

The Entry-To-Practice Credential: Degree or Not Degree

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Should a degree be the entry-to-practice requirement for RTs?

- There are many perspectives on this and NO RIGHT ANSWER!
 - Education is critically important in any profession
 - Is more education a good thing?
 - For the individual practitioner (career advancement OR loss of income)
 - For the patient (higher quality care OR fewer people to provide basic services)
 - For society (better citizens OR higher costs)

Who are the stakeholders in this matter?

- Governments
- Regulatory bodies
- Professional associations
- Certification agencies
- Accreditors
- Physicians...the public...the list goes on!

Mandates

- Governments (provincial)
 - Where the authority for e-t-p truly lies
 - Provinces likely will not agree with one another
- Regulatory bodies (where they exist)
 - Work by delegation at the pleasure of government
 - May or may not see advancing e-t-p as in the public interest
 - Agreement on Internal Trade requires **FULL LABOUR MOBILITY** independent of credential
- Professional associations
 - Membership societies
 - Exist at the pleasure of their membership
 - Advocating and advancing (no legal authority for e-t-p)
- Certification and accreditation
 - Voluntary service functions that depend on clients
 - If you take them in an exclusive direction you may lose customers – can you afford to do so?

Taking a position

- FIRST understand your role and your mandate
- THEN take a reasoned position that is within your authority

A case in point

- Degree as entry-to-practice for RNs
 - The movement began in the 1980s
 - There are still diploma programs producing RNs today
 - CRNE does not have degree as a prerequisite

The road ahead

- “Advocate” if doing so is consistent with your mandate
- Provide opportunities, encouragement if you can
- “Require” only if you have the authority to do so and can take the heat!