020; Collie, 2020). Despite their critical role, RTs have had a long history of being underrated in ways that have been taking a turn since the beginning of our current pandemic. Nurses and physicians, who "get much of the public's attention for their work during the pandemic [...] often thank the [RTs] they work with for playing a crucial role in treating seriously ill COVID-19 patients" (Payne, 2022). Describing the growing acknowledgement, Andrew West, CEO of the CSRT, describes, "At no point in memorable history have RTs been more in the national spotlight in Canada" (West, 2021). From graduating early (Karim, 2020; Little & MacDonald, 2020) to coming out of retirement (Underwood, 2020), RTs have been on the front lines and fighting bravely to keep those who have contracted the virus alive and breathing. Realizing the necessity for respiratory therapists moving forward, in general and to address viral outbreaks, certain RT educational programs around the country have even received funding to increase capacity (Sperling, 2020). Naturally, growing and severe cases of COVID-19, higher risks of infection in settings where tensions are high, and staffing shortages have taken an emotional toll on RTs over the years (Baker, 2020; Bunch, 2021). A survey conducted by researchers analyzing the prevalence of burnout among RTs amid the pandemic demonstrated that this was something most were experiencing, though to varying degrees (10% severe, 32% moderate, 37% mild) (Miller et al., 2021). Workplace qualities such as good leadership and adequate staffing were identified as important factors to protect against burnout (Miller et al., 2021), while RTs on the ground also emphasize the importance of improving mental health support for professions that have been working on the front lines for years (Fagan, 2022).

travel extensively to receive care or face significantly fewer home care services (Goodridge et al., 2010; Wilden, 2019). According to RRT Michael MacAulay, delivering community work in such settings is all the more challenging considering it "is different from what most RTs are trained in, so recruiting, retaining, and training can be an issue" (Wilden, 2019). Within the past few years, the importance of respiratory therapy capacity and accessibility has grown significantly.

Funding for new equipment

Respiratory care technology is constantly evolving, presenting additional challenges of providing patients with access to the best possible treatment and, at the institutional level, securing funding to replace outdated equipment on a yearly basis. Extra training for RTs is also required to remain up to date with all the new equipment and deliver the best patient care.

The challenges of community care

Although RTs mostly work in hospitals, many also work in a variety of other settings, such as patients' and/or clients' homes, physicians' offices, schools, assisted living facilities and other non-traditional sites (CRTO, 2018). As the elderly population continues to grow, community becomes increasingly important. Treating clients in these settings comes with its own set of challenges. In addition to upholding their regular standards of practise, RTs must be: self-driven as they set their own schedules, maintain professional boundaries with their clients and others involved in their care, have strong organizational skills, and be flexible enough to "employ a holistic approach that allows for the tailoring of services to meet the clients' and their families' unique personal situations, needs and goals." (CRTO, 2018).

Conclusion

RTs play an integral role in the Canadian healthcare system, using their specialized knowledge of cardio-pulmonary functions to support Canadians of all ages, in a large variety of settings. They work collaboratively with many different healthcare professionals to address a wide range of cases. In recent years, their prevalence and integration in the Canadian health workforce has been growing, reflecting the importance of their services to changing population demographics and health needs.

Acknowledgements

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Acronyms

CBRC	Canadian Board for Respiratory Care
CIHI	Canadian Institute for Health Information
CMA	Canadian Medical Association
CoARTE	Council on Accreditation for Respiratory Therapy
CPR	Cardiopulmonary resuscitation
CRTO	College of Respiratory Therapists of Ontario
CSAE	Canadian Society of Association Executives
CSRT	Canadian Society of Respiratory Therapists
GKEN	Global Knowledge Exchange Network
GRT	Graduate respiratory therapist
IERT	Internationally educated respiratory therapist
NARTRB	National Alliance of Respiratory Therapy Regulatory Bodies
RRT	Registered respiratory therapist
RT	Respiratory therapist

Additional Resources

- Canadian Society of Respiratory Therapists www.csrt.com
- National Alliance of Respiratory Therapy Regulatory Bodies nartrb.ca
- Canadian Board for Respiratory Care *Candidate Information Manual* (for those preparing for or interested in the National Respiratory Therapy Examination) cbrc.ca/wp-content/uploads/2018/01/CBRC-Candidate-Manual-August-2020-English.pdf

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