

The road ahead for respiratory therapy

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It only takes viewing a brief segment of the evening news on any given day to get a sense that, when it comes to the broader context in which we practice, the only constant is that it is ever in flux. Recent headlines have touched on such events as borderless health emergencies, disruptive technologies, stories of refugees fleeing crises that reach around the globe, and political agreements in Canada that promise to ensure a robust health care system into the future. The practices that respiratory therapists engage in are truly products of complex webs of influential factors, including those that we see in these and other news headlines [1]. Some of the influences that shape us may be ones we interact with routinely; however, others may at times seem to lie far outside of our sphere of influence [1].

To support achievement of a vision to provide the highest levels of patient care, the Canadian Society of Respiratory Therapy (CSRT) developed its blueprint for respiratory therapy to guide future directions in the profession. To remain aligned with the health needs of Canadians, the CSRT noted that the profession will need to respond to multiple pressures that include: evolving funding models, changing patient needs, new technologies, and demographic shifts [2]. This begs the question: In the face of such wide pressures, what are the most effective and responsible ways for us to achieve this vision? Furthermore, how can we begin to play a greater role in actually shaping those factors that, in turn, shape our practices?

As we acknowledge and embrace our profession's place within a broad and fluid context, we need to consciously consider how we want to move forward. A recent study by our colleagues in the United States highlights some of the perceptions that exist in the profession with respect to its viability. In particular, the importance of skills that support autonomous practice, the expansion of practice roles, and heightened minimum academic standards have figured prominently [3]. These perceptions are echoed by those addressed in the CSRT's *Blueprint for the Profession*, and I am certain have characterized many national stakeholder group discussions, not to mention colleagues gathered around the water cooler.

Previously, I have also called for exploration of emerging areas of practice opportunities and the adoption of expanded paradigms of practice in respiratory therapy [4]. In this case, I encouraged that public health and population-based approaches to health could augment the respiratory therapist's role in addressing many of the growing respiratory health-related challenges we now face. This is but one road we may



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decide to pursue as we move forward. Secure in knowing we are surefooted in our professional identity and history, how we chose to approach to the challenges we are faced with as a profession is critical and warrants careful reflection.

The current issue of the *CJRT* includes abstracts of conference proceedings from the upcoming 2017 CSRT annual education forum. These proceedings offer a glimpse of the issues to be discussed at the conference and, importantly, they serve as a snapshot of the practices, emerging knowledge, perceptions, and pressures that are shaping our profession.

You will also see that the *CJRT* has implemented a call for contributions to a special issue on primary care in respiratory therapy (deadline for submission is February 1, 2018). In recognition of the important role that primary care plays in our health care system, the special issue will be an acknowledgement of the momentum occurring in respiratory therapy relative to primary care practice, and to the rich achievements it is realizing. I encourage you to join in the discourse that can shape our profession by reflecting on, and sharing, your own experiences.

A handwritten signature in black ink, appearing to read 'Andrew West', written in a cursive style.

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