

RRT Credential

This paper presents the reasons respiratory therapists should obtain the Registered Respiratory Therapist credential.

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With several developments over the history of the respiratory therapy profession, the education and credentialing process has evolved to two basic credentials for respiratory therapists. The Certified Respiratory Therapist credential (CRT) has been accepted by most states as the minimum level of competency a therapist must demonstrate to obtain recognition by the government of that state as a licensed (certified or registered) respiratory care practitioner. The Registered Respiratory Therapist credential (RRT) is fast becoming the entry-level credential for respiratory therapists among a growing number of states. The selection of the CRT as the demonstrated competence needed for state recognition, coupled with a common lack of differential in responsibility and pay between therapists holding the CRT and RRT credentials, has led to decreased numbers of respiratory therapists obtaining the RRT credential.

The Commission on Accreditation for Respiratory Care's (CoARC) current respiratory therapy program accreditation standards have been developed to prepare respiratory therapy education program graduates to demonstrate competence at the RRT level. With this as the standard, there is no longer a need to continue to award the CRT, according to the AARC Issue Paper – Entry to Respiratory Therapy Practice 2030, it is the AARC's recommendation to eliminate awarding the CRT credential, and that all respiratory therapists entering the workforce in 2030 will be required to obtain the RRT credential. This paper presents the reasons respiratory therapists should obtain the Registered Respiratory Therapist credential before 2030.

Respiratory therapists who complete advanced-level respiratory therapy programs have completed education and training that provides them with knowledge and clinical expertise at a level above those needed by the Entry Level Practitioner. The written and clinical simulation components of the RRT exam are the only examination system that documents the attainment of additional knowledge. A graduate of an advanced-level program who does not complete the examinations to earn the RRT credential has not documented that he or she had acquired the knowledge and skills necessary to practice as an advanced-level respiratory therapist. This situation is similar to a physician who completes a residency program in a medical specialty and lists his/her credentials as Board Eligible in Internal Medicine rather than completing certification and listing him/herself as Board Certified, one would correctly question the professional commitment of both the Board-Eligible physician and Registry-Eligible respiratory therapist. Confusion for consumers and regulators arises when a person completes the training and education but does not complete the credentialing process to demonstrate achievement of the competency.

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Possessing the RRT credential exemplifies the commitment of a respiratory therapist to professional excellence. A therapist who achieves the RRT credential has demonstrated a commitment to providing care at the highest possible level. Respiratory therapists are more readily able to achieve autonomy in their practice of respiratory care when they have achieved the RRT credential. Medical Directors of respiratory care departments and other medical staff recognize the higher level of knowledge and clinical expertise of the RRT compared to the CRT. Accordingly, they will be more receptive to therapists utilizing protocols in the care of patients if there is an assurance of the level of knowledge and skill conveyed by the possession of the RRT credential. A respiratory therapist with education at the advanced level who has not achieved the RRT credential has not demonstrated he or she has the patient assessment and evaluation skills necessary for determining the needs of the patient or the knowledge to follow the protocol to determine the appropriate intensity of care needed by the patient. If respiratory therapist's care director can easily support the case, that therapists can implement care using respiratory therapy protocols.

The RRT credential is the credential that demonstrates respiratory therapists have parity with other credentialed healthcare professionals. The Registered Respiratory Therapists will have more credibility with the Registered Nurse, the Registered Dietitian, the Registered Physical Therapist, and the Registered Occupational Therapist. Each of these professions has a practitioner level below that of the Registered individual. In each case, this lower-level practitioner is prohibited from performing evaluations that define the care plan or altering the plan as a result of evaluating the appropriateness of the current care. The scope of practice for the lower-level practitioner may be seen as more analogous to that of the Certified Respiratory Therapist. Respiratory therapists wanting other health care professionals, administrators, and governmental regulators to respect their knowledge and skills must document possession of that knowledge and those skills through the attainment of the RRT credential.

Possession of the RRT credential will assist respiratory therapists who wish to expand their scope of practice. As respiratory therapists seek to become involved in intubation, moderate sedation, invasive line insertion, monitoring, and disease management, they must be able to demonstrate they possess the knowledge and skills necessary to be able to perform these functions safely and effectively. A respiratory care director can build a much stronger case for expanding the scope of practice to assist an institution to respond to shortages of health professionals when the staff possesses the RRT credential.

Appropriate recognition of the respiratory therapy profession can easily be accomplished at the federal and state levels when the majority of respiratory therapists have achieved the RRT credential. Third-party payers will recognize the higher-level credential (RRT) in contrast to the entry-level therapist (CRT).

Advancement to positions in management, education, and supervision is generally limited to those persons holding the RRT credential. For a person to be considered for these types of positions, attainment of the advanced-level credential is considered the minimum necessary demonstration of knowledge and competence.

According to the AARC's latest Human Resources Survey, there is a significant financial incentive to earn the RRT credential. Respiratory therapists who have achieved the RRT credential are often paid at a higher rate than those with the CRT credential.

Conclusions

- All respiratory therapists are encouraged to obtain the Registered Respiratory Therapist (RRT) credential. The RRT credential is the standard by which a respiratory therapist demonstrates the achievement of excellence. Evidence-based research documents that value of critical thinking, problem solving, and advanced patient assessment skills. Only those respiratory therapists who possess the RRT credential have documented they possess these skills and abilities.
- All respiratory therapists involved in the performance of assessment-based care: problem solving and critical thinking; protocol application; diagnostic critical thinking; respiratory care plan development, implementation, and analysis; disease management; mechanical ventilator support; critical care; and critical care monitoring should possess the Registered Respiratory Therapist credential.
- Employers of respiratory therapists should develop policies and implement methods to recognize and compensate employees who hold the RRT credential. Such methods should include requirements for RRT credential for protocol implementation and assessment, increased pay, additional opportunities for cross-training, and expanded scope of practice for those with the RRT credential.¹

Possession of the RRT credential will assist respiratory therapists who wish to expand their scope of practice.

Reference

1. AARC Entry to Respiratory Therapy 2030 Position Statement

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